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Return of Organization Exempt From Income Tax

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

DLN: 93493032010361 OMB No. 1545-0047

▶ 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 10-01-2019 , and ending 09-30-2020 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 COLUMBUS, OH 43220 G Gross receipts \$ 369,462 Name and address of principal officer: H(a) Is this a group return for JULIA A FRATIANNE □Yes ☑No subordinates? 2335 NORTH BANK DRIVE H(b) Are all subordinates COLUMBUS, OH 43220 ☐ Yes ☐No included? **☑** 501(c)(3) □ 501(c)() **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ 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) . 3 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 Total number of individuals employed in calendar year 2019 (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 **7**a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 230,130 226,937 Ravenue 137,601 140,784 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 420 -3,739 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,371 1,473 371,522 365,455 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 0 **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) . 337,436 360,965 337,436 360,965 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 34,086 4.490 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 1,224,215 1,183,579 21 Total liabilities (Part X, line 26) . 1,359,783 1,314,657 -135,568 -131,078 22 Net assets or fund balances. Subtract line 21 from line 20 . 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 Signature of officer Sign Here JULIA A FRATIANNE TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check | if 2021-01-14 P01823520 Paid self-employed Firm's name ► PLANTE & MORAN PLLC Firm's EIN ► 38-1357951 Preparer

Firm's address ▶ 250 S HIGH STREET SUITE 100

COLUMBUS, OH 43215

May the IRS discuss this return with the preparer shown above? (see instructions) .

Use Only

Phone no. (614) 849-3000

☑ Yes ☐ No

Form	990 (2	2019)				Page 2
Pa	rt III	Statement of Program Se	rvice Accomplis	hments		
		Check if Schedule O contains a	response or note to a	any line in this Part III .		🗆
1	Briefly	y describe the organization's miss	ion:			
		IG FROM A CHRISTIAN COMMITM ES FOR ALL SENIORS.	ENT OF SERVICE, OU	JR MISSION IS TO PROV	/IDE HIGH QUALITY CARE, SERVICE	S AND RESIDENTIAL
2	Did th	ne organization undertake any sig	nificant program serv	vices during the year wh	nich were not listed on	
	the pri	rior Form 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes	s," describe these new services o	n Schedule O.			
3	Did th	ne organization cease conducting,	or make significant o	changes in how it condu	cts, any program	
		es?				☐ Yes 🗹 No
4	Descri Sectio	ibe the organization's program se	rvice accomplishmer izations are required	to report the amount o	largest program services, as measu f grants and allocations to others, tl	
4a	(Code:	:) (Expenses \$	317,567	including grants of \$	0) (Revenue \$	142,257)
	•	dditional Data				
4b	(Code:	:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:	:) (Expenses \$		including grants of \$) (Revenue \$)
4d		program services (Describe in So	chedule O.) including grants of	\$) (Revenue \$)
4e	Total	program service expenses ▶	317,5	67		

17

18

19

Nο

Nο

No

Nο

Nο

Form **990** (2019)

17

18

19

20a

20b

21

Form	990 (2019)			Page 3
Par	tiv Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	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? <i>If "Yes," complete Schedule D,</i> Part 9	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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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.			,
	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 2	11b		No
	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
	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	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	12a	Yes	
b	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
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No

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

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

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Par	Checklist of Required Schedules (continued)			
			Yes	No
.2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
4a	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
5a	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? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
6	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
8	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
•	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
L	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	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
3	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
1	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	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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		
5	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
7	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
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.	38	Yes	
0	All Form 990 filers are required to complete Schedule O	30		

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 .

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

No

Yes

0

0

1c

1a

1b

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
U	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b	
	parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No

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

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

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related	·	ne b	o no ox, u in of tor/t	t ch unle: ficer 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) STEVEN T BODKIN	0.10									
PRESIDENT	49.90			Х				0	384,076	66,567
(2) SUSAN M DIMICKELE	0.10			· ·				0	274 540	44.656
SECRETARY	49.90			Х				0	374,548	44,656
3) TANYA KIM HAHN /ICE PRESIDENT	0.10 49.90			х				0	361,531	37,964
(4) JULIA A FRATIANNE	0.10									
FREASURER	49.90			Х				0	254,348	59,583
(5) MICHAEL FLOWERS DIRECTOR (THROUGH DECEMBER 2019)	0.10	Х						0	0	C
(6) VIRGINIA BARNEY	2.00 0.10	×						0	0	C
DIRECTOR	2.00									
(7) JAMES SAVAGE DIRECTOR (THROUGH DECEMBER 2019)	2.00	×						0	0	C
(8) JANET MEEKS DIRECTOR (EFFECTIVE JANUARY 2020)	0.10	х						0	0	C
(9) GREGORY OVERMYER DIRECTOR (EFