Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

DLN: 93493042000149 OMB No 1545-0047

epartment of the Treasur
ternal Revenue Service

Form 990

foundations)

Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

A F	or th	ne 2017 (calendar year, or tax year be	ginning 10-01-2017 , and en	ding 09-30	-2018			
		applicable	C Name of organization NCR OF GREENPORT HOUSING D	DEVELOPMENT			D Employ	er identif	ication number
		change	FUND COMPANY INC	SEVELOTIFICIAL			31-104	6789	
□ Na		hange eturn	Doing business as				_		
		rn/terminated	GREENPORT MANOR						
		ed return ion pending	2225 NORTH BANK DRIVE	ıf maıl ıs not delivered to street addres	ss) Room/suit	е		ne number 151-2151	
				country, and ZIP or foreign postal code	:				
			COLUMBUS, OH 43220				G Gross re	eceipts \$ 3	93,112
			F Name and address of prince	cipal officer		H(a) Is	this a group re	turn for	
			STEVEN T BODKIN 2335 NORTH BANK DRIVE				oordinates?		□Yes 🗹 No
			COLUMBUS, OH 43220			Н(b) Are	e all subordina luded?	tes	☐ Yes ☐No
I Ta	x-exe	mpt status	501(c)(3)	◄ (insert no)	□ 527		'No," attach a	list (see	instructions)
J W	ebsi	te:► W\	WW NATIONALCHURCHRESIDEN	NCES ORG		H(c) Gro	oup exemption	number	▶ 5048
K Form	n of c	organization	n 🗹 Corporation 🗌 Trust 🔲 A	Association ☐ Other ►		L Year of fo	rmation 1983	M State	of legal domicile NY
Pa	rt I	Sum	nmary						
	1	Briefly de	escribe the organization's missio	n or most significant activities					
Ce		PROVIDE	HOUSING FOR LOW AND MODE	ERATE INCOME PERSONS					
Governance									
en									
70°				discontinued its operations or dis rning body (Part VI, line 1a)				assets 3	
≫	1		-	s of the governing body (Part VI,				4	
<u>\$</u>	1		•	s of the governing body (Fart V.) n calendar year 2017 (Part V.) line	· ·		•	5	
¥	6		• •	necessary)	•		•	6	
Activities &	1		·	Part VIII, column (C), line 12			· ·	7a	
	1			from Form 990-T, line 34				7b	
	Ť						Prior Year	1	Current Year
_	8	Contribu	itions and grants (Part VIII, line	1h)			223,	484	223,82
Ravenue	9	Program	service revenue (Part VIII, line	2g)			181,	529	167,67
ōΛċ	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)				153	25
<u> </u>	11	Other re	evenue (Part VIII, column (A), lii	nes 5, 6d, 8c, 9c, 10c, and 11e)			1,	993	1,36
	12	Total rev	venue—add lines 8 through 11 (must equal Part VIII, column (A)	, line 12)		407,	159	393,11
	13	Grants a	and similar amounts paid (Part I	X, column (A), lines 1–3)				0	
	14	Benefits	paid to or for members (Part IX	K, column (A), line 4)				0	
\$?	15	Salaries	, other compensation, employee	e benefits (Part IX, column (A), lir	nes 5-10)			0	
Expenses	16	a Professi	onal fundraising fees (Part IX, c	column (A), line 11e)				0	
e di	Ь	Total fund	draising expenses (Part IX, column (D)), line 25) ▶ 0					
ā	17	Other ex	xpenses (Part IX, column (A), lır	nes 11a-11d, 11f-24e)	•		372,	546	362,40
	18	Total ex	penses Add lines 13-17 (must	equal Part IX, column (A), line 25	5)		372,	546	362,40
	19	Revenue	e less expenses Subtract line 18	3 from line 12			34,	613	30,70
Net Assets or Fund Balances						Beginni	ng of Current \	/ear	End of Year
alan Jan	30	Total are	cate (Part V. lina 16)			-	1 204	994	1 236 00
Ass HB	1		sets (Part X, line 16)				1,284,		1,226,98
S S	1		bilities (Part X, line 26) ets or fund balances Subtract lir				1,485, -200,	_	1,396,63 -169,65
	22		nature Block	ne 21 from time 20	•		-200,	339	-109,05
Unde	r pen	alties of p	perjury, I declare that I have ex	amined this return, including according to the					
any k	nowl	ledge		. ,					
		****	**			:	2019-02-08		
Sign	ı	Signa	ture of officer				Date		
Here			A FRATIANNE TREASURER						
			or print name and title						
			Print/Type preparer's name BERNIE OSTROWSKI	Preparer's signature BERNIE OSTROWSKI	Da 20	te 19-02-08		PTIN P0036636	7
Paid							self-employed		
Pre	•	רו ⊢	Firm's name ► PLANTE & MORAN I Firm's address ► 250 S HIGH STREE				Firm's EIN > 38		
Hea	\sim	sty l	1 11 11 3 audi coo F 230 3 111011 3 IREE	1 2011 100			Phone no (614)	043-3000	

COLUMBUS, OH 43215

Use Only

☑ Yes ☐ No

1 ORIG	Check if So Briefly describe the INATING FROM A COMMITTES FOR ALL Did the organization the prior Form 99 If "Yes," described Did the organization	ne organization's mission CHRISTIAN COMMITMENT C SENIORS on undertake any significal 0 or 990-EZ? these new services on Sch-	onse or note to a	ny line in this Part III . R MISSION IS TO PROVII	DE HIGH QUALITY CARE, SERVICE		
ORIG COMN	Briefly describe the INATING FROM A (MUNITIES FOR ALL Did the organization of the prior Form 99 If "Yes," describe Did the organization of the org	ne organization's mission CHRISTIAN COMMITMENT C SENIORS on undertake any significal 0 or 990-EZ? these new services on Sch-	of SERVICE, OU	R MISSION IS TO PROVII	DE HIGH QUALITY CARE, SERVICE		
ORIG COMN	Did the organizati the prior Form 99 If "Yes," describe Did the organizati	on undertake any significal 0 or 990-EZ? these new services on Sch	nt program serv	ices during the year whic		S AND RESID	ENTIAL
COMN	Did the organizate the prior Form 99 If "Yes," describe Did the organizate	on undertake any significat 0 or 990-EZ? these new services on Sch	nt program serv	ices during the year whic		S AND RESID	ENTIAL
2	the prior Form 99 If "Yes," describe Did the organizati	0 or 990-EZ? these new services on Sch			h were not listed on		
	If "Yes," describe Did the organizati	these new services on Sch					
	Did the organizati					☐ Yes 🖸	☑ No
	-	an casca candilating as mi	edule O				
3	services?	on cease conducting, or ma	ake significant c	hanges in how it conduct	s, any program		
		these changes on Schedule				☐ Yes	☑ No
4	Describe the orga Section 501(c)(3)	nization's program service	accomplishment	to report the amount of $\mathfrak c$	rgest program services, as measur grants and allocations to others, th		es
4a	(Code) (Expenses \$	321.218	including grants of \$	0) (Revenue \$	169,039)	
	See Additional Data	, (=,					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4d	Other program se	ervices (Describe in Schedu inclu	le O)) (Revenue \$)	
4e	• •	service expenses >	321,21		· · ·	· · ·	

or X as applicable

Checklist of Required Schedules

Section 501(c)(3) organizations.

