DLN: 93493036010130 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 C Name of organization D Employer identification number B Check if applicable NCR OF GREENPORT HOUSING DEVELOPMENT □ Address change FUND COMPANY INC 31-1046789 ☐ Name change Doing business as GREENPORT MANOR ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2335 NORTH BANK DRIVE ☐ Amended return ☐ Application pending (614) 451-2151 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 371,522 Name and address of principal officer H(a) Is this a group return for JULIA FRATIANNE ☐Yes **☑**No subordinates? 2335 NORTH BANK DRIVE H(b) Are all subordinates COLUMBUS, OH 43220 ☐Yes ☐No ıncluded? **☑** 501(c)(3) □ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) H(c) Group exemption number  $\triangleright$ Website: ► WWW NATIONALCHURCHRESIDENCES ORG L Year of formation 1983 K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities PROVIDE HOUSING FOR LOW AND MODERATE INCOME PERSONS Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 3 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 5 **6** Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 223,822 230,130 Ravenua 167,670 137,601 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 251 420 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,369 3,371 393,112 371,522 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 362,407 337,436 362,407 337,436 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 30,705 Revenue less expenses Subtract line 18 from line 12 . 34,086 Net Assets or Fund Balances Beginning of Current Year End of Year 1,224,215 20 Total assets (Part X, line 16) . 1,226,984 21 Total liabilities (Part X, line 26) . 1,396,638 1,359,783 22 Net assets or fund balances Subtract line 21 from line 20 . -169,654 -135,568 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-02-03 Signature of officer Sign Here JULIA FRATIANNE TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-01-20 P00366367 Paid self-employed Firm's name PLANTE & MORAN PLLC Firm's EIN ► 38-1357951 Preparer Use Only Firm's address ▶ 250 S HIGH STREET SUITE 100 Phone no (614) 849-3000 COLUMBUS, OH 43215 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page
Pa	rt III Statem	nent of Program Service	Accomplish	nents		
	Check If	Schedule O contains a respons	se or note to an	y line in this Part III .		🗆
1						
ORIG	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?			S AND RESIDENTIAL		
2	Did the organiza	ation undertake any significant	program servic	es during the year which	n were not listed on	
	the prior Form 9	990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describ	oe these new services on Scheo	dule O			
3	Did the organiza	ation cease conducting, or mak	e significant ch	ments for each of its three largest program services, as mired to report the amount of grants and allocations to other reported  63 Including grants of \$ 0 ) (Revenue \$	s, any program	
						☐ Yes ☑ No
4	Describe the org Section 501(c)(	ganization's program service a 3) and 501(c)(4) organizations	ccomplishments are required to	report the amount of gi		
4a	(Code	) (Expenses \$	295.463	ncluding grants of \$	0 ) (Revenue \$	140,972 )
	•				, ( 4	,
	-					
4b	(Code	) (Expenses \$	ı	ncluding grants of \$	) (Revenue \$	)
4b						
4c	(Code	) (Expenses \$	ı	ncluding grants of \$	) (Revenue \$	)
4d		services (Describe in Schedule			) / P	
	(Expenses \$		ing grants of \$		) (Revenue \$	)
4e	Total program	ı service expenses ▶	295,463	1		

16

17

18

19

21

Nο

Nο

No

Nο

No

Νo

Nο

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16

17

18

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20a

20b

21

22

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Pai	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	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 services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛂	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛂	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
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 in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥞	11e	Yes	
f	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	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes." complete Schedule F. Parts II and IV	15		No

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,"

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,

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

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

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

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

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

Part V

Form	990 (2018)			Page <b>4</b>
Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	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? <i>If "Yes," complete Schedule J</i>	23	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 complete Schedule K If "No," go to line 25a	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	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 of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Yes

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0

0

1c

1a

1b

No

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part  $V\$ .

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . . No Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Form **990** (2018)

orm 9	990 (2018)			Page <b>6</b>
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lınes 🔽
Sec	tion A. Governing Body and Management			ı
1-	Enter the principal of voting manchage of the governing hady at the and of the tay year.		Yes	No
14	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	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			
	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 supervisior 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
	Did the organization have members or stockholders?	6	Yes	
	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	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Code</u> T	e.) Yes	- NI -
0-	Did the organization have local chapters, branches, or affiliates?	10a	res	No 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?	10a		No
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110	165	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
	conflicts?	12b	Yes	
	Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L <b>4</b>	Did the organization have a written document retention and destruction policy?	14	Yes	
	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)			
	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
	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?	16b		
Sec	tion C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed▶  NY			
	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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)			
	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			

(A)

(F)

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

(C)

(D)

(E)

- 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 nor any related organization compensated any current officer, director, or trustee

(B)

Name and Title	Average hours per week (list any hours for related		ne bo	ox, ι n of or/t	t ch unle: ficei rust	ss pers and a ee)	son	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) AL RUPIPER	0 10	x						0	0	0
DIRECTOR (THROUGH DECEMBER 2018)	2 00									
(2) JOSEPH R KASBERG DIRECTOR (THROUGH DECEMBER 2018)	0 10	Х						0	0	0
(3) MICHAEL FLOWERS DIRECTOR	0 <b>1</b> 0 2 00	х						0	0	0
(4) VIRGINIA BARNEY	0 10	.,								
DIRECTOR (EFFECTIVE JANUARY 2019)	2 00	Х						0	0	0
(5) JAMES SAVAGE DIRECTOR (EFFECTIVE JANUARY 2019)	0 <b>1</b> 0 2 00	X						0	0	0
(6) STEVEN T BODKIN PRESIDENT	0 <b>1</b> 0 49 90			х				0	357,310	62,551
(7) TANYA KIM HAHN VICE PRESIDENT	0 10 49 90			x				0	377,203	27,336
(8) JULIA FRATIANNE TREASURER	0 <b>1</b> 0 49 90			x				0	244,739	53,838
(9) SUSAN DIMICKELE SECRETARY	0 10 49 90			×				0	432,245	31,079
						•	•			Form <b>990</b> (2018)

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Part VII Section A. Officers, Direc	tors, Trustees	, Key I	Empl	loye	es,	and I	High	nest Compensate	d Employees (co	ntınued)
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, u n of	t che inles ficer rust	s pers	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1099-1113C)	2/1055-11136/	related organizations

	nstee	Trustee	- e-e-	npensated		
					·	

1b Sub-Total											
d Total (add lines 1b and 1c)						•		0	1,411,497		174,804
Total number of individuals (including of reportable compensation from the or			e liste	ed al	bove	e) who	rece	eived more than \$1	00,000		
										V	NI.

1b S	Sub-Total			
сΤ	Total from continuation sheets to Part VII, Section A ▶			
d T	Fotal (add lines 1b and 1c)	.97		174,804
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\blacktriangleright$ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		No

c T	Oatal from continuation sheets to Part VII, Section A       Image: Continuation of the continuatio		174,804
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 0		
		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		

с	Total from continuation sheets to Part VII, Section A	197		174,804
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\blacktriangleright$ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
_				

			Yes	No		
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No		
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for					
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No		

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	103	No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confirm the organization. Penert compensation for the calendar year ending with or within the organization of the calendar year ending within the organization.	mpensa	ation	

	services rendered to the organization? If "Yes," complete Schedule J for such person		5		No			
Se	ection B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.							
	(A)	(B)		(C	)			

S	Section B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year								
	(A) Name and business address	(B) Description of services	(C) Compensation						

Form **990** (2018)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

orm 9	90	) (2018)									Page	<u>9</u>
Part	VI										_	
		Check if Schedul	e O contains a	respon	se or note to any	line in this P (A) Total reven		( <b>B)</b> Related or exempt function		(C) Unrelated business revenue	(D)  Revenue  excluded from tax under sectio	
	1	La Federated campaig	ns	1a				revenue			512 - 514	
nts	ſ	<b>b</b> Membership dues	Ļ	1b								
irat 10 u		c Fundraising events	Ļ	<u> </u>								
Š, G Am		d Related organizatio	L	1c								
Contributions, Gifts, Grants and Other Similar Amounts		_	Ļ	1d	220.420							
S, (		e Government grants (co	L	1e	230,130							
ion I Si		f All other contributions and similar amounts n		1f								
Contributions, Gifts, Grants and Other Similar Amounts		above	ا اممامین مست									
ĒÓ		g Noncash contribution in lines 1a - 1f \$	ons included									
ā C		h Total. Add lines 1a	-1f		•	230	),130					
	广				Business		,,130					
Program Service Revenue	2	a RENTS - NET				531110	13	7,601	137,60	1		_
4						331110						_
3		<i>-</i>										_
Ę.	'	C -										
ر ک		<b>u</b>										
grar	1	f All other program se	rvice revenue									
ď	١,	<b>9 Total.</b> Add lines 2a–2	of .		. 1	37,601						
		Investment income (i			erest and other	1						
		similar amounts) .			<b>▶</b>		420				4	120
	l	Income from investme										
	5	Royalties		<u> </u>								_
	6	a Gross rents	(ı) Real		(II) Personal							
	"	a Gross rents										
		<b>b</b> Less rental expenses										
		c Rental income or				-						
		(loss)										
		<b>d</b> Net rental income o	r (loss)		+ + <b>&gt;</b>	]						
	_		(ı) Securiti	es	(II) Other	1						
	7	a Gross amount from sales of										
		assets other than inventory										
		<b>b</b> Less cost or				_						
		other basis and sales expenses										
		C Gain or (loss)				]						
		<b>d</b> Net gain or (loss) .		_	<b>•</b>	<u> </u>						
a)	8	a Gross income from f (not including \$	_	nts of								
Other Revenue		contributions reporte	ed on line 1c)									
e v		See Part IV, line 18		a								
ά		<b>b</b> Less direct expense		ь_		]						
He He		c Net income or (loss) a Gross income from g			115 ▶	1						—
δ	֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓֡֓֓֡	See Part IV, line 19										
				a								
		<b>b</b> Less direct expense		ь_	_	]						
		c Net income or (loss)  OaGross sales of invent		activities	s · · •	1						
	-	returns and allowand	ces									
				a[_								
		<b>b</b> Less cost of goods s		ь		]						
	_	c Net income or (loss)		inventor I								
	1	Miscellaneous  1aLAUNDRY & VENDIN			Business Code 531110	1	1,840		1,840			
	-	LAUNDKY & VENDIN	10		551110		2,040		_,5 15			
		b DAMAGE & GLESSES	IC FFFC		531110		858		858		_	
		b DAMAGE & CLEANIN	IG FEES		551110		330		333			
		C VENDOD DED :===			531110		673		673			
		c VENDOR REBATES			331110		0/3		0/3			
		-1 All -24		$\perp$								
		d All other revenue . e Total. Add lines 11a		L	<u> </u>							
				• •	•		3,371					
		2 Total revenue. See	Instructions	• •			371,522	1	40,972			120
	_				<del></del>						Form <b>990</b> (20)	181