Page 3

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

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Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

3

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

29

Part IV	Checklist of Required Schedules (continued)			
		·	Yes	No

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Yes

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

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No

Nο

Nο

Νo

Νo

Nο

Νo

Nο

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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Enter -0- in line 1a Ente	.		
		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	4 I		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
Č	The rest, to line 3a of 3b, and the organization meronii 5000 fr	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Ne
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	- ' 		NO
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
_	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
٥-	Did the annual resource and a second resource described and the second resource (1966)	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them)]		
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand]		
С				i
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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Par	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·		
Se	Check if Schedule O contains a response or note to any line in this Part VI	• •		✓
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	<u> </u>	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶ NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records STEVEN T BODKIN 2335 NORTH BANK DRIVE COLUMBUS, OH 43220 (614) 451-2151		-	- (201=)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization no		J		(C			, -			(E)		
(A) Name and Title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
	ror related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
(1) AL RUPIPER	0 10	Х						0	0	0		
DIRECTOR	2 00											
(2) ERIC BORDERS DIRECTOR (THROUGH DECEMBER 2017)	0 10	×						0	0	0		
(3) JOSEPH R KASBERG DIRECTOR	0 10	Х						0	0	0		
(4) MICHAEL FLOWERS DIRECTOR	0 10	Х						0	0	0		
(5) VIRGINIA BARNEY DIRECTOR (THROUGH DECEMBER 2017)	0 10	×						0	0	0		
(6) JULIA A FRATIANNE TREASURER	0 10 49 90			х				0	236,566	12,761		
(7) STEVEN T BODKIN PRESIDENT	0 10 49 90			x				0	344,881	15,700		
(8) TANYA KIM HAHN VICE PRESIDENT	0 10 49 90			×				0	338,527	12,984		
(9) SUSAN DIMICKELE SECRETARY	0 10 49 90			x				0	375,091	2,966		
		I	ı	i .	ı	ı	ı	1 1				

compensation from the organization ▶ 0

Part VII

(F) Estimated

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	Average hours per week (list any hours Average hours per week (list any hours are labed any hours director/trustee) Average hours director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Average hours divided hours person is both an officer and a director/trustee) Reportable compensation from the organization (W-2/1000 MISC)									w-	(F) Estimated amount of other compensation from the organization and		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC	,	organizati relati organiza	ed	
												+			
												\perp			
												\dashv			
												+			
c ·	Sub-Total Total from continuation sheets to P Total (add lines 1b and 1c)	art VII, Sectio	nΑ.			•	*			0	1,295,06	55		44,411	
2	Total number of individuals (including of reportable compensation from the	j but not limited	to thos				e) who	rece	eived mo	re than \$1	00,000				
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			ee, k			oyee,		ghest cor	mpensated	employee on	3	Yes	No No	
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes		
5	Did any person listed on line 1a recei services rendered to the organization								-		vidual for	5		No	
Se	ection B. Independent Contract	ors													
1	Complete this table for your five high from the organization Report compe											npen	sation		
	Name a	(A) and business addre	ess							Desc	(B) ription of services		(C Compen		
										I					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part \		Statement of Revenue								rage 3
·		Check if Schedule O contains		onse or note to any	line in th	ns Part VIII				
		Check if Schedule & Contains	o di respe	And of field to unity	(/	A) evenue	(B) Related exemp functio	or t n	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	12	Federated campaigns	1a				revenu	e		512-514
ats at		b Membership dues								
ran oui		·	1b							
G. E		Fundraising events	1c							
ifts ar /	(d Related organizations	1d							
9 =	•	Government grants (contributions)	1e	223,822						
Sir	f	All other contributions, gifts, grants, and similar amounts not included								
Contributions, Giffs, Grants and Other Similar Amounts		above	1 f							
£ ₽	ç	Noncash contributions included								
Cont and		ın lınes 1a-1f \$ ı Total. Add lınes 1a-1f		_						
<u>ء</u>	_ <u>_</u> _	i i otal. Add lines la-ir	• •	 -		223,822			_	
콾				Business						
75	2a	RENTS - NET			531110	16	57,670	167,6	70	
Program Service Revenue	b									+
Š	С									
₹.	d									
an	е									
ıßo	f	All other program service revenu	ie		167,670		I			
₫.	g.	Total.Add lines 2a-2f		>	107,070					
		Investment income (including divi				251				251
		similar amounts) Income from investment of tax-ex		and proceeds	-					
		Royalties			-					
		(ı) Re		(II) Personal						
	6a	Gross rents		, ,	┪					
					4					
	b	Less rental expenses								
	c	Rental income or			1					
		(loss)								
	d	Net rental income or (loss) .								
	7-	Gross amount (1) Secur	rities	(II) Other	-					
	<i>,</i> a	from sales of assets other								
		than inventory								
	b	Less cost or			1					
		other basis and sales expenses								
	C	Gain or (loss)								
		Net gain or (loss)	•	>						
۸,	8a	Gross income from fundraising e (not including \$	vents of							
nu		contributions reported on line 1c)							
Ş		See Part IV, line 18			_					
ď		Less direct expenses								
Other Revenue		Net income or (loss) from fundra		ents 🕨	_					
ŏ	94	Gross income from gaming active See Part IV, line 19	ities							
			а							
		Less direct expenses								
		Net income or (loss) from gamin	g activit	ies >						
	10a	Gross sales of inventory, less returns and allowances								
			а	1						
	b	Less cost of goods sold	b							
	c	Net income or (loss) from sales o	of invent	tory ►						
		Miscellaneous Revenue		Business Code						
	11	aLAUNDRY & VENDING		53111	.0	1,317		1,317		
	b	VENDOR REBATES		53111	.0	52		52		
	c									
	d	All other revenue								
		Total. Add lines 11a-11d		▶						
	12	Total revenue. See Instructions	5 .			1,369				
				• • • •		393,112		169,039		0 251 Form 990 (2017)
										101111 タタザ(ムリエノ)

Forn	n 990 (2017)				Page 10
	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nızatıons must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			3	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	28,430		28,430	
ь	Legal	829		829	
	Accounting	11,930		11,930	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	40,082	40,082		
12	Advertising and promotion	899	899		
	Office expenses	27,603	27,603		
	Information technology				
	Royalties				
	Occupancy	94,412	94,412		
	Travel	1,065	1,065		
	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,003	1,003		
19	Conferences, conventions, and meetings	2,636	2,636		
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,102	55,102		
23	Insurance	49	49		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a CONTRACT SERVICES	90,713	90,713		
	b RESIDUAL RECEIPT EXP	8,360	8,360		
	c BAD DEBT EXPENSE	297	297		
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	362,407	321,218	41,189	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form **990** (2017)

17

18

19

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21

23

24

25

26

27

28

32

33

34

Net

Liabilities 22 Accounts payable and accrued expenses

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Retained earnings, endowment, accumulated income, or other funds

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

End of vear

Page **11**

16.212

37,429

1.334.850

24.343

1,396,638

-169.654

-169,654

1.226.984

Form **990** (2017)

16

Check if Schedule O contains a response or note to any line in this Part IX

	0 0 ,		<u> </u>
1 Cash-non-interest-bearing	67,760	1	39,15 ²
2 Savings and temporary cash investments	141,435	2	157,670
3 Pledges and grants receivable, net		3	
A Account and the state of the			

Beginning of year

14.814

1.361.503

109.031

1,485,353

-200.359

-200,359

1.284.994

17

18

19

20

21

22

23

24

25

26

27

28

32

33

34

Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . Inventories for sale or use . 8

Assets 12,227 12.322 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10a 2,178,091 basis Complete Part VI of Schedule D 1,176,464 1.047.943 1.001.627 b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities . 11

Investments—other securities See Part IV, line 11 . 12 12 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 15.629 15 Other assets See Part IV, line 11 . 1,284,994 1.226,984 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16

Fund Balances 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. Assets or 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund . . . 31

✓ Separate basis Consolidated basis ☐ Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Yes

Yes Form 990 (2017)

3b

of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a

Additional Data

Software ID: Software Version:

EIN: 31-1046789

Name: NCR OF GREENPORT HOUSING DEVELOPMENT FUND COMPANY INC.

Form 990 (2017)

Form 990, Part III, Line 4a:

THE SOLE PURPOSE IS TO PROVIDE SUBSIDIZED LOW AND MODERATE-INCOME APARTMENT RENTAL HOUSING FOR PRIMARILY FLDERLY PERSONS THROUGH THE U.S. DEPARTMENT OF HUD SECTIONS 202 AND 8 PROGRAMS

efil	e GR	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -		DLN: 93	3493042000149				
		ULE A		Public	Charity Statu	s and Pul	olic Supp	ort	OMB No 1545-0047			
•	m 99	0 or	Cor		rganization is a sect		2017					
990I	SZ)				4947(a)(1) nonexe ▶ Attach to Form							
		the Treasury	► Inf	ormation abou	it Schedule A (Form www.irs.a	990 or 990-EZ ov/form990.) and its instru	ctions is at	Open to Public Inspection			
Nam	e of th	ne organiza NPORT HOUSI		CNT				Employer identific	ation number			
	COMPA		NG DEVELOPIN	LIVI				31-1046789				
	rt I				us (All organization			See instructions.				
1 ne c	organiz		•		ent is (For lines 1 thro	•		(A)(:)				
_		•		•	sociation of churches			(A)(I).				
2	Ш		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state										
5		(b)(1)(A)	(iv). (Compl	ete Part II)	t of a college or unive				bed in section 170			
6		A federal, s	tate, or loca	l government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).				
7				rmally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	nit or from the genera	al public described in			
8		A communi	ty trust desc	ribed in section	170(b)(1)(A)(vi)	(Complete Part I	I)					
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a			
10	✓	from activit	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/39 octions—subject to cer- ess taxable income (leading)	tain exceptions,	and (2) no more	than 331/3% of its su				
11		An organiza	ition organiz	ed and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	l organizations o	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(a</mark>				
a		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting on t of the sup	organization sup oporting organiza	ervised or controlled i ation vested in the sar							
С		Type III f	unctionally		and c. supporting organizatio ions) You must com				ted with, its			
d		Type III n functionally	on-function	nally integrate The organizatio	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
e		Check this	box if the or	ganızatıon recei	t IV, Sections A and ved a written determin	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter			non-functionally d organizations	integrated supporting	organization						
g				-	ipported organization(s)						
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	, ' 	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
				1								
Tota				<u> </u>								
		work Reduc	tion Act No	tice, see the Ii	structions for	Cat No 11285	or S	ocneaule A (Form 9	90 or 990-EZ) 2017			

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part						
III. If the organization fa	III. If the organization fails to qualify under the tests listed below, please complete Part III.)					
Section A. Public Support	ection A. Public Support					
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Gifts, grants, contributions, and						

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	- ·						
11	Total support. Add lines 7 through						

	line 4						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	tc (see instructio	ns)			12	
13	3 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,						
	check this box and stop here						
S	ection C. Computation of Public			_	•	•	
14	Public support percentage for 2017 (line	e 6, column (f) dı	vided by line 11, o	olumn (f))		14	

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

1,100,589

824,080

1,924,669

1,924,669

1,318

1,318

1,925,987

99 930 %

99 920 %

0 070 %

0 080 %

▶□

0

(f) Total

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

ort (a) 2013 **(b)** 2014

Section A. Public Support
Calendar year
(or fiscal year beginning in) ▶

	(or riscar year beginnin
1	Gifts, grants, contribution
	membership fees receiv
	include any "unusual dr

ons, and ed (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services

organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the

The value of services or facilities furnished by a governmental unit to the organization without charge

\$5,000 or 1% of the amount on line

Public support. (Subtract line 7c

(or fiscal year beginning in) ▶

dividends, payments received on

securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

Net income from unrelated business

activities not included in line 10b, whether or not the business is

Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,

check this box and stop here

Section C. Computation of Public Support Percentage

Public support percentage from 2016 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2016 Schedule A, Part III, line 17

Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of

13 for the year Add lines 7a and 7b

from line 6)

1975

9

10a

11

14

15

16

17

20

Section B. Total Support Calendar year

> Amounts from line 6 Gross income from interest,

Add lines 10a and 10b

regularly carried on

11, and 12)

performed, or facilities furnished in any activity that is related to the

130,084

337,876

(a) 2013

337,876

667

667

338.543

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))

207,792

159,569

376,985

(b) 2014

376,985

153

153

377.138

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

19a 331/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

217,416

(c) 2015

409,941

(c) 2015

409,941

94

94

410.035

228,075

181,866

(d) 2016

407,006

153

153

407.159

(d) 2016

223,484

183,522

407,006

(e) 2017

223,822

169,039

392,861

(e) 2017

392,861

251

251

393,112

Schedule A (Form 990 or 990-EZ) 2017

15

16

17

18

	0
	0
	0
1,924,66	9
(f) Total	

organization's benefit and either paid to or expended on its behalf

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	·	
	determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		

				3.
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$	
	supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		$\overline{}$	
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)		•	-9
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
-	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations		l	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and the organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	·	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2 a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Additional Data

instructions)

Software ID: Software Version:

EIN: 31-1046789

Name: NCR OF GREENPORT HOUSING DEVELOPMENT

FUND COMPANY INC

Schedule A (Form 990 or 990-EZ) 2017

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See

Facts And Circumstances Test

SCHEDULE D

Supplemental Financial Statements

OMB No 1545-0047

DLN: 93493042000149

Open to Public

Department of the Treasury

(Form 990)

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

tern	al Revenue Service	Information about Schedule D (For	m 990) and its instructions is at <u>www.ir</u>	<u>s.qov/form990</u> . <u>Inspection</u>				
NCF		nization DUSING DEVELOPMENT		Employer identification number				
	ID COMPANY INC			31-1046789				
Pa		i zations Maintaining Donor Advi ete if the organization answered "Ye	sed Funds or Other Similar Funds o	r Accounts.				
	Comple	te ii tile organization answered Te	(a) Donor advised funds	(b)Funds and other accounts				
_	Total number at	end of year	(a) sono autiseu iunus	(b), and and other decoding				
,		of contributions to (during year)						
- !		of grants from (during year)						
i	Aggregate value at end of year							
	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the							
•		ation inform all donors and donor adviso property, subject to the organization's ex		Vised runds are the Yes No				
	Did the evenue	ation inform all grantons denote and de	approach writing that grant funds can					
•			onor advisors in writing that grant funds can or donor advisor, or for any other purpose c					
	private benefit?			☐ Yes ☐ No				
Pa	Conse	rvation Easements. Complete if th	ne organization answered "Yes" on Form	າ 990, Part IV, line 7.				
	Purpose(s) of co	onservation easements held by the organ	nization (check all that apply)					
	☐ Preservati	on of land for public use (e g , recreation	n or education)	historically important land area				
	☐ Protection	of natural habitat	☐ Preservation of a c	ertified historic structure				
	☐ Preservati	on of open space						
,			qualified conservation contribution in the for	m of a concernation				
•	•	e last day of the tax year	qualified conservation contribution in the for	Held at the End of the Year				
а	Total number of	conservation easements		2a				
b	Total acreage re	estricted by conservation easements		2b				
С	Number of cons	ervation easements on a certified histori	c structure included in (a)	2c				
d		ervation easements included in (c) acqui	` ′	2d				
_		in the National Register						
3		servation easements modified, transferre	d, released, extinguished, or terminated by t	the organization during the				
	tax year ►							
ļ	Number of state	es where property subject to conservatio	n easement is located >					
;			ne periodic monitoring, inspection, handling o	of violations,				
	and enforcemer	nt of the conservation easements it holds	57	☐ Yes ☐ No				
,	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation easements during the year				
	-							
,	•	enses incurred in monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year				
	▶ \$							
3			above satisfy the requirements of section 17	70(h)(4)(B)(ı)				
	and section 170	J(h)(4)(B)(II)?		☐ Yes ☐ No				
)			ervation easements in its revenue and exper					
		and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the organization's financial state ts	ments that describes				
ar			of Art, Historical Treasures, or Othe	er Similar Assets.				
		ete if the organization answered "Ye						
.a			6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in fi					
			icial statements that describes these items	artificialities of public sorvices,				
b								
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items							
((i) Revenue included on Form 990, Part VIII, line 1							
	·							
(I	_			\$				
2		ion received or held works of art, historiants of sequired to be reported under SFAS :	cal treasures, or other similar assets for finar 116 (ASC 958) relating to these items	ncial gain, provide the				
а	_	ed on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	▶ \$				
b		ın Form 990, Part X		▶ \$				
U	Haacia IIICiuueu	III I OI III 330, FAIL A		F 4				

Par	t IIII	Organizations Maintaining Col	lections of Art,	Histori	ical T	reasu	ires, or	Other	Similar A	ssets	(continued)	
3	Using items	the organization's acquisition, accession (check all that apply)	n, and other record	s, check	any of	the fo	llowing t	hat are a	significant i	use of it	s collection	
а		Public exhibition		d		Loan	or excha	inge prog	ırams			
b		Scholarly research		e		Other	r					
c		Preservation for future generations										
4	Provide Part	de a description of the organization's col	lections and explair	n how the	ey furtl	her the	e organız	ation's ex	kempt purpo	se in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							nlar	□ Y	es 🗆 I	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		orm 990), Part	IV, lı	ne 9, or	reporte	ed an amou	unt on	Form 990,	, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interme	diary for	contri	bution	s or othe	r assets	not	□ Y	es 🗆 I	No
b	If "Y∈	es," explain the arrangement in Part XIII	and complete the f	following	table		[A	mount	 :	_
c	Begin	ining balance					Ī	1c				_
d	Addıt	ions during the year					[1d				
е	Dıstrı	butions during the year					[1e				
f	Endın	g balance					[1f				_
2 a	Did th	ne organization include an amount on Fo	orm 990, Part X, line	e 21, for	escrov	v or cu	stodial a	ccount lia	ability?	□ Y	es 🗆 l	No
b	If "Ye	s," explain the arrangement in Part XIII	Check here if the	explanat	ion has	s been	provided	in Part)	XIII		🗆	
Pa	rt V	Endowment Funds. Complete if		•			•				<u> </u>	
		'	(a)Current year		rior yea			ars back			(e)Four yea	ars back
1 a	Beginn	ing of year balance										
b	Contrib	outions										
С	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
	and pro	expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the curre	ent year end balanc	e (line 1	g, colu	mn (a))) held a	5				
а	Board	d designated or quasi-endowment 🕨										
b	Perm	anent endowment 🟲										
c	Temp	orarily restricted endowment >										
		ercentages on lines 2a, 2b, and 2c shou	•									
3а	organ	nere endowment funds not in the posses	ssion of the organiza	ation tha	t are h	eld an	d admını	stered fo	r the		Yes	No
		nrelated organizations			•						Ba(i) a(ii)	
b		elated organizations		· · · I on Sche	· · · edule R					. F	3b	
4		tibe in Part XIII the intended uses of the	·			•						Ь
Pa	rt VI	Land, Buildings, and Equipmen	 nt.									
		Complete if the organization ansv		orm 990), Part	IV, lı	ne 11a.	See Fo	m 990, Pa			
	Descri	ption of property (a) Cost or oth (investme		st or other	basıs (other)	(c) Acci	umulated o	lepreciation		(d) Book val	ue
1a	Land					12,500						12,500
b	Buildin	gs			1,8	37,885			943,063			894,822
С	Leaseh	old improvements										
		nent				46,230			40,533			5,697
	Other				2	81,476			192,868			88,608
Tota	al. Add	lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, colui	mn (B)	, line 1	10(c))		>			1,001,627