Section 501(	(c)(3) and 501(c)(4)	organizations must o	complete all columns	All other organizations i	nust complete column (A)

Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpense
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
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				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> 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				
<b>0</b> Payroll taxes				
Fees for services (non-employees)				
a Management	29,184		29,184	
<b>b</b> Legal	200	200		
c Accounting	12,129		12,129	
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	29,579	29,579		
2 Advertising and promotion	1,348	1,348		
3 Office expenses	19,448	19,448		
4 Information technology				
<b>5</b> Royalties				
<b>6</b> Occupancy	94,466	94,466		
<b>7</b> Travel	785	785		
8 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
9 Conferences, conventions, and meetings	727	67	660	
O Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	55,698	55,698		
3 Insurance	49	49		
4 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	88,352	88,352		
b RESIDUAL RECEIPT EXP	5,471	5,471		
c	-			
d	+			
	-			
e All other expenses  Total functional expenses Add lines 1 through 24e	337,436	295,463	41,973	
25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	337,430	293,463	41,973	
Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

Forn	n 990	(2018)					Page <b>11</b>
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			39,151	1	66,758
	2	Savings and temporary cash investments .		[	157,670	2	180,241
	3	Pledges and grants receivable, net				3	
ssets	4	Accounts receivable, net		[	2	4	302
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensate II of Schedule L	ated em  fied pe	nployees Complete rsons (as defined under		5	
	7	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net		6			
se	′	Inventories for sale or use		8			
As	9	Prepaid expenses and deferred charges	12.322	9	14.659		
	-	Land, buildings, and equipment cost or other		· ' '	12,022		14,000
		basis Complete Part VI of Schedule D	10a	2,178,091			
	Ь	Less accumulated depreciation	<b>10</b> b	1,232,162	1,001,627	10c	945,929
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .	[		12	
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets		[		14	
	15	Other assets See Part IV, line 11		[	16,212	15	16,326
	16	Total assets.Add lines 1 through 15 (must equ	ıal lıne	34)	1,226,984	16	1,224,215
	17	Accounts payable and accrued expenses		37,429	17	36,666	
	18	Grants payable		18			
	19	Deferred revenue	16	19	2		
	20	Tax-exempt bond liabilities				20	
ý	21	Escrow or custodial account liability Complete F	⊃art IV d	of Schedule D		21	
ď	22		cc				

	15	Other assets See Part IV, line 11	16,212	15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	1,226,984	16	1
	17	Accounts payable and accrued expenses	37,429	17	
	18	Grants payable		18	
	19	Deferred revenue	16	19	
	20	Tax-exempt bond liabilities		20	
ý	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
abilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ge		persons Complete Part II of Schedule L		22	

1,334,850 1,307,248 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties . 24 Other liabilities (including federal income tax, payables to related third parties, 24,343 25 15.867 and other liabilities not included on lines 17 - 24)

Complete Part X of Schedule D

1.396.638 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here >  $\square$  and

1.359.783 26 complete lines 27 through 29, and lines 33 and 34. -169.654 Unrestricted net assets 27 -135.568 27

28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

32

33 34

Organizations that do not follow SFAS 117 (ASC 958),

Net Assets or Fund Balances check here > \quad \text{and complete lines 30 through 34.}

30 Capital stock or trust principal, or current funds . . . . . 30 31 Paid-in or capital surplus, or land, building or equipment fund . . . 31

> 32 33

> 34

-135,568

1,224,215

Form **990** (2018)

-169,654

1,226,984

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			371,522
2	Total expenses (must equal Part IX, column (A), line 25)	2			337,436
3	Revenue less expenses Subtract line 2 from line 1	3			34,086
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			-169,654
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			-135,568
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				<b>✓</b>
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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 Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	За	Yes	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b	Yes	

#### **Additional Data**

Software ID:

Software Version: **EIN:** 31-1046789

Name: NCR OF GREENPORT HOUSING DEVELOPMENT FUND COMPANY INC.

Form 990 (2018) Form 990, Part III, Line 4a:

THE SOLE PURPOSE IS TO PROVIDE ELDERLY PERSONS AND HANDICAPPED PERSONS WITH HOUSING FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL, AND PSYCHOLOGICAL NEEDS, AND TO PROMOTE THEIR HEALTH, SECURITY, HAPPINESS AND USEFULNESS IN LONGER LIVING, THE CHARGES FOR SUCH FACILITIES AND SERVICES TO BE PREDICATED UPON THE PROVISION, MAINTENANCE, AND OPERATION THEREOF ON A NONPROFIT BASIS

efile	: GRA	APHIC prii	nt - DO NOT P	ROCESS	As Filed Data -			DLN: 9	3493036010130			
SCI	lED	ULE A	-	Public (	Charity Statu	s and Pul	olic Supp	ort	OMB No 1545-0047			
(For 990E	n 99( <b>Z</b> )	0 or			ganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) empt charitable	organization or trust.	I	2018			
		the Treasury		► Go to	► Attach to Form ! www.irs.gov/Form!			•	Open to Public Inspection			
ame	of th	ue Service ne organiza						Employer identific	<u> </u>			
		NY INC	NG DEVELOPMENT					31-1046789				
	tΙ				s (All organization			See instructions.				
ie o	ganız	ation is not a	a private foundat	ion because	it is (For lines 1 thro	ough 12, check o	nly one box )					
1		A church, c	onvention of chu	rches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).				
2		A school de	scribed in <b>sectio</b>	n 170(b)(:	<b>L)(A)(ii).</b> (Attach Sch	nedule E (Form 9	90 or 990-EZ))					
3		A hospital o	or a cooperative h	nospital serv	rice organization desci	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).				
4			medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's ime, city, and state									
5		(b)(1)(A)	( <b>iv).</b> (Complete F	Part II)	of a college or unive				bed in <b>section 170</b>			
6		A federal, s	tate, or local gov	ernment or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)( <i>A</i>	()(v).				
7		section 17	'0(b)(1)(A)(vi)	(Complete	*			ınıt or from the gener	al public described in			
8		A communi	ty trust described	ın section	170(b)(1)(A)(vi)	(Complete Part I	I)					
9					scribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a			
0	<b>✓</b>	from activit	ies related to its	exempt fun elated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (le mplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its si	ipport from gross			
1		An organiza	ation organized a	nd operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).				
2		more public	ly supported org	anızatıons d	exclusively for the be escribed in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See section 509(a				
a		<b>Type I.</b> A so	supporting organi	zation opera regularly a	ated, supervised, or copposition or elect a major	ontrolled by its s	upported organi	zation(s), typically by				
b		<b>Type II.</b> A manageme	supporting organ	nization supe ing organiza	ervised or controlled intion vested in the sar							
С		Type III f	unctionally inte	<b>grated.</b> A s	upporting organizatio ons) You must com				ted with, its			
d		functionally	integrated The	organization	I. A supporting organi generally must satis t IV, Sections A and	fy a distribution	requirement and					
е			_		ed a written determin		RS that it is a Ty	pe I, Type II, Type II	I functionally			
f	Enter		of type III non-i		integrated supporting	organization						
g					pported organization(	5)		_				
		lame 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					
otal			tion Act Notice,			Cat No 11285		 Schedule A (Form 9				