Schedule D (Form 990) 2017 Part VII Investments—Other Securities. Complete if the organization of the org	ation answ	Pag wered "Yes" on Form 990 Part IV line 11h
See Form 990, Part X, line 12.	, ,	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
	•	
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, lıı	ne 11c. See Form 990, Part X, line 13.
(a) Description of investment (b) E	Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. Complete if the organization answered 'Yes' on Fo (a) Description	rm 990, Pa	art IV, line 11d See Form 990, Part X, line 15 (b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered '	· · ·	orm 000 Part IV line 11e or 11f
See Form 990, Part X, line 25.		
1. (a) Description of liability (1) Federal income taxes	(0) 60	look value
SECURITY DEPOSITS		13,772
RESIDUAL NOTES PAYABLE (3)		10,571
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		24.242
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnot	te to the or	24,343 granization's financial statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check		r

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Page 4

3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Schedule D (Form 990) 2017

Part XI

b

4b Add lines 4a and 4b 4c

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 393,112 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 362,407 Amounts included on line 1 but not on Form 990, Part IX, line 25

1 2 2a а 2h

2c 2e

3 3 362,407 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4

4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 362,407

Part XIII **Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference

Explanation Schedule D (Form 990) 2017

<u> </u>	orm 990) 2017		Page 5
Part XIII	Supplemental Info	rmation (continued)	
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed Data -	DLN: 9349	304	2000	149
Schedule J		Compensation Information	ОМВ	OMB No 1545-0047		0047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest				
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	7	2017		
_		▶ Attach to Form 990.			o Pul	
•	tment of the Treasury al Revenue Service	► Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov/form990</u> .			ectio	
	me of the organiza	ation Employer i	identificatio	n nu	mber	
	D COMPANY INC	31-1046789)			
Pa	rt I Questi	ons Regarding Compensation				
					Yes	No
1a		opiate box(es) if the organization provided any of the following to or for a person listed on Form ection A, line 1a Complete Part III to provide any relevant information regarding these items				l
		s or charter travel Housing allowance or residence for personal use				Ì
	_	companions \square Payments for business use of personal residence	j			Ì
		nification and gross-up payments Health or social club dues or initiation fees				Ì
	☐ Discretion	nary spending account Personal services (e g , maid, chauffeur, chef)				Ì
b		xes in line 1a are checked, did the organization follow a written policy regarding payment or reimb all of the expenses described above? If "No," complete Part III to explain		1 b		Ī
2		ation require substantiation prior to reimbursing or allowing expenses incurred by all		2		
	directors, truste	ees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?				
3		If any, of the following the filing organization used to establish the compensation of the				İ
	_	EO/Executive Director Check all that apply Do not check any boxes for methods and organization to establish compensation of the CEO/Executive Director, but explain in Part III				İ
						Ì
		ation committee				Ì
		of other organizations Compensation survey of study Approval by the board or compensation committees	tee			İ
4		, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organiza				İ
•	related organiza		acion or a			Ì
а	Receive a sever	ance payment or change-of-control payment?		4a		No
b	Participate in, o	r receive payment from, a supplemental nonqualified retirement plan?		4b		No
c		r receive payment from, an equity-based compensation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				Ì
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				İ
5		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				İ
	compensation c	ontingent on the revenues of				Ì
а	The organization	n?		5a		No
b	Any related orga			5b		No
	-	5a or 5b, describe in Part III				İ
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ontingent on the net earnings of				Í
а	The organization		L	6 a		No
b	Any related orga		F	6b		No_
_	•	6a or 6b, describe in Part III				i
7		ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed escribed in lines 5 and 6? If "Yes," describe in Part III		7		No
8		ints reported on Form 990, Part VII, paid or accured pursuant to a contract that was nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe				No
9	If "Yes" on line 3	8, did the organization also follow the rebuttable presumption procedure described in Regulations	section	9		No_
For I	Danerwork Pedi	uction Act Notice, see the Instructions for Form 990. Cat. No. 50053T S	chedule 1 (990)	2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title					(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
. ,		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 JULIA A FRATIANNE TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	187,725	48,095	746	9,734	3,027	249,327	0
2 STEVEN T BODKIN PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	245,255	95,000	4,626	12,486	3,214	360,581	0
3 TANYA KIM HAHN VICE PRESIDENT	(i)		0	0	0	0	0	0
	(ii)	267,535	70,000	992	10,105	2,879	351,511	0
4 SUSAN DIMICKELE SECRETARY	(i)		0	0	0	0	0	0
	(ii)	296,745	78,000	346	0	2,966	378,057	0
		,						
		'						
	+	'		[,	
	+	<u> </u>	+		+		+	
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	+	<u> </u>	+				-	
	+	 	-		-	 		
	+	<u> </u>			 	 	-	
1	\perp		!	<u> </u>	<u> </u>			
		'			1		'	
 I	+	-	+				-	

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation PART I, LINE 3 INATIONAL CHURCH RESIDENCES, A RELATED ORGANIZATION, ESTABLISHES THE TOP MANAGEMENT OFFICIAL'S COMPENSATION THE FOLLOWING METHODS WERE USED BY NATIONAL CHURCH RESIDENCES TO ESTABLISH COMPENSATION LEVELS COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, APPROVAL BY THE BOARD OR

Page 3

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

ICOMPENSATION COMMITTEE

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93493042000149
SCHEDUL (Form 990 or EZ)	990- Complete to pr Form 990 ► Information about	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047 2017 Open to Public Inspection
FUND COMPANY IN	RT HOUSING DEVELOPMENT	on		31-1046789	ntification number
Return Reference			Explanation		
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE CO	RPORATION SHALL, A	AT ALL TIMES, BE NATIONAL (CHURCH RESID	DENCES

Return Explanation
Reference

LINE 7A

FORM 990, MEMBERS OR TRUSTEES SHALL HAVE THE APPROVAL OF THE BOARD OF TRUSTEES OF NATIONAL CHURCH RESIDENCES

SECTION A.

Return Explanation
Reference

LINE 7B

FORM 990, PART VI, SECTION A.

Return Explanation

FORM 990, PART VI, PRIOR TO SIGNATURE

SECTION B, LINE 11B

Return Reference	Explanation
FORM 990,	TWO CONFLICT OF INTEREST POLICIES EXIST FOR NATIONAL CHURCH RESIDENCES ONE POLICY IS A GE
PART VI,	NERAL STAFF POLICY, PUBLISHED IN THE EMPLOYEE INFORMATION GUIDE THE SECOND POLICY APPLIES
SECTION B,	TO NATIONAL CHURCH RESIDENCES AND ITS AFFILIATES' OFFICERS, DIRECTORS, AND MEMBERS OF COM
LINE 12C	MITTEES COMPOSED PRIMARILY OF DIRECTORS AND OFFICERS THE POLICY FOR OFFICERS AND DIRECTOR
	S IS REVIEWED REGULARLY BY THE BOARD, AND OFFICERS AND DIRECTORS REVIEW AND SIGN AN ATTEST
	ATION RELATED TO THE POLICY ANNUALLY AND ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS
	THE POLICY CONTAINS A PROCESS FOR REPORTING CONFLICTS, DETERMINING WHETHER A CONFLICT EXI

STS, AND APPROPRIATE PROCEDURES FOR ADDRESSING CONFLICTS

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEES PROGRAM SERVICE EXPENSES 850 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAIS ING EXPENSES 0 TOTAL EXPENSES 850 BEDBUG TREATMENT PROGRAM SERVICE EXPENSES 84 MANAGEM ENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 84 EXTERMINATING CONTR ACT PROGRAM SERVICE EXPENSES 1,153 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENS ES 0 TOTAL EXPENSES 1,153 SECURITY CONTRACT PROGRAM SERVICE EXPENSES 2,327 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,327 GROUNDS CONTRACT PROGRAM SERVICE EXPENSES 6,068 MANAGEMENT AND GENERAL EXPENSES 6,068 REPAIRS AND MAINTENANCE PROGRAM SERVICE EXPENSES 16,222 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,222 ELEVATOR CONTRACT PROGRAM SERVICE EXPENSES 1,998 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,998 HVAC CONTRACT PROGRAM SERVICE EXPENSES 1,172 MANAGEMENT AND GENER AL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,172 MANAGEMENT AND GENER AL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,172 DECORATING CONTRACT PROGRAM SERVICE EXPENSES 6,134 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 759 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSE 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSE 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSE 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSE 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSE 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSE 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSE 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSE 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSE 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSE 0 TOTAL EXPENSE 0 TOTAL EXPENSE 0 TOTAL EX

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	NATIONAL CHURCH RESIDENCES, THE PARENT ORGANIZATION, HAS AN AUDIT COMMITTEE WHICH OVERSEES
PART XII, LINE 2C	THE AUDIT OF THE FINANCIAL STATEMENTS AND IS INVOLVED IN SELECTION OF THE INDEPENDENT ACC OUNTANT WHICH COMPLETES THE AUDIT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Explanation

Return Explanation
Reference

990 Schedule O, Supplemental Information

R. PART II

FORM 990, SCHEDULE THE RELATED TAX EXEMPT ORGANIZATIONS ARE ALL MEMBERS OF GROUP EXEMPTION # 5048

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

(Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493042000149 OMB No 1545-0047

> Open to Public Inspection

or foreign country) (if section 501(c)(3)) entity (b)(
	te if the organ	ızatıon answer	ed "Yes"	on Form 9	990, Part :	IV, line 33		140709				
(a) Name, address, and EIN (If applicable) of disregarded entity			vity	(c) Legal domic or foreign o	(d) Itle (state country)		ome	(e) End-of-year a	assets	(f Direct co ent) ntrolling ity	
related tax-exempt organizations during the tax ye	ear.								ecause			(a)
Name, address, and EIN of related organization			Legal do			de section	Public ch	narity status	Dı	rect controlling	Section (b) cont	on 512 (13) rolled tity?
(1)NATIONAL CHURCH RESIDENCES TELEGRAPH ROAD 6050 TELEGRAPH ROAD	RENTAL ACTIV			МО	501(C)(3)		LINE 10		NATION RESIDE	IAL CHURCH NCES	Yes	No No
ST LOUIS, MO 63129 46-0683354 (2)WOODLAND CROSSING 839 KOOTENAI CUT OFF RD	RENTAL ACTIV			ID	501(C)(3)		LINE 10		NATION RESIDE	NAL CHURCH		No
PONDERAY, ID 838529804 74-3085816 (3)CLINTON PLACE	RENTAL ACTIV	VITY EOD LOW		MI	501(C)(3)		LINE 10		NATION	IAL CHURCH	\perp	No
147 N RIVER CT MOUNT CLEMENS, MI 48043 90-0959661	INCOME FAMIL			MI	301(C)(3)		LINE 10		RESIDE	NCES		110
											+	<u> </u>
											+	_
For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.		Cat	No 50135	<u> </u> Y				Sch	edule R (Form	990) 2	017

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. See Additional Data Table (b) (c) (d) (i) (k) (e) (f) (g) (ı) Name, address, and EIN of Primary Legal Direct Predominant Share of Share of Disproprtionate Code V-UBI General or Percentage related organization controlling income(related, total income end-of-year allocations? amount in box ownership activity domicile managing unrelated, 20 of (state entity assets Schedule K-1 excluded from or tax under (Form 1065) foreign country) sections 512-514) Yes No Yes No Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (a) (b) (c) (d) (e) (f) (h) (ı) (g) Name, address, and EIN of Legal Direct controlling Type of entity Share of total Share of end-of-Section 512(b) Primary activity Percentage domicile (C corp, S corp, ownership (13) controlled related organization entity ıncome vear (state or foreign or trust) assets entity? country) Yes No See Additional Data Table

Schedule R (Form 990) 2017		Pa	ge 3
Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	1j		No

f Dividends from related organization(s)	 1f	No
g Sale of assets to related organization(s)	 1 g	No
h Purchase of assets from related organization(s)	 1h	No
i Exchange of assets with related organization(s)	 1 i	No
j Lease of facilities, equipment, or other assets to related organization(s)	 1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	 1k	No
I Performance of services or membership or fundraising solicitations for related organization(s)	 11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	 1m '	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	 1n	No
	<u> </u>	

j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
О	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1р		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
				1
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

(a) Name of related organization **(b)** Transaction type (a-s) (c) Amount involved (d) Method of determining amount involved

Schedule R (Form 990) 2017

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets			(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017 Software ID: Software Version:

EIN: 31-1046789

Name: NCR OF GREENPORT HOUSING DEVELOPMENT

FUND COMPANY INC

Form 990, Schedule R, Par	t III - Identification o		d Organizatio	ons Taxable as	a Partnersh	nip	I		I		1	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(H Dispropi allocat	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) Gener or Manag Partne	ral Ing er?	(k) Percentage ownership
ABBEY CHURCH VILLAGE (TC2) HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
6003 ABBEY CHAPEL DR DUBLIN, OH 430171529 81-2509306												
ARLINGTON BY THE LAKE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
2101 ARLINGTON AVE TOLEDO, OH 436091979 20-4063801												
AVONDALE WOODS SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
5215 AVERY ROAD DUBLIN, OH 43016 26-4260580												
BALCONES HAUS SENIOR HOUSING LP 246 LOMA VISTA	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	TX	N/A									
NEW BRAUNFELS, TX 781307034 81-3930887												
BAPTIST GARDENS HOUSING LIMITED PARTNERSHIP 1901 MYRTLE DRIVE SW ATLANTA, GA 30311	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
27-2962768 BATTERY PARK SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	NC	N/A									
1 BATTLE SQUARE ASHEVILLE, NC 288012712 26-0069390 BETMAR VILLAGE SENIOR	RENTAL ACTIVITY FOR	GA	N/A									
HOUSING LIMITED PARTNERSHIP 345 ASHWOOD AVE SW	LOW INCOME FAMILIES/SENIORS	GA	IVA									
ATLANTA, GA 30315 45-3082039 BIG BETHEL VILLAGE LP	RENTAL ACTIVITY FOR	GA	N/A									
500 RICHARD ALLEN BOULEVARD SW ATLANTA, GA 30331 58-2621642	LOW INCOME FAMILIES/SENIORS	3 7.	14/1									
BLESSING COURT SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ТХ	N/A									
3100 BLESSING COURT BEDFORD, TX 760215009 45-3175449 BRISTOL COURT APARTMENTS	RENTAL ACTIVITY FOR	ОН	N/A									
LIMITED PARTNERSHIP 600 E FIFTH ST WAVERLY, OH 456901566	LOW INCOME FAMILIES/SENIORS		17.0									
20-2470977 CANTON PLACE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A									
PARTNERSHIP 44505 FORD RD CANTON, MI 481875034												
36-4756461 CAPITOL HEIGHTS SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MD	N/A									
505 SUFFOLK AVE CAPITOL HEIGHTS, MD 207433000 20-8599370												
CHANTRY PLACE HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
5500 MILLERSFIELD DRIVE COLUMBUS, OH 432327764 20-1872900	DENTAL ASSESSMENT	5	21/2									
CHIMES TERRACE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
65 S WILLIAMS STREET JOHNSTOWN, OH 43031 20-4064084												
CLARA PARK VILLAGE APARTMENTS LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
4805 CLARA ST CUDAHY, CA 902015200 20-2869540												