instructions

(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 fai						ry under rait		
	ection A. Public Support	is to quality at	ider the tests his	tea below, pieus	se complete run	C 111.)			
	Calendar year		I						
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
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								
	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								
S	ection B. Total Support		•	•	•				
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total		
	(or fiscal year beginning in) ▶	(a)2014	( <b>b</b> )2015	(6)2016	(4)2017	(e)2018	(T)TOLAT		
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 ) <b>Total support.</b> Add lines 7 through								
11	10								
12	Gross receipts from related activities, e	tc (see instruction	ons)		1	12			
13	First five years. If the Form 990 is for	-			•	1 / 1 / -			
	check this box and <b>stop here</b>					<u> ▶ L</u>			
S	ection C. Computation of Public	<b>Support Perc</b>	entage						
14	Public support percentage for 2018 (line	e 6, column (f) d	ıvıded by line 11, o	column (f))		14			
15	Public support percentage for 2017 Sch	edule A, Part II,	line 14			15			
	33 1/3% support test-2018. If the			on line 13, and lin	e 14 is 33 1/3% oi		box		
	and <b>stop here.</b> The organization qualif					,	▶□		
	33 1/3% support test—2017. If the				and line 15 is 22 i	/3% or more char	ok this		
D		-			alid lille 13 15 33 1	73 70 OF HIOTE, CHEC	_		
	box and <b>stop here.</b> The organization						▶□		
<b>17</b> a	10%-facts-and-circumstances test-								
	is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
	in rart VI now the organization meets t	ne "racts-and-cir	cumstances" test	ine organization	qualifies as a publi	iciy supported	_		
	organization						▶□		
b	10%-facts-and-circumstances test								
	15 is 10% or more, and if the organiza								
	Explain in Part VI how the organization	meets the "fact	s-and-circumstand	es" test The orga	nization qualifies a	as a publicly			
	supported organization						▶ □		
18	Private foundation. If the organizatio	n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	<del>_</del>		

20

	the organization fails to	qualify under th	ie tests listed bi	elow, please cor	mpiete Part II.)		
56	ection A. Public Support  Calendar year	Т			T		T
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	217,416	228,075	223,484	223,822	230,13	1,122,927
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in	159,569	181,866	183,522	169,039	136,90	6 830,902
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	376,985	409,941	407,006	392,861	367,03	6 1,953,829
7a	Amounts included on lines 1, 2, and						C
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						C
8	Public support. (Subtract line 7c						1,953,829
	from line 6 ) ection B. Total Support						
36							1
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9		376,985	409,941	407,006	392,861	367,03	6 1,953,829
L0a	Gross income from interest,		,	,	,	,	
			1	4.50	251	4.7	
	dividends, payments received on	153	ابو				
	securities loans, rents, royalties and	153	94	153		42	1,071
	securities loans, rents, royalties and income from similar sources	153	94	153		42	1,071
b	securities loans, rents, royalties and income from similar sources Unrelated business taxable income	153	94	153		42	1,071
b	securities loans, rents, royalties and income from similar sources	153	94	153		42	1,071
b	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from	153				42	0 1,0/1
c	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	153	94	153	251	42	·
	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business						·
c	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,						·
c	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business						·
c	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain						·
c 11	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital						·
c 11	securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	153	94	153	251	42	0 1,071
c 11	securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c,						0 1,071
c 11 12	securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	153 377,138	94	153 407,159	251 393,112	42 367,45	0 1,071 66 1,954,900
c 11 12	securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is fo	153 377,138	94	153 407,159	251 393,112	42 367,45	0 1,071 66 1,954,900
c 11 12 13	securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is fo check this box and stop here	153 377,138 r the organization'	94 410,035 s first, second, thi	153 407,159	251 393,112	42 367,45	0 1,071 6 1,954,900 organization,
11 12 13 14 Se	securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is fo	377,138 r the organization'	94 410,035 s first, second, thi	153 407,159 rd, fourth, or fifth	251 393,112	367,45 tion 501(c)(3)	0 1,071 66 1,954,900 organization,
11 12 13 14 Se	securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ection C. Computation of Public Section 1.	377,138 r the organization'  Support Percer e 8, column (f) div	410,035 s first, second, the	153 407,159 rd, fourth, or fifth	251 393,112	367,45 tion 501(c)(3)	0 1,071 6 1,954,900 organization, P 99 950 %
c 111 12 13 14 Se 15	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public Support percentage for 2018 (line Public support percentage from 2017 Section 1.5)	377,138 r the organization'  Support Percer e 8, column (f) div	410,035 s first, second, thi ntage vided by line 13, c I, line 15	153 407,159 rd, fourth, or fifth	251 393,112	367,45 tion 501(c)(3)	0 1,071 6 1,954,900 organization, P 99 950 %
11 12 13 14 Se 15 16 Se	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public support percentage for 2018 (lin Public support percentage from 2017 Section D. Computation of Investigation of Investigation of Investigation in the surface of the support percentage from 2017 Section D. Computation of Investigation in the surface of the support percentage from 2017 Section D. Computation of Investigation in the surface of the s	377,138 r the organization'  Support Percer e 8, column (f) div ichedule A, Part III ment Income F	410,035 s first, second, thi ntage vided by line 13, c t, line 15 Percentage	407,159 rd, fourth, or fifth	393,112 tax year as a sec	367,45 tion 501(c)(3)	0 1,071  1,071  1,071  1,071  1,071  1,071  1,071  1,071  1,071  1,071  1,071
11 12 13 14 S6 15 16 S6	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public Support percentage for 2018 (line Public support percentage from 2017 Section D. Computation of Investigation of Investigation of Investigation of 2018 Investment income percentage for 2018	377,138 r the organization'  Support Percer e 8, column (f) divided A, Part III ment Income F 18 (line 10c, column	410,035 s first, second, thi ntage ridge by line 13, c i, line 15 Percentage nn (f) divided by line	407,159 rd, fourth, or fifth	393,112 tax year as a sec	367,45 tion 501(c)(3) 15 16	0 1,071  16 1,954,900  organization,  99 950 % 99 930 %  0 050 %
12 13 14 Se 15 16 Se 17	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public Section D. Computation of Investing Investment income percentage from 2017 Section D. Computation of Investing Investment income percentage from 2017 Investment income percentage from 2019	377,138 r the organization'  Support Percer e 8, column (f) divided A, Part III ment Income F 18 (line 10c, column 017 Schedule A, P	410,035 s first, second, thi ntage rided by line 13, c i, line 15 Percentage nn (f) divided by line 17	407,159 rd, fourth, or fifth olumn (f))	393,112 tax year as a sec	367,45 tion 501(c)(3)  15 16  17 18	0 1,071  1,071
C 111 12 13 14 Se 15 16 Se 17 18 19a	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public Support percentage for 2018 (line Public support percentage from 2017 Section D. Computation of Investigation of Investigation of Investigation of 2018 Investment income percentage for 2018	377,138 r the organization'  Support Percer e 8, column (f) divided A, Part III ment Income F 18 (line 10c, colum 017 Schedule A, P organization did no	410,035 s first, second, thi  htage yided by line 13, c i, line 15 Percentage in (f) divided by li eart III, line 17 of check the box o	407,159 rd, fourth, or fifth olumn (f)) ne 13, column (f)) n line 14, and line	393,112 tax year as a sec	367,45 tion 501(c)(3)  15 16  17 18 33 1/3%, and	0 1,071  1,071

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

Support Schedule for Organizations Described in Section 509(a)(2)

ightharpoons

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

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 No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 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 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 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 4b supervised by or in connection with its supported organizations

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 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 5a

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

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

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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

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)

7 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 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as 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.

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

organization had an interest? 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

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

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

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

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			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		
C	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	<b>11</b> c		
S	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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
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?		103	-140
		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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	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 <b>Part VI identify those supported organizations and explain</b> 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	2a		
	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 <b>Part VI</b> 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? <i>Provide details in Part VI.</i>	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

### **Additional Data**

#### Software ID: Software Version:

**EIN:** 31-1046789

Name: NCR OF GREENPORT HOUSING DEVELOPMENT

FUND COMPANY INC
Schedule A (Form 990 or 990-EZ) 2018

Part VI
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 instructions)

instructions)
Facts And Circumstances Test

**SCHEDULE D** 

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**Supplemental Financial Statements** 

► 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. ▶ Go to www.irs.gov/Form990 for the latest information.