Form 990, Schedule R, Part	t III - Identification o	1 1	d Organizatio	ons Taxable as	a Partnersh	nip	1		I	1	. 1	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets		rtionate tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r iging ner?	(k) Percentage ownership
CLARK EAST LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A	,			Yes	No		Yes	No	
1550 EAST CLARK RD YPSILANTI, MI 481983185 47-3543762												
HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ID	N/A									
7712 N HEARTLAND DR COEUR DALENE, ID 838158906 31-1639271												
COLORADO PLAZA SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	KS	N/A									
420 COLORADO ST MANHATTAN, KS 665020659 31-1714217												_
COLUMBIA COURT LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A									
275 WEST COLUMBIA AVE BELLEVILLE, MI 481113901 61-1707502												
HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	WI	N/A									
334 WALLACE STREET COMBINED LOCKS, WI 54113 20-5556388												
LIMITED PARTNERSHIP 5656 FARMHOUSE LANE HILLIARD, OH 430267846	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	WI	N/A									
1500 LINCOLN AVENUE TOMAH, WI 546602463 20-3678605												
APARTMENTS LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
9151 GRINDLAY ST CYPRESS, CA 906303088 20-2869574	DENTAL ACTIVITY FOR		21/4									
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
1881 MYRTLE DRIVE SW ATLANTA, GA 30311 26-2082332 DUBLIN HOUSE SENIOR	RENTAL ACTIVITY FOR	ОН	N/A									
HOUSING LIMITED PARTNERSHIP	LOW INCOME FAMILIES/SENIORS	OII										
1425 CENTRAL AVE MIDDLETOWN, OH 450444180 20-4064054 EAST VALLEY SENIOR HOUSING	DENTAL ACTIVITY FOR	10/0	N/A									
LIMITED PARTNERSHIP 16010 EAST VALLEYWAY AVE VERADALE, WA 990378937	LOW INCOME FAMILIES/SENIORS	WA	IVA									
LP	RENTAL ACTIVITY FOR LOW INCOME	TX	N/A									
1220 JEFFERSON AVE SEGUIN, TX 781555934 74-3017793	FAMILIES/SENIORS											
LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ι	N/A								_	
20-2862379 FRIENDSHIP MANOR SENIOR HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME	МО	N/A									
917 NW SUMMIT DRIVE BLUE SPRINGS, MO 64015	FAMILIES/SENIORS											
27-1139085 GARDEN PARK SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	СО	N/A									
1821 N 5TH ST CANON CITY, CO 812122090 35-2464560												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) General (c) (h) (e) Share of end-Legal (d) (f) (i) Predominant income(related, (b) Domicile Direct Share of total Code V-UBI amount in or Percentage Name, address, and EIN of Primary activity Managing (State Controlling ıncome of-year assets Box 20 of Schedule unrelated, ownership related organization Partner? K-1 or Entity excluded from Foreign (Form 1065) tax under Country) 512-514) Yes No Yes No HARBOURVIEW SENIOR HOUSING LIMITED RENTAL ACTIVITY FOR OH N/A LOW INCOME FAMILIES/SENIORS **PARTNERSHIP** 115 FRANKLIN STREET SANDUSKY, OH 448702806 20-2471589 RENTAL ACTIVITY FOR HARVARD ELDERLY LIMITED ОН N/A LOW INCOME **PARTNERSHIP** FAMILIES/SENIORS 6900 HARVARD AVE CLEVELAND, OH 441055016 34-1863728 HAYDEN SENIOR HOUSING LP RENTAL ACTIVITY FOR N/A ID LOW INCOME 88 W SARGENT DR FAMILIES/SENIORS HAYDEN, ID 838358882 46-0493154 RENTAL ACTIVITY FOR HEARTLAND SENIOR HOUSING ID N/A LOW INCOME FAMILIES/SENIORS 7745 N HEARTLAND DR COEUR DALENE, ID 838158904 54-2064319 HERITAGE PLACE AT TRAILS RENTAL ACTIVITY FOR IN N/A EDGE LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 2620 EAST STATE BLVD FORT WAYNE, IN 468054730 20-1469685 HILLTOP II SENIOR HOUSING RENTAL ACTIVITY FOR ОН N/A LOW INCOME LIMITED PARTNERSHIP FAMILIES/SENIORS 3630 MOORES TRAIL RD COLUMBUS, OH 432284345 52-2367292 HILLTOP SENIOR HOUSING RENTAL ACTIVITY FOR N/A ОН LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 300 OVERSTREET WAY COLUMBUS, OH 432284335 HOLY TRINITY II SENIOR RENTAL ACTIVITY FOR ОН N/A HOUSING LIMITED LOW INCOME PARTNERSHIP FAMILIES/SENIORS 25031 COLUMBUS ROAD BEDFORD HEIGHTS, OH 44146 45-3061216 INDIAN LAKE VILLA SENIOR RENTAL ACTIVITY FOR ОН N/A HOUSING LIMITED LOW INCOME PARTNERSHIP FAMILIES/SENIORS 601 LINCOLN BLVD RUSSELLS POINT, OH 43348 20-2471281 JAYCEE FAIRGROUNDS VILLAGE RENTAL ACTIVITY FOR МО N/A SENIOR HOUSING LIMITED FAMILIES/SENIORS **PARTNERSHIP** 1355 FAIRGROUNDS RD ST CHARLES, MO 633012383 27-5281382 KIRBY MANOR SENIOR LIMITED RENTAL ACTIVITY FOR ОН N/A **PARTNERSHIP** LOW INCOME FAMILIES/SENIORS 11500 DETROIT AVENUE CLEVELAND, OH 441020000 87-0704525 KIWANIS VILLAGE SENIOR RENTAL ACTIVITY FOR ОН N/A HOUSING LIMITED LOW INCOME **PARTNERSHIP** FAMILIES/SENIORS 1200 CROY DR FINDLAY, OH 458406707 20-4063620 LAKESIDE APARTMENT HOUSING RENTAL ACTIVITY FOR CA N/A LOW INCOME FAMILIES/SENIORS 2590 FRANCISCO BLVD PACIFICA, CA 940442732 02-0668710 LAKESIDE TOWERS OF RENTAL ACTIVITY FOR N/A ΜI STERLING HEIGHTS LIMITED DIVIDEND HOUSING LOW INCOME FAMILIES/SENIORS ASSOCIATION LP 15000 SHORELINE DR STERLING HEIGHTS, MI 483132275 45-2797185 LAKEWOOD CHRISTIAN MANOR RENTAL ACTIVITY FOR ОН N/A LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 2141 SPRINGDALE RD SW ATLANTA, GA 303156100 31-1647433

Form 990, Schedule R, Part	III - Identification o		d Organizatio	ns Taxable as	a Partnersh	nip	ı		I	l 7:	: \	I
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections	(f) Share of total Income	(g) Share of end- of-year assets	(H Disprop alloca	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen	r agıng	(k) Percentage ownership
LANDINGS PORT RICHEY SENIOR	RENTAL ACTIVITY FOR	FL	N/A	512-514)			Yes	No		Yes	No	
HOUSING LIMITED PARTNERSHIP												
5852 SEA FOREST DR NEW PORT RICHEY, FL 346522049 46-5548166												
HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MD	N/A			ļ						
22810 DORSEY ST LEONARDTOWN, MD 206503831 20-8599565	TARIELS, SENIORS											
HOUSING LIMITED PARTNERSHIP		ОН	N/A			ļ						
110 STURBRIDGE RD COLUMBUS, OH 432284424 26-4310827	FAMILIES/SENIORS											
MADISON HEIGHTS WIN LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHI	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A									
27777 DEQUINDRE RD MADISON HEIGHTS, MI 48071 20-3638189												
HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	TX	N/A									
108 DEBORAH DR ANGLETON, TX 775154165 45-3176201												
MEADOWVIEW SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
338 W MAIN ST MT STERLING, OH 431431291 20-2471060	,											
PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
1405 SOUTH 7TH AVE PHOENIX, AZ 850070000 30-0230394	·											
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ID	N/A									
PONDERAY, ID 838529804 74-3085816 NESHANNOCK WOODS SENIOR	RENTAL ACTIVITY FOR	PA	N/A									
HOUSING LIMITED PARTNERSHIP		'''										
NEW CASTLE, PA 161051053 81-4315647	RENTAL ACTIVITY FOR	GA	N/A									
HOUSING LIMITED PARTNERSHIP		GA	N/A									
DRIVE LITHONIA, GA 30058 32-0378758												
PARK PLACE TOWERS OF HARPER WOODS LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A									
19460 PARK DR HARPER WOODS, MI 482252375 45-2797239												
PARKSIDE MANOR SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	PA	N/A									
1306 BROOKLINE BLVD PITTSBURGH, PA 152261961 47-1165633												
PARKVIEW PLACE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	TX	N/A									
1110 AVENUE N STREET HUNTSVILLE, TX 77340 36-4725509												
LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	LA	N/A									
611 S BONNER ST RUSTON, LA 712705063 36-4753221	1.5, 2.1.15.15											
PORTAGE TRAIL VILLAGE SENIOR HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
45 CATHEDRAL LANE CUYAHOGA FALLS, OH 442231657 47-5586184												