DLN: 93493036010130 OMB No 1545-0047

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

(Form 990)

Na	me of the organization OF GREENPORT HOUSING DEVELOPMENT			Employer identification number
	D COMPANY INC			31-1046789
Pa	rt I Organizations Maintaining Donor Adv Complete if the organization answered "Ye			or Accounts.
			advised funds	(b)Funds and other accounts
	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
ŀ	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's e			dvised funds are the
<b>,</b>	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?			
Pa	rt II Conservation Easements. Complete if t	he organization ar	nswered "Yes" on Forr	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga	inization (check all th	nat apply)	
	Preservation of land for public use (e g , recreation	n or education)	Preservation of an	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservati	on contribution in the fo	rm of a conservation  Held at the End of the Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified histor	nc structure included	ın (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ured after 7/25/06, a	and not on a historic	2d
3	Number of conservation easements modified, transferratax year ▶	ed, released, extingu	iished, or terminated by	the organization during the
ŀ	Number of states where property subject to conservation	on easement is locat	ed <b>&gt;</b>	
•	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		ng, inspection, handling	of violations,
•	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of vio	plations, and enforcing c	onservation easements during the year
,	Amount of expenses incurred in monitoring, inspecting  \$ \begin{align*}	, handling of violatio	ns, and enforcing conser	vation easements during the year
3	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?	) above satisfy the re	equirements of section 1	70(h)(4)(B)(ı)
)	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the org		
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historica		er Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fina	public exhibition, ed	ducation, or research in t	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items			
(	i) Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$
	i)Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
а	Revenue included on Form 990, Part VIII, line 1		J	<b>▶</b> \$
b	Assets included in Form 990, Part X			<b>▶</b> \$
_	ASSESS METAGER IN FORM 330, FULL A			r +

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Col	lections o	of Art, H	listori	cal T	reasu	ıres, o	r Other	Similar A	<b>ssets</b> (cont	nued)	
3		g the organization's acq s (check all that apply)	uisition, accessior	n, and other	records,	check	any of	the fo	llowing	that are a	significant i	use of its col	ection	
а		Public exhibition				d		Loan	or exch	ange prog	ırams			
b		Scholarly research				е		Othe	r					
c		Preservation for future	e generations											
4	Provi Part :	de a description of the XIII	organization's col	lections and	l explain i	how the	ey furtl	her the	e organi:	zation's e:	kempt purpo	ose in		
5		ng the year, did the org ts to be sold to raise fur									ıılar	☐ Yes	□ N	lo
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	unt on Forn	n 990,	Part
1a		e organization an agent ded on Form 990, Part I		an or other	ıntermedi	ıary for	contri	bution	s or oth	er assets	not	Yes	□ N	lo
	=======													_
Ь		es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table			1c	A	mount		_
c d	-	nning balance tions during the year								1d				_
e		ibutions during the year	r							1e				_
f		ng balance								1f				_
2a		he organization include	an amount on Fo	rm 990 Dar	rt Y line '	21 for	eccon	v or cu	istodial a	account lis	hility2	□ vos		_  -
		es," explain the arrange												10
	rt V	Endowment Fund												
			abi complete ii	(a)Curren			rior yea				(d)Three year		our yea	rs back
<b>1</b> a	Beginn	ning of year balance .												
b	Contrib	butions												
c	Net inv	vestment earnings, gair	ns, and losses											
d	Grants	s or scholarships												
е		expenditures for facilitier ograms	es											
f	Admın	istrative expenses .												
g	End of	year balance												
2 a		ide the estimated perce d designated or quasi-e		ent year end	d balance	(line 1	g, colu	mn (a)	)) held a	as				
b	Perm	nanent endowment 🕨												
С	Temp	porarily restricted endov	wment <b>&gt;</b>											
	The p	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%									
3а		here endowment funds	not in the posses	sion of the o	organızat	on that	t are h	eld an	ıd admın	ustered fo	r the			
	-	nızatıon by nrelated organızatıons										3a(i)	Yes	No
	٠,	related organizations .					•		• •			3a(ii)		
b		es" on $3a(\pi)$ , are the rel		s listed as r	equired o	on Sche	dule R	? .	• •			3b		
4		ribe in Part XIII the inte												
Pai	rt VI												_	
	D	Complete if the or	ganization answ (a) Cost or oth		" on For (b) Cost						rm 990, Pa lepreciation		0. ook valu	
	Descr	ription of property	(investme		(b) Cost	or other	nasis (	outer)	(C) ACC	cumulated (	iepi eciation	(u) b	JUK VAIU	C
1 =	Land						-	12,500						12,500
	Buildin							37,885	<u> </u>		989,924			847,961
		hold improvements					-,00	. ,555			202,221			, , , , , ,
		ment						46,230			42,821			3,409
								81,476	ļ		199,417			82,059

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

	(Form 990) 2018				Page <b>3</b>
Part VII	<b>Investments—Other Securities.</b> Complete if the organisee Form 990, Part X, line 12.	ınızatıon	ansı	wered "Yes" on Form 990, Part IV, line 1:	1b.
	(a) Description of security or category (including name of security)	В	( <b>b)</b> look alue	(c) Method of valuation Cost or end-of-year market value	
	ll derivatives	· _			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12 )	•			
Part VIII	Investments—Program Related.  Complete if the organization answered 'Yes' on Form 99	90, Part	IV, l	ine 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	<b>b)</b> Book	value	(c) Method of valuation Cost or end-of-year market value	
(1)				,	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 13 )				
Part IX	Other Assets. Complete if the organization answered 'Yes' or (a) Description	n Form 9	90, Pa	art IV, line 11d See Form 990, Part X, line 15 (b) Boo	k value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answere	· ·			
	See Form 990, Part X, line 25.				
(1) Federal i	(a) Description of liability		(D) E	Book value	
SECURITY D	EPOSITS			13,582	
RESIDUAL N	IOTES PAYABLE			2,285	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 25 ) or uncertain tax positions In Part XIII, provide the text of the foo	▶ otnote to	the o	15,867 rganization's financial statements that reports	the
	's liability for uncertain tax positions under FIN 48 (ASC 740) Chi				

Page 4

337,436

337,436

Schedule D (Form 990) 2018

## 4b Add lines 4a and 4b . 4c

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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

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

**Supplemental Information** 

Schedule D (Form 990) 2018

Part XI

3

4

b

5

Part XIII

Return Reference

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

371,522

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

1 337,436

1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a а

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

Explanation

2b

2c 2d

> 2e 3

4c

5

Schedule D (Fo	orm 990) 2018	Page <b>5</b>	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19303	36010	130	
Schedule J		Co	mpensat	ion Information	40	1B No	1545-0	3047	
(Fori	n 990)	For certain Office		Frustees, Key Employees, and Hig ated Employees	hest	20	110		
		► Complete if the org	anization answ	vered "Yes" on Form 990, Part IV	, line 23.	2018			
Depar	tment of the Treasury	► Go to www.irs.go		n to Form 990. · instructions and the latest infor	mation.	pen i	to Pul	blic	
Intern	al Revenue Service	-					ectio		
NCR		ation PUSING DEVELOPMENT			Employer identificat	ion nu	ımber		
	D COMPANY INC				31-1046789				
Pa	rt I Questi	ons Regarding Compensa	tion				T		
1a				f the following to or for a person liste ny relevant information regarding the			Yes	No	
	☐ First-class	or charter travel		Housing allowance or residence for	personal use				
	Travel for	companions		Payments for business use of perso	nal residence				
		nification and gross-up payment	s 📙	Health or social club dues or initiati					
	☐ Discretion	nary spending account	Ц	Personal services (e g , maid, chau	ffeur, chef)				
b		xes in line 1a are checked, did that is all of the expenses described abo		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1b			
2	Did the organiza	ation require substantiation prior	to reimbursing	or allowing expenses incurred by all	4.5	2			
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked in line	e la?				
3				ed to establish the compensation of t	he				
	_	•		not check any boxes for methods CEO/Executive Director, but explain	ın Part III				
		ation committee	님	Written employment contract					
		ent compensation consultant of other organizations	H	Compensation survey or study  Approval by the board or compensation	ation committee				
		-		,					
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-con	trol payment?			4a		No	
b		r receive payment from, a suppl		lified retirement plan?		4b	Yes		
c	Participate in, o	r receive payment from, an equi	ty-based compe	nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	olicable amounts for each item in Par	t III				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5		ed on Form 990, Part VII, Sectio ontingent on the revenues of		the organization pay or accrue any					
а	The organization	٦ <sup>?</sup>				5a		No	
b	Any related orga					5b		No	
	•	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any					
a	The organization					6a		No	
b	Any related orga					6b		No	
-	•	6a or 6b, describe in Part III	m A loca 4	Management of the second	ي .				
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes		the organization provide any nonfixe art III	a	7		No	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No	
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		110	
Ear I	Danarwark Badu	iction Act Notice, see the Ins	tructions for E	orm 990 Cat No	50053T Schedule 1	/Earn	. 000)	2018	

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

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(ii) Bonus & incentive (i) Base (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 STEVEN T BODKIN (i) 0 0 0 0 n PRESIDENT 255,257 97,000 5,053 (ii) 43,526 19,025 419,861 2 TANYA KIM HAHN 0 (i) 0 0 0 0 0 0 VICE PRESIDENT 290,370 833 404,539 0 (ii) 86,000 13,694 13,642 3 JULIA FRATIANNE 0 (i) 0 0 0 0 TREASURER 196,357 47,556 826 34,628 19,210 298,577 0 (ii) 4 SUSAN DIMICKELE 0 (i) 0 0 0 0 0 0 SECRETARY 301,954 130,000 291 12,060 19,019 463,324 0 (ii)

Supplemental Inform	nation						
rovide 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						
	DURING THE CURRENT YEAR, NATIONAL CHURCH RESIDENCES, A RELATED ORGANIZATION, MADE CONTRIBUTIONS TO A 457(F) NONQUALIFIED DEFERRED						

Page 3

Schedule J (Form 990) 2018

TANYA K HAHN \$5,340 JULIA FRATIANNE \$11,081 THE 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN IS AVAILABLE TO KEY EMPLOYEES OF THE ORGANIZATION, AS DEFINED BY THE ORGANIZATION AND NOT PART VII OF THE FORM 990 THE 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN WILL VEST UPON TRIGGERING SEVERANCE WITH THE ORGANIZATION TRIGGERING SEVERANCE, AS DEFINED IN THE PLAN DOCUMENT, MEDICAL APARTICIPANT'S SEVERANCE OF SERVICE, (1) AT ANY TIME ON OR AFTER THE PARTICIPANT'S ENTITLEMENT DATE OR (2) IF EARLIER, (A) BECAUSE OF DEATH OR DISABILITY, (B) BY THE EMPLOYER FOR REASONS OTHER THAN CAUSE, OR (C) BY THE PARTICIPANT FOR GOOD REASON FOR THIS PURPOSE, SEVERANCE OF SERVICE SHALL BE

IVESTED DURING THE CURRENT YEAR WHEN CONTRIBUTIONS VEST THEY WILL BE REPORTED ON SCHEDULE J. PART II, COLUMN B(III)

ICONSTRUED CONSISTENTLY WITH THE DEFINITION OF SEPARATION OF SERVICE UNDER CODE SECTION 409A NONE OF THE CONTRIBUTIONS INTO THE PLAN

Return Reference	Explanation
,	NATIONAL 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 COMPENSATION COMMITTEE

efile GRAPHIC print - DO NOT PROCESS						93493036010130
SCHEDUL	FΩ	Cumplement	Supplemental Information to Form 900 or 900 E7			OMB No 1545-0047
(Form 990 or EZ)		Supplemental Information to Form 990 or 990-E  Complete to provide information for responses to specific questions on  Form 990 or 990-EZ or to provide any additional information.				2018
Department of the T	reasury	► Go to <u>u</u>		Open to Public Inspection		
•					' '	fication number
990 Schedul	e O, Supple	emental Informatio	n			
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE	MEMBER OF THE COR	PORATION SHALL, A	AT ALL TIMES, BE NATIONAL	CHURCH RESIDE	NCES

Return Explanation
Reference

LINE 7A

FORM 990, MEMBERS OR TRUSTEES SHALL HAVE THE APPROVAL OF THE BOARD OF TRUSTEES OF NATIONAL CHURCH PART VI, RESIDENCES SECTION A.

Return Explanation
Reference

LINE 7B

FORM 990, NATIONAL CHURCH RESIDENCES IS REQUIRED TO APPROVE THE SELECTION OF THE BOARD OF TRUSTEES PART VI, SECTION A.

Return Explanation
Reference

FORM 990,	THE 990 RETURN IS MADE AVAILABLE TO THE BOARD PRIOR TO FILING AN OFFICER REVIEWS THE 990 RETURN
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 THE CONFLICT POLICY IS PUBLISHED
	IN THE EMPLOYEE INFORMATION GUIDE AND IS AVAILABLE TO THE STAFF THROUGH THE INTRANET

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information

Return

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

Explanation

Return Explanation

990 Schedule O, Supplemental Information

R. PART II

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

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** 

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

**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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

DLN: 93493036010130

Open to Public Inspection

Name of the organization NCR OF GREENPORT HOUSING DEVELOPMENT FUND COMPANY INC								loyer identi 046789	fication	n number		
Part I Identification of Disregarded Entities	Complete if the organ	ızatıon answei	red "Yes" on	Form 9	990, Part :	IV, line 33		0 107 03				
(a) Name, address, and EIN (If applicable) of disregarded en	tity	(b) Primary acti		(c) gal domic foreign c	ıle (state	(d) Total inco	me	<b>(e)</b> End-of-year a	assets	<b>(f)</b> Direct cor enti	ntrolling	
Part II Identification of Related Tax-Exempt Or related tax-exempt organizations during the		te if the organ	nization ansv	vered "	Yes" on Fo	orm 990,	Part I\	/, line 34 be	ecause	it had one or i	nore	
(a) Name, address, and EIN of related organization	Prima	<b>(b)</b> ry activity	(c) Legal domicil or foreign co		(d Exempt Co	de section		(e) charity status on 501(c)(3))	Dı	<b>(f)</b> rect controlling entity	Section (b) cont	<b>g)</b> on 512 (13) crolled tity?
(1)NATIONAL CHURCH RESIDENCES TELEGRAPH ROAD 6050 TELEGRAPH ROAD	RENTAL ACTIV INCOME FAMIL		МО		501(C)(3)	I	_INE 10		NATION RESIDE	IAL CHURCH NCES	Yes	No No
ST LOUIS, MO 63129 46-0683354												
(2)CLINTON PLACE 147 N RIVER CT MOUNT CLEMENS, MI 48043	RENTAL ACTIV INCOME FAMIL		MI		501(C)(3)		INE 10		NATION RESIDE	IAL CHURCH NCES		No
99-0959661 (3)FIRST COMMUNITY VILLAGE 1800 RIVERSIDE DRIVE	RENTAL ACTIV INCOME FAMIL		ОН		501(C)(3)		_INE 10		NATION RESIDE	IAL CHURCH NCES	<del> </del>	No
COLUMBUS, OH 43212 31-0655502 (4)FIRST COMMUNITY VILLAGE FOUNDATION	RENTAL ACTIV	VITY EOD LOW	ОН		501(C)(3)		_INE 10		NATION	IAL CHURCH		No
2335 NORTH BANK DRIVE  COLUMBUS, OH 43220	INCOME FAMIL		J On		301(0)(3)	l	INC 10		RESIDE			NO
20-2467451 (5)WATER'S EDGE OF LAKE WALES 10 GROVE AVENUE WEST	RENTAL ACTIV INCOME FAMIL		FL		501(C)(3)	I	_INE 10		NATION RESIDE	IAL CHURCH NCES	+	No
LAKE WALES, FL 33853 59-3418554	DENTAL ACTIV	VITY FOR LOW	011		E04/G)/(2)		THE 40		NATION	IAL CHURCH	1	N
(6)FCV CORP 2335 NORTH BANK DRIVE COLUMBUS, OH 43220	RENTAL ACTIV INCOME FAMIL		ОН		501(C)(3)		_INE 10		RESIDE	IAL CHURCH NCES		No
05-0590231												
For Panerwork Poduction Act Notice, see the Instruction	s for Form 990		Cat No	50125	<u> </u>				Sch	edule D / Form	990\ 2	018

Schedule R (Form 990) 2018 Page 2 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 (e) (f) (g)
Predominant income(related, total income end-of-year (i) Code V-UBI **(b)** Primary (c) (d) Direct (j) General or (k) Percentage (a) Name, address, and EIN of (h) Disproprtionate Legal controlling related organization domicile allocations? amount in box managing ownership activity unrelated, excluded from tax under 20 of Schedule K-1 (Form 1065) entity (state assets or foreign country) sections 512-514) Yes No Yes No

														-
Part IV Identification of Related Organization because it had one or more related org	ions Taxable as a C anizations treated as	orporation of a corporation	or Trus	<b>st</b> Completust during	e if the or the tax yea	ganızatıon ar ar.	nswered "Yes'	on Fo	orm 990	, Part IV,	, line	34		
See Additional Data Table (a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(¢ Le dom (state o cour	gal ncile r foreign	Dire		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	Share	(g) of end-of- year assets	( <b>I</b> Perce owne	ntage	(13	(ı) ction 5 3) cont entity	rolled
													-	
													_	
									So	chedule R	(For	m 990	) 201	.8

Part V Transactions With Related Organizations Complete if 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 orgranization 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>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	<b>1</b> d		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)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		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
l 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
o Sharing of paid employees with related organization(s)	10		No

Page **3** 

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
o	Sharing of paid employees with related organization(s)	10		No
p	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s).	11r		No

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) (d) Method of determining amount involved (c) Amount involved

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

(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-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Forn	1 99	0) 2018



Software ID: Software Version:

**EIN:** 31-1046789

Name: NCR OF GREENPORT HOUSING DEVELOPMENT

FUND COMPANY INC

Form 990, Schedule R, Part	t III - Identification o		d Organizatio	ons Taxable as	a Partnersh	nip 	1		l	/:	i <b>)</b>	
(a) Name, address, and EIN of related organization	<b>(b)</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	tionate ions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r aging ner?	(k) Percentage ownership
(1) ABBEY CHURCH VILLAGE (TC2) HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A				Yes	No_		Yes	No	
6003 ABBEY CHAPEL DR DUBLIN, OH 430171529 81-2509306												
(1) 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												
(2) AVONDALE WOODS II SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
5215 AVERY ROAD DUBLIN, OH 43016 80-0965478												
(3) AVONDALE WOODS SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
5215 AVERY ROAD DUBLIN, OH 43016 26-4260580												
(4) BALCONES HAUS SENIOR HOUSING LP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	TX	N/A									
246 LOMA VISTA NEW BRAUNFELS, TX 781307034 81-3930887												
BAPTIST GARDENS HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
1901 MYRTLE DRIVE SW ATLANTA, GA 30311 27-2962768												
(6) BARNESVILLE MANOR SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
485 NORTH ST BARNESVILLE, OH 437131105 82-2814973												
(7) BATTERY PARK SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	NC	N/A									
1 BATTLE SQUARE ASHEVILLE, NC 288012712 26-0069390												
(8) BETMAR VILLAGE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
345 ASHWOOD AVE SW ATLANTA, GA 30315 45-3082039												
(9) BIG BETHEL VILLAGE LP 500 RICHARD ALLEN BOULEVARD SW ATLANTA, GA 30331 58-2621642	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
(10) BLESSING COURT SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	TX	N/A									
3100 BLESSING COURT BEDFORD, TX 760215009 45-3175449												
(11) BRIDGEPORT MANOR SENIOR	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
1 GOULD PARK RD BRIDGEPORT, OH 439121089 82-2995555												
(12) BRISTOL COURT APARTMENTS LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
600 E FIFTH ST WAVERLY, OH 456901566 20-2470977												
(13) BROADWAY PARK SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
353 BROADWAY AVE YOUNGSTOWN, OH 445041559 82-3045507												
(14) CANTON PLACE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A									
44505 FORD RD CANTON, MI 481875034 36-4756461												