Form 990, Schedule R, Part	III - Identification o	f Relate	d Organizatio	ns Taxable as	a Partnersh	nip	1					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end- of-year assets	(† Dispropi allocal	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gend oi Mana Partr	eral r gıng	(k) Percentage ownership
HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	TX	N/A	512-514)			Yes	No		Yes	No	
1915 N WHARTON RD EL CAMPO, TX 774372312 38-3897774												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
711 BELROCK AVE BELPRE, OH 457142147 20-4063688												
HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
419 N ST CLAIR ST TOLEDO, OH 436041562 26-2062189 RIVERCREST SENIOR HOUSING	RENTAL ACTIVITY FOR	NY	N/A									
ASSOCIATES LIMITED PARTNERSHIP	LOW INCOME FAMILIES/SENIORS	NY	N/A									
7210 WILLIAMS RD NIAGARA FALLS, NY 143043735 20-2518262 RIVERVIEW RETIREMENT	RENTAL ACTIVITY FOR	ОН	N/A									
SENIOR HOUSING LIMITED PARTNERSHIP	LOW INCOME FAMILIES/SENIORS		IV/A									
500 SECOND STREET PORTSMOUTH, OH 45662 90-1033802 ROMULUS WIN LIMITED	RENTAL ACTIVITY FOR	MI	N/A									
DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	LOW INCOME FAMILIES/SENIORS	"1	1970									
36500 BIBBINS STREET ROMULUS, MI 48174 42-1674512												
ROOSEVELT TOWNE APARTMENTS LLC 711 N EUCLID AVE	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
ST LOUIS, MO 631081632 13-4242467 SAN ANTONIO SENIOR HOUSING	DENTAL ACTIVITY FOR	ОН	N/A									
LIMITED PARTNERSHIP	LOW INCOME FAMILIES/SENIORS	OII	1970									
31-1592980	RENTAL ACTIVITY FOR	ОН	N/A									
LIMITED PARTNERSHIP SE	LOW INCOME FAMILIES/SENIORS											
20-2907605 SISTER'S COURT SENIOR	RENTAL ACTIVITY FOR	GA	N/A									
HOUSING LIMITED PARTNERSHIP 222 EAST 37TH STREET	LOW INCOME FAMILIES/SENIORS											
SAVANNAH, GA 31401 47-1018122 SOLBERG WIN LIMITED	RENTAL ACTIVITY FOR	MI	N/A									
DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	LOW INCOME FAMILIES/SENIORS	1411	NYA									
27787 DEQUINDRE RD MADISON HEIGHTS, MI 48071 42-1674495												
LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	WA	N/A									
14303 E SPRAGUE AVE SPOKANE, WA 992163121 91-2123013	·											
STYGLER VILLAGE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
140 IMPERIAL DR GAHANNA, OH 432302423 81-3540923			21/2									
APARTMENTS LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
2624 TRACTION AVE SACRAMENTO, CA 958152485 20-2869621												
SUPERIOR ARBORETUM SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	AZ	N/A									
199 W GRAY DR SUPERIOR, AZ 85173 26-2084830												

Form 990, Schedule R, Part	III - Identification o		d Organizatio	ons Taxable as	a Partnersh	nip			1	/:	:\	I
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropi allocat	rtionate tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r agıng	(k) Percentage ownership
TELFAIR ARMS SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A	312-314)			Yes	No		Yes	No	
17 EAST PARK AVENUE SAVANNAH, GA 31401 47-5656342												
THE COMMONS AT BUCKINGHAM HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
328 BUCKINGHAM STREET COLUMBUS, OH 43215 26-0223422												
THE COMMONS AT GARDEN LAKE HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
1065 GARDEN LAKE PKWY TOLEDO, OH 436149998 80-0954419												
THE COMMONS AT GRANT LIMITED PARTNERSHIP 398 S GRANT AVE	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
COLUMBUS, OH 432155549 31-1797406 THE COMMONS AT IMPERIAL	RENTAL ACTIVITY FOR	GA	N/A									
HOUSING I LIMITED PARTNERSHIP 355 PEACHTREE ST NE	LOW INCOME FAMILIES/SENIORS		, 									
ATLANTA, GA 30308 45-2525693 THE COMMONS AT LIVINGSTON	RENTAL ACTIVITY FOR	ОН	N/A									
HOUSING LIMITED PARTNERSHIP 3349 EAST LIVINGSTON AVE	LOW INCOME FAMILIES/SENIORS		· 									
COLUMBUS, OH 43227 26-4416286 THE COMMONS AT LIVINGSTON	RENTAL ACTIVITY FOR	ОН	N/A									
II HOUSING LIMITED PARTNERSHIP	LOW INCOME FAMILIES/SENIORS											
3349 E LIVINGSTON AVENUE COLUMBUS, OH 43227 35-2444785 THE COMMONS AT THIRD	RENTAL ACTIVITY FOR	ОН	N/A									
HOUSING LIMITED PARTNERSHIP	LOW INCOME FAMILIES/SENIORS											
1280 NORTON AVE COLUMBUS, OH 43212 27-2125068 TRINITY MANOR SENIOR	RENTAL ACTIVITY FOR	ОН	N/A									
HOUSING LIMITED PARTNERSHIP	LOW INCOME FAMILIES/SENIORS											
301 CLARK ST MIDDLETOWN, OH 450428158 26-0072500 TRINITY TOWERS LIMITED	RENTAL ACTIVITY FOR	GA	N/A									
PARTNERSHIP LP 2611 SPRINGDALE RD SW	LOW INCOME FAMILIES/SENIORS	GA										
ATLANTA, GA 303157137 52-2405847 TSCHIRLEY II SENIOR HOUSING		WA	N/A									
107 S TSCHIRLEY RD GREENACRES, WA 990169317	LOW INCOME FAMILIES/SENIORS											
LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	WA	N/A									
111 S TSCHIRLEY RD GREENACRES, WA 990169342 91-2177168	TAPILLES/SENTORS											
VALLEY BRIDGE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
5351 NEBRASKA AVENUE TOLEDO, OH 43614 81-3716484												
VANDERBILT SENIOR HOUSING LIMITED PARTNERSHIP 75 HAYWOOD STREET	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	NC	N/A									
ASHEVILLE, NC 288012846 20-2635801 VIEWPOINT SENIOR HOUSING	RENTAL ACTIVITY FOR	ОН	N/A									
LIMITED PARTNERSHIP 215 EAST SHORELINE DRIVE	LOW INCOME FAMILIES/SENIORS											
SANDUSKY, OH 44870 20-2471408												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Disproprtionate allocations? Yes No		Disproprtionate allocations?		Disproprtionat allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)		eral r aging ner?	(k) Percentage ownership
VILLA ESPERANZA APARTMENTS	RENTAL ACTIVITY FOR	ОН	N/A				162	140		res	140					
LIMITED PARTNERSHIP SE	LOW INCOME FAMILIES/SENIORS															
ADMINISTRATION BOX 111 ST 35 BLOQ 2 CAROLINA, PR 009830000 20-2907561																
VILLA PROVIDENCIA APARTMENTS LIMITED PARTNERSHIP SE	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A													
350 CARR 837 GUAYNABO, PR 009696238 20-2907579																
PARTNERSHIP 3400 VISION CENTER COURT	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A													
COLUMBUS, OH 432272262 31-1364056																
WAGGONER SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A													
831 ACORN GROVE DR BLACKLICK, OH 430045044 31-1812222	·															
PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									_				
751 CHESTNUT GROVE DR BLACKLICK, OH 430045024 31-1808115																
WAPAKONETA VILLAGE SENIOR HOUSING LIMITED PARTNERSHIP 218 EASTOWN DR	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A													
WAPAKONETA, OH 458951786 20-4064109																
WAYNE WIN LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A													
35200 SIMS WAYNE, MI 48184 42-1674508																
II LLC	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A													
622 SOUTH SUNBURY ROAD WESTERVILLE, OH 43081 20-2489049																
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A													
630 SOUTH SUNBURY RD WESTERVILLE, OH 430819344 45-0470538																
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A													
851 COUNTRY CLUB RD WHITEHALL, OH 432132442 31-1592973																
WYSONG VILLAGE APARTMENTS LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A													
111 N CHAPEL AVE ALHAMBRA, CA 918013565 20-2869668																