Form 990, Schedule R, Part	: III - Identification o		d Organizatio	ons Taxable as	a Partnersh	nip 				1 6	i)	I
(a) Name, address, and EIN of related organization	<b>(b)</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 allocal	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen o Mana	eral er aging ner?	(k) Percentage ownership
(16) 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	RENTAL ACTIVITY FOR	ОН	N/A									
LIMITED PARTNERSHIP 5500 MILLERSFIELD DRIVE	LOW INCOME FAMILIES/SENIORS											
COLUMBUS, OH 432327764 20-1872900 (2)	RENTAL ACTIVITY FOR	ОН	N/A					_				
CHIMES TERRACE SENIOR HOUSING LIMITED PARTNERSHIP	LOW INCOME FAMILIES/SENIORS											
65 S WILLIAMS STREET JOHNSTOWN, OH 43031 20-4064084												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
4805 CLARA ST CUDAHY, CA 902015200 20-2869540												
(4) CLARK EAST LIMITED DIVIDEND	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A									
1550 EAST CLARK RD YPSILANTI, MI 481983185 47-3543762												
(5) COEUR D'ALENE SENIOR	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ID	N/A									
7712 N HEARTLAND DR COEUR DALENE, ID 838158906												
CÓLORADO PLAZA SENIOR	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	KS	N/A									
420 COLORADO ST MANHATTAN, KS 665020659												
31-1714217 (7) 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												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	WI	N/A									
334 WALLACE STREET COMBINED LOCKS, WI 54113 20-5556388												
COUNTRY RIDGE APARTMENTS	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
5656 FARMHOUSE LANE HILLIARD, OH 430267846 31-1504074												
(10) COURTYARD AT WILLOW	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	WI	N/A									
1500 LINCOLN AVENUE TOMAH, WI 546602463 20-3678605												
(11) CRANES LANDING LLC	RENTAL ACTIVITY FOR LOW INCOME	ОН	N/A									
TOLEDO, OH 43608 45-1827169	FAMILIES/SENIORS		21/2									
CYPRESS SUNRISE VILLAGE	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
9151 GRINDLAY ST CYPRESS, CA 906303088 20-2869574												
(13) DELOWE & MYRTLE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
1881 MYRTLE DRIVE SW ATLANTA, GA 30311												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
PARTNERSHIP  1425 CENTRAL AVE MIDDLETOWN, OH 450444180 20-4064054												

Form 990, Schedule R, Part	: III - Identification o		d Organizatio	ns Taxable as	a Partnersh	nip	ı			. ا		ı
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(31)	RENTAL ACTIVITY FOR	WA	N/A	512-514)			Yes	No		Yes	No	
EAST VALLEY SENIOR HOUSING LIMITED PARTNERSHIP	LOW INCOME FAMILIES/SENIORS											
16010 EAST VALLEYWAY AVE VERADALE, WA 990378937 91-2033951 (1)	RENTAL ACTIVITY FOR	TX	N/A									
EDEN PLACE SENIOR HOUSING	LOW INCOME FAMILIES/SENIORS		IN/A									
1220 JEFFERSON AVE SEGUIN, TX 781555934 74-3017793												
ÈLÍZABETH SENIOR HOUSING	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	L NJ	N/A									
122 SEVENTH STREET ELIZABETH, NJ 072012822 20-2862379												
FRIENDSHIP MANOR SENIOR	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MO	N/A									
917 NW SUMMIT DRIVE BLUE SPRINGS, MO 64015 27-1139085												
(4) HARBOURVIEW SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
115 FRANKLIN STREET SANDUSKY, OH 448702806 20-2471589												
(5) HARVARD ELDERLY LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	OH	N/A									
6900 HARVARD AVE CLEVELAND, OH 441055016 34-1863728												
(6) HAYDEN SENIOR HOUSING LP 88 W SARGENT DR	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ID	N/A									
HAYDEN, ID 838358882 46-0493154												
(7) HEARTLAND SENIOR HOUSING LP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ID	N/A									
7745 N HEARTLAND DR COEUR DALENE, ID 838158904 54-2064319												
(8) HERITAGE PLACE AT TRAILS EDGE LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	IN	N/A									
2620 EAST STATE BLVD FORT WAYNE, IN 468054730 20-1469685												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
3630 MOORES TRAIL RD COLUMBUS, OH 432284345 52-2367292 (10)	RENTAL ACTIVITY FOR	ОН	N/A									
HILLTOP SENIOR HOUSING LIMITED PARTNERSHIP	LOW INCOME FAMILIES/SENIORS		.45									
300 OVERSTREET WAY COLUMBUS, OH 432284335 31-1592983	DENTAL ACTUAL											
HOLY TRINITY II SENIOR	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
25031 COLUMBUS ROAD BEDFORD HEIGHTS, OH 44146 45-3061216												
(12) INDIAN LAKE VILLA SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
601 LINCOLN BLVD RUSSELLS POINT, OH 43348 20-2471281												
ĴAYĆEE FAIRGROUNDS VILLAGE	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	МО	N/A									
1355 FAIRGROUNDS RD ST CHARLES, MO 633012383 27-5281382												
(14) KIRBY MANOR SENIOR LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
11500 DETROIT AVENUE CLEVELAND, OH 441020000 87-0704525												

Form 990, Schedule R, Part	III - Identification o	1 1	d Organizatio	ons Taxable as	a Partnersh	nip 	I		l	7:	`	I
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				512-514)			Yes	No		Yes	No	
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
1200 CROY DR FINDLAY, OH 458406707 20-4063620												
LAKESIDE TOWERS OF STERLING	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A									
15000 SHORELINE DR STERLING HEIGHTS, MI 483132275 45-2797185												
LAKEWOOD CHRISTIAN MANOR LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
2141 SPRINGDALE RD SW ATLANTA, GA 303156100 31-1647433												
(3) LANDINGS PORT RICHEY SENIOR HOUSING LIMITED PARTNERSHIP		FL	N/A									
5852 SEA FOREST DR NEW PORT RICHEY, FL 346522049 46-5548166												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MD	N/A									
22810 DORSEY ST LEONARDTOWN, MD 206503831 20-8599565												
(5) LINCOLN GARDENS II SENIOR HOUSING LIMITED PARTNERSHIP		ОН	N/A									
110 STURBRIDGE RD COLUMBUS, OH 432284424 26-4310827												
MÁDISON HEIGHTS WIN LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A									
27777 DEQUINDRE RD MADISON HEIGHTS, MI 48071 20-3638189												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	TX	N/A									
108 DEBORAH DR ANGLETON, TX 775154165 45-3176201												
MÁNSFIELD WOODS LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
382 WOODRIDGE DR MANSFIELD, OH 449062103 31-1592987												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
338 W MAIN ST MT STERLING, OH 431431291 20-2471060		011	21/2									
MEMORIAL TOWERS LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
1405 SOUTH 7TH AVE PHOENIX, AZ 850070000 30-0230394												
MOÚNT PLEASANT MANOR	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	WI	N/A									
2250 LAYARD AVE RACINE, WI 534042043 82-2217901												
(12) MT BALDY SENIOR HOUSING LP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ID	N/A									
839 KOOTENAI CUT OFF RD PONDERAY, ID 838529804 74-3085816												
(13) NATIONAL CHURCH RESIDENCES OF BETMAR VILLAGE LLC	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
345 ASHWOOD AVE SW ATLANTA, GA 30315 90-0825414												
(14) NATIONAL CHURCH RESIDENCES OF MOTHER TERESA COMMONS LLC	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
25031 COLUMBUS ROAD BEDFORD HEIGHTS, OH 44146 35-2443852												

Form 990, Schedule R, Part	: III - Identification c	of Relate	d Organizatio		a Partnersh	nip 			]	<i>e</i>	j)	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	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	(h Disprop alloca	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Ger Mana	ieral or aging ner?	(k) Percentage ownership
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	PA	N/A	512-514)			Yes	No		Yes	No	
209 CAMBRIDGE ST UNIT 601 NEW CASTLE, PA 161051053 81-4315647												
(1) PANOLA DEKALB SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
5710 SNAPFINGER WOODS DRIVE LITHONIA, GA 30058 32-0378758												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A									
19460 PARK DR HARPER WOODS, MI 482252375 45-2797239												
(3) PARKSIDE MANOR SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	PA	N/A									
1306 BROOKLINE BLVD PITTSBURGH, PA 152261961 47-1165633												
(4) 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 (6)	RENTAL ACTIVITY FOR	TX	N/A									
PLATEAU RIDGE SENIOR	LOW INCOME FAMILIES/SENIORS											
701 MCANEAR ST CLEBURNE, TX 760335261 82-2858680												
(7) PORTAGE TRAIL VILLAGE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
45 CATHEDRAL LANE CUYAHOGA FALLS, OH 442231657 47-5586184												
(8) PRAIRIE VILLAGE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	TX	N/A									
1915 N WHARTON RD EL CAMPO, TX 774372312 38-3897774												
(9) PUTNAM HOWE VILLAGE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
711 BELROCK AVE BELPRE, OH 457142147 20-4063688	DENTAL ACTIVITY FOR		21/4									
(10) RENAISSANCE II SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
419 N ST CLAIR ST TOLEDO, OH 436041562 26-2062189	DENITAL ACTUATION		N/6									
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	NY	N/A									
7210 WILLIAMS RD NIAGARA FALLS, NY 143043735 20-2518262												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	NY	N/A									
7210 WILLIAMS RD NIAGARA FALLS, NY 143043735 61-1462286 (13)	RENTAL ACTIVITY FOR	ОН	N/A									
RIVERVIEW RETIREMENT	LOW INCOME FAMILIES/SENIORS	OH	170									
500 SECOND STREET PORTSMOUTH, OH 45662 90-1033802												
(14) ROMULUS WIN LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A									
36500 BIBBINS STREET ROMULUS, MI 48174 42-1674512												

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(a) Name, address, and EIN of related organization	<b>(b)</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	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen	r agıng	<b>(k)</b> Percentage ownership
	RENTAL ACTIVITY FOR	ОН	N/A	312-314)			Yes	No		Yes	No	
ROOSEVELT TOWNE APARTMENTS LLC	LOW INCOME FAMILIES/SENIORS											
711 N EUCLID AVE ST LOUIS, MO 631081632 13-4242467												
SÁN ANTONIO SENIOR	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
3503 CAMINO REAL SAN ANTONIO, TX 782383401 31-1592980												
SÁNTIAGO FAJARDO VILLAGE	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
1 CALLE 5-1 ADM OFFICE FAJARDO, PR 007384849 20-2907605												
SHARPSBURG TOWERS SENIOR	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	PA	N/A									
601 MAIN ST PITTSBURGH, PA 152152251 82-3943005												
SISTER'S COURT SENIOR	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
222 EAST 37TH STREET SAVANNAH, GA 31401 47-1018122												
SÓLBERG WIN LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A									
27787 DEQUINDRE RD MADISON HEIGHTS, MI 48071 42-1674495												
SPRAGUE SENIOR HOUSING	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	WA	N/A									_
14303 E SPRAGUE AVE SPOKANE, WA 992163121 91-2123013												
STYGLER VILLAGE SENIOR	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									_
140 IMPERIAL DR GAHANNA, OH 432302423 81-3540923												
SUPERIOR ARBORETUM SENIOR	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	AZ	N/A									
199 W GRAY DR SUPERIOR, AZ 85173 26-2084830												
TELFAIR ARMS SENIOR	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
17 EAST PARK AVENUE SAVANNAH, GA 31401 47-5656342												
THÉ COMMONS AT BUCKINGHAM	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
328 BUCKINGHAM STREET COLUMBUS, OH 43215 26-0223422												
THÉ COMMONS AT GARDEN	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									_
1065 GARDEN LAKE PKWY TOLEDO, OH 436149998 80-0954419												
THÉ COMMONS AT GRANT	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
398 S GRANT AVE COLUMBUS, OH 432155549 31-1797406												
THÉ COMMONS AT IMPERIAL	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
355 PEACHTREE ST NE ATLANTA, GA 30308 45-2525693												
(14) THE COMMONS AT LIVINGSTON	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
3349 EAST LIVINGSTON AVE COLUMBUS, OH 43227 26-4416286												

Form 990, Schedule R, Part	III - Identification of		d Organizatio	ns Taxable as	a Partnersh	ip	I		1	1 4		1
(a) Name, address, and EIN of related organization	<b>(b)</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	anocat	rtionate tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen o Mana Part	er aging ner?	<b>(k)</b> Percentage ownership
(91) THE COMMONS AT LIVINGSTON II HOUSING LIMITED PARTNERSHIP		ОН	N/A				Yes	No		Yes	No	
3349 E LIVINGSTON AVENUE COLUMBUS, OH 43227 35-2444785												
THE COMMONS AT SOUTH	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
3775 HERRON AVENUE CINCINNATI, OH 452232328 30-0761710												
THE COMMONS AT THIRD HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
1280 NORTON AVE COLUMBUS, OH 43212 27-2125068 (3)	RENTAL ACTIVITY FOR	ОН	N/A									
	LOW INCOME											
MIDDLETOWN, OH 450428158 26-0072500	DENTAL ACTIVITY FOR		N/A									
TRINITY TOWERS LIMITED PARTNERSHIP LP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	IN/A									
2611 SPRINGDALE RD SW ATLANTA, GA 303157137 52-2405847												_
TSCHIRLEY II SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	WA	N/A									
107 S TSCHIRLEY RD GREENACRES, WA 990169317 81-0636765 (6)	RENTAL ACTIVITY FOR	WA	N/A									
TSCHIRLEY SENIOR HOUSING	LOW INCOME FAMILIES/SENIORS											
GREENACRES, WA 990169342 91-2177168												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
5351 NEBRASKA AVENUE TOLEDO, OH 43615 81-3716484												
VÁNDERBILT SENIOR HOUSING	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	NC	N/A									
75 HAYWOOD STREET ASHEVILLE, NC 288012846 20-2635801												
VIÉWPOINT SENIOR HOUSING	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
215 EAST SHORELINE DRIVE SANDUSKY, OH 44870 20-2471408												
VILĹA ESPERANZA APARTMENTS	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
ADMINISTRATION BOX 111 ST 35 BLOQ 2 CAROLINA, PR 009830000 20-2907561												
(11) VILLA PROVIDENCIA	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
350 CARR 837 GUAYNABO, PR 009696238 20-2907579												
(12) VISION CENTER II LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
3400 VISION CENTER COURT COLUMBUS, OH 432272262 31-1364056												
WAGGONER SENIOR HOUSING	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
831 ACORN GROVE DR BLACKLICK, OH 430045044 31-1812222												
(14) WAGGONER WOODS LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
751 CHESTNUT GROVE DR BLACKLICK, OH 430045024 31-1808115												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General Legal (d) (f) (g) Disproprtionate (k) (b) Predominant Share of total | Share of end-Direct Code V-UBI amount in Domicile Name, address, and EIN of allocations? Percentage Primary activity income(related, Controlling of-year assets Box 20 of Schedule Managing (State income ownership related organization unrelated, Partner? Entity K-1 excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No RENTAL ACTIVITY FOR (106)ОН N/A WAPAKONETA VILLAGE SENIOR LOW INCOME FAMILIES/SENIORS HOUSING LIMITED PARTNERSHIP 218 EASTOWN DR WAPAKONETA, OH 458951786 20-4064109 (1) RENTAL ACTIVITY FOR ΜI N/A

LOW INCOME

FAMILIES/SENIORS

RENTAL ACTIVITY FOR

FAMILIES/SENIORS

FAMILIES/SENIORS

FAMILIES/SENIORS

LOW INCOME

LOW INCOME

LOW INCOME

LOW INCOME FAMILIES/SENIORS

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N/A

WAYNE WIN LIMITED DIVIDEND

WESTERVILLE SENIOR HOUSING LOW INCOME

WESTERVILLE SENIOR HOUSING LOW INCOME

HOUSING ASSOCIATION LIMITED PARTNERSHIP

622 SOUTH SUNBURY ROAD WESTERVILLE, OH 43081

LIMITED PARTNERSHIP

630 SOUTH SUNBURY RD WESTERVILLE, OH 430819344

WHITE BIRCH I HOUSING

WHITE BIRCH II HOUSING

WHITEHALL SENIOR HOUSING LIMITED PARTNERSHIP

WYSONG VILLAGE APARTMENTS

LIMITED PARTNERSHIP

851 COUNTRY CLUB RD WHITEHALL, OH 432132442

LIMITED PARTNERSHIP

111 N CHAPEL AVE
ALHAMBRA, CA 918013565

9239 N 75TH UNIT 1 MILWAUKEE, WI 532232065

LIMITED PARTNERSHIP

9239 N 75TH UNIT 1 MILWAUKEE, WI 532232065

35200 SIMS WAYNE, MI 48184 42-1674508

20-2489049

45-0470538

76-0752024 (5)

76-0752031 (6)

31-1592973

20-2869668

(2)