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (f) (h) (i) (g) Name, address, and EIN of Direct controlling Primary activity Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) assets controlled entity? country) Yes No CHANTRY PLACE HOUSING INC RENTAL ACTIVITY FOR ОН N/A No 5500 MILLERSFIELD DRIVE SENIORS/FAMILIES COLUMBUS, OH 432327764 20-1891592 COUNTRY RIDGE APARTMENTS INC RENTAL ACTIVITY FOR ОН N/A С No SENIORS/FAMILIES 5656 FARMHOUSE LANE HILLIARD, OH 430267846 31-1504166 HARVARD SCHOOL INC RENTAL ACTIVITY FOR ОН N/A No 6900 HARVARD AVE SENIORS/FAMILIES CLEVELAND, OH 441055016 31-1740172 HILLTOP II SENIOR HOUSING INC RENTAL ACTIVITY FOR ОН N/A No 3630 MOORES TRAIL RD SENIORS/FAMILIES COLUMBUS, OH 432284345 02-0633437 HILLTOP SENIOR HOUSING INC RENTAL ACTIVITY FOR ОН N/A No 300 OVERSTREET WAY SENIORS/FAMILIES COLUMBUS, OH 432284335 31-1592982 NATIONAL CHURCH RESIDENCES AT SISTER'S RENTAL ACTIVITY FOR GΑ N/A No COURT LLC SENIORS/FAMILIES 222 EAST 37TH STREET SAVANNAH, GA 31401 46-2609217 NATIONAL CHURCH RESIDENCES LANDINGS RENTAL ACTIVITY FOR FL N/A No PORT RICHEY FL LLC SENIORS/FAMILIES 5852 SEA FOREST DR NEW PORT RICHEY, FL 346522049 46-5439904 NATIONAL CHURCH RESIDENCES OF ABBEY С RENTAL ACTIVITY FOR ОН N/A No CHURCH VILLAGE LLC SENIORS/FAMILIES 6003 ABBEY CHAPEL DR DUBLIN, OH 430171529 81-2524615 NATIONAL CHURCH RESIDENCES OF RENTAL ACTIVITY FOR ОН N/A No ARLINGTON BY THE LAKE LLC SENIORS/FAMILIES 2101 ARLINGTON AVE TOLEDO, OH 436091979 46-1592285 RENTAL ACTIVITY FOR NATIONAL CHURCH RESIDENCES OF TX N/A No **BALCONES HAUS LLC** SENIORS/FAMILIES 246 LOMA VISTA NEW BRAUNFELS, TX 781307034 81-3901111 NATIONAL CHURCH RESIDENCES OF CANTON RENTAL ACTIVITY FOR ΜI N/A No SENIORS/FAMILIES PLACE LLC 44505 FORD RD CANTON, MI 481875034 46-2185377 NATIONAL CHURCH RESIDENCES OF CAPITOL RENTAL ACTIVITY FOR MD С No N/A HEIGHTS SENIOR HOUSING LLC SENIORS/FAMILIES 505 SUFFOLK AVE CAPITOL HEIGHTS, MD 207433000 46-1306846 NATIONAL CHURCH RESIDENCES OF CLARK RENTAL ACTIVITY FOR ΜI N/A No EAST LLC SENIORS/FAMILIES 1550 EAST CLARK RD YPSILANTI, MI 481983185 47-3532391 NATIONAL CHURCH RESIDENCES OF RENTAL ACTIVITY FOR ΜI N/A С No COLUMBIA COURT LLC SENIORS/FAMILIES 275 WEST COLUMBIA AVE BELLEVILLE, MI 481113901 46-2196035 NATIONAL CHURCH RESIDENCES OF RENTAL ACTIVITY FOR МО N/A No FRIENDSHIP MANOR LLC SENIORS/FAMILIES 917 NW SUMMIT DRIVE BLUE SPRINGS, MO 64015 46-1094279

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (d) (f) (h) (i) (c) (g) Name, address, and EIN of Direct controlling Primary activity Legal Type of entity Share of total Share of end-of-Percentage Section 512 domicile related organization entity (C corp, S corp, income ownership (b)(13)year (state or foreign or trust) assets controlled country) entity? Yes No NATIONAL CHURCH RESIDENCES OF GARDEN RENTAL ACTIVITY FOR CO N/A No PARK SENIOR HOUSING INC SENIORS/FAMILIES 1821 N 5TH ST CANON CITY, CO 812122090 46-1644284 NATIONAL CHURCH RESIDENCES OF INDIAN RENTAL ACTIVITY FOR ОН N/A Nο LAKE VILLA LLC SENIORS/FAMILIES 601 LINCOLN BLVD RUSSELLS POINT, OH 43348 47-4662981 NATIONAL CHURCH RESIDENCES OF RENTAL ACTIVITY FOR РΑ N/A No NESHANNOCK WOODS LLC SENIORS/FAMILIES 209 CAMBRIDGE ST UNIT 601 NEW CASTLE, PA 161051053 81-4329517 NATIONAL CHURCH RESIDENCES OF RENTAL ACTIVITY FOR PA N/A No PARKSIDE MANOR LLC SENIORS/FAMILIES 1306 BROOKLINE BLVD PITTSBURGH, PA 152261961 47-1165539 NATIONAL CHURCH RESIDENCES OF RENTAL ACTIVITY FOR ОН N/A Nο PORTAGE TRAIL VILLAGE LLC SENIORS/FAMILIES 45 CATHEDRAL LANE CUYAHOGA FALLS, OH 442231657 47-5581776 NATIONAL CHURCH RESIDENCES OF PRAIRIE RENTAL ACTIVITY FOR TX N/A No VILLAGE SENIOR HOUSING LLC SENIORS/FAMILIES 1915 N WHARTON RD EL CAMPO, TX 774372312 46-1942715 NATIONAL CHURCH RESIDENCES OF RENTAL ACTIVITY FOR ОН N/A No RIVERVIEW RETIREMENT LLC SENIORS/FAMILIES 500 SECOND STREET PORTSMOUTH, OH 45662 47-3885174 NATIONAL CHURCH RESIDENCES OF STYGLER RENTAL ACTIVITY FOR ОН N/A lc No VILLAGE LLC SENIORS/FAMILIES 140 IMPERIAL DR GAHANNA, OH 432302423 81-3319534 NATIONAL CHURCH RESIDENCES OF TELFAIR RENTAL ACTIVITY FOR GΑ N/A No ARMS LLC SENIORS/FAMILIES 17 EAST PARK AVENUE SAVANNAH, GA 31401 47-4028447 NATIONAL CHURCH RESIDENCES OF VALLEY RENTAL ACTIVITY FOR ОН С N/A No BRIDGE LLC SENIORS/FAMILIES 5351 NEBRASKA AVENUE TOLEDO, OH 43614 81-3685370 NEW IMPERIAL REDEVELOPMENT LLC RENTAL ACTIVITY FOR GΑ N/A No 355 PEACHTREE ST NE SENIORS/FAMILIES ATLANTA, GA 30308 37-1653998 ROOSEVELT TOWNE HOUSING INC RENTAL ACTIVITY FOR ОН N/A No 711 N EUCLID AVE SENIORS/FAMILIES ST LOUIS, MO 631081632 54-2086755 SAN ANTONIO SENIOR HOUSING INC RENTAL ACTIVITY FOR ОН N/A No 3503 CAMINO REAL SENIORS/FAMILIES SAN ANTONIO, TX 782383401 31-1592978 VISION CENTER II INC RENTAL ACTIVITY FOR ОН N/A No 3400 VISION CENTER COURT SENIORS/FAMILIES COLUMBUS, OH 432272262 31-1363226 WAGGONER WOODS INC RENTAL ACTIVITY FOR ОН N/A No 751 CHESTNUT GROVE DR SENIORS/FAMILIES BLACKLICK, OH 430045024 31-1808113

(a) (b) (d) (e) (g) Name, address, and EIN of Primary activity Direct controllina Type of entity Share of total Share of end-of-Percentage Section 512 Legal related organization (b)(13)domicile entity (C corp. S corp. ownership ıncome vear controlled (state or foreign or trust) assets country) entity?

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

RENTAL ACTIVITY FOR

SENIORS/FAMILIES

WHITEHALL SENIOR HOUSING INC

851 COUNTRY CLUB RD

31-1592976

WHITEHALL, OH 432132442

								Yes	No
WESTERVILLE SENIOR HOUSING INC	RENTAL ACTIVITY FOR	ОН	N/A	С					No
630 SOUTH SUNBURY RD	SENIORS/FAMILIES	1				l i	1	1	
WESTERVILLE, OH 430819344	l l	1				l i	1	1	
73-1631614	l l	1		1	l 1	!)	1	'	

N/A

ОН