II LLC

Form 990, Schedule R, Part IV - Iden	tification of Related O	rganizations Tax	cable as a Corpo	ration or Trust						
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	Section (b)(contrepretation)	(i) Section 512 (b)(13) controlled entity?	
(1) CHANTRY PLACE HOUSING INC 5500 MILLERSFIELD DRIVE COLUMBUS, OH 432327764 20-1891592	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С				Yes	No No	
(1) COUNTRY RIDGE APARTMENTS INC 5656 FARMHOUSE LANE HILLIARD, OH 430267846 31-1504166	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С					No	
(2) HARVARD SCHOOL INC 6900 HARVARD AVE CLEVELAND, OH 441055016 31-1740172	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С					No	
(3) HILLTOP II SENIOR HOUSING INC 3630 MOORES TRAIL RD COLUMBUS, OH 432284345 02-0633437	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С					No	
(4) HILLTOP SENIOR HOUSING INC 300 OVERSTREET WAY COLUMBUS, OH 432284335 31-1592982	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С					No	
(5) MANSFIELD WOODS INC 382 WOODRIDGE DR MANSFIELD, OH 449062103 31-1592986	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С					No	
(6) NATIONAL CHURCH RESIDENCES AT SISTER'S COURT LLC 222 EAST 37TH STREET SAVANNAH, GA 31401 46-2609217	RENTAL ACTIVITY FOR SENIORS/FAMILIES	GA	N/A	С					No	
(7) NATIONAL CHURCH RESIDENCES LANDINGS PORT RICHEY FL LLC 5852 SEA FOREST DR NEW PORT RICHEY, FL 346522049 46-5439904	RENTAL ACTIVITY FOR SENIORS/FAMILIES	FL	N/A	С					No	
(8) NATIONAL CHURCH RESIDENCES OF ABBEY CHURCH VILLAGE LLC 6003 ABBEY CHAPEL DR DUBLIN, OH 430171529 81-2524615	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С					No	
(9) NATIONAL CHURCH RESIDENCES OF ARLINGTON BY THE LAKE LLC 2101 ARLINGTON AVE TOLEDO, OH 436091979 46-1592285	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С					No	
(10) NATIONAL CHURCH RESIDENCES OF AVONDALE WOODS II LLC 5215 AVERY ROAD DUBLIN, OH 43016 46-4279266	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С					No	
(11) NATIONAL CHURCH RESIDENCES OF BALCONES HAUS LLC 246 LOMA VISTA NEW BRAUNFELS, TX 781307034 81-3901111	RENTAL ACTIVITY FOR SENIORS/FAMILIES	тх	N/A	С					No	
(12) NATIONAL CHURCH RESIDENCES OF BARNESVILLE MANOR LLC 485 NORTH ST BARNESVILLE, OH 437131105 82-2833701	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С					No	
(13) NATIONAL CHURCH RESIDENCES OF BRIDGEPORT MANOR LLC 1 GOULD PARK RD BRIDGEPORT, OH 439121089 82-2956996	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С					No	
(14) NATIONAL CHURCH RESIDENCES OF CANTON PLACE LLC 44505 FORD RD CANTON, MI 481875034 46-2185377	RENTAL ACTIVITY FOR SENIORS/FAMILIES	MI	N/A	С					No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(f)** Share of total (b) (c) (d) Section 512 Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of end-of-Percentage (C corp, S corp, related organization domicile entity ıncome year ownership (b)(13)(state or foreign controlled or trust) assets entity? country) Yes No RENTAL ACTIVITY FOR MD N/A No NATIONAL CHURCH RESIDENCES OF CAPITOL SENIORS/FAMILIES HEIGHTS SENIOR HOUSING LLC 505 SUFFOLK AVE CAPITOL HEIGHTS, MD 207433000 46-1306846 (1) RENTAL ACTIVITY FOR ΜI N/A No NATIONAL CHURCH RESIDENCES OF CLARK SENIORS/FAMILIES EAST LLC 1550 EAST CLARK RD YPSILANTI, MI 481983185 47-3532391 RENTAL ACTIVITY FOR МΙ N/A C No NATIONAL CHURCH RESIDENCES OF SENIORS/FAMILIES COLUMBIA COURT LLC 275 WEST COLUMBIA AVE BELLEVILLE, MI 481113901 46-2196035 RENTAL ACTIVITY FOR (3) ОН N/A No NATIONAL CHURCH RESIDENCES OF CRANE'S SENIORS/FAMILIES LANDING LLC 3315 MAYO STREET TOLEDO, OH 43608 82-3953761 RENTAL ACTIVITY FOR (4) МО N/A No NATIONAL CHURCH RESIDENCES OF FRIENDSHIP MANOR LLC SENIORS/FAMILIES 917 NW SUMMIT DRIVE BLUE SPRINGS, MO 64015 46-1094279 RENTAL ACTIVITY FOR СО N/A No NATIONAL CHURCH RESIDENCES OF GARDEN SENIORS/FAMILIES PARK SENIOR HOUSING INC 1821 N 5TH STREET CANON CITY, CO 812122090 46-1644284 RENTAL ACTIVITY FOR ОН N/A No NATIONAL CHURCH RESIDENCES OF INDIAN SENIORS/FAMILIES LAKE VILLA LLC 601 LINCOLN BLVD RUSSELLS POINT, OH 43348 47-4662981 RENTAL ACTIVITY FOR WI N/A No NATIONAL CHURCH RESIDENCES OF MOUNT SENIORS/FAMILIES PLEASANT MANOR LLC 2250 LAYARD AVE RACINE, WI 534042043 82-2231609 RENTAL ACTIVITY FOR (8) PA N/A No NATIONAL CHURCH RESIDENCES OF SENIORS/FAMILIES NESHANNOCK WOODS LLC 209 CAMBRIDGE ST UNIT 601 NEW CASTLE, PA 161051053 81-4329517 RENTAL ACTIVITY FOR N/A NATIONAL CHURCH RESIDENCES OF SENIORS/FAMILIES PARKSIDE MANOR LLC 1306 BROOKLINE BLVD PITTSBURGH, PA 152261961 47-1165539 (10) RENTAL ACTIVITY FOR ОН N/A No NATIONAL CHURCH RESIDENCES OF SENIORS/FAMILIES PORTAGE TRAIL VILLAGE LLC 45 CATHEDRAL LANE CUYAHOGA FALLS, OH 442231657 47-5581776 (11) RENTAL ACTIVITY FOR ΤX N/A No NATIONAL CHURCH RESIDENCES OF PRAIRIE SENIORS/FAMILIES VILLAGE SENIOR HOUSING LLC 1915 N WHARTON RD EL CAMPO, TX 774372312 46-1942715 (12) RENTAL ACTIVITY FOR No ОН N/A NATIONAL CHURCH RESIDENCES OF SENIORS/FAMILIES RIVERVIEW RETIREMENT LLC 500 SECOND STREET PORTSMOUTH, OH 45662 47-3885174 RENTAL ACTIVITY FOR (13)PΑ N/A C No NATIONAL CHURCH RESIDENCES OF SENIORS/FAMILIES SHARPSBURG TOWERS LLC 601 MAJN ST PITTSBURGH, PA 152152251 82-3901463 (14) RENTAL ACTIVITY FOR ОН N/A No NATIONAL CHURCH RESIDENCES OF STYGLER SENIORS/FAMILIES VILLAGE LLC 140 IMPERIAL DR GAHANNA, OH 432302423 81-3319534

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (a) (c) (d) (f) (g) (h) (i) Primary activity Name, address, and EIN of Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 domicile related organization (C corp, S corp, ownership (b)(13)entity income vear (state or foreign or trust) controlled assets country) entity? Yes No N/A RENTAL ACTIVITY FOR (31)GΑ No NATIONAL CHURCH RESIDENCES OF TELFAIR SENIORS/FAMILIES ARMS LLC 17 EAST PARK AVENUE SAVANNAH, GA 31401 47-4028447 (1) RENTAL ACTIVITY FOR OH N/A Nο NATIONAL CHURCH RESIDENCES OF VALLEY SENIORS/FAMILIES BRIDGE LLC 5351 NEBRASKA AVENUE TOLEDO, OH 43615 81-3685370 (2) NEW IMPERIAL REDEVELOPMENT LLC RENTAL ACTIVITY FOR GΑ N/A No 355 PEACHTREE ST NE SENIORS/FAMILIES ATLANTA, GA 30308 37-1653998 (3) ROOSEVELT TOWNE HOUSING INC RENTAL ACTIVITY FOR ОН N/A No 711 N EUCLID AVE SENIORS/FAMILIES ST LOUIS. MO 631081632 54-2086755 (4) SAN ANTONIO SENIOR HOUSING INC RENTAL ACTIVITY FOR ОН N/A Nο SENIORS/FAMILIES 3503 CAMINO REAL SAN ANTONIO, TX 782383401 31-1592978 RENTAL ACTIVITY FOR ОН N/A No SENIORS/FAMILIES HOUSING LLC 3775 HERRON AVENUE CINCINNATI, OH 452232328 46-1834366 (6) VISION CENTER II INC RENTAL ACTIVITY FOR ОН N/A Nο 3400 VISION CENTER COURT SENIORS/FAMILIES COLUMBUS, OH 432272262 31-1363226 RENTAL ACTIVITY FOR ОН N/A (7) WAGGONER WOODS INC No 751 CHESTNUT GROVE DR SENIORS/FAMILIES

## (5) THE COMMONS AT SOUTH CUMMINSVILLE

N/A

N/A

No

No

ОН

ОН

BLACKLICK, OH 430045024

630 SOUTH SUNBURY RD

851 COUNTRY CLUB RD

WHITEHALL, OH 432132442

WESTERVILLE, OH 430819344

(8) WESTERVILLE SENIOR HOUSING INC

(9) WHITEHALL SENIOR HOUSING INC

RENTAL ACTIVITY FOR

RENTAL ACTIVITY FOR

SENIORS/FAMILIES

SENIORS/FAMILIES

31-1808113

73-1631614

31-1592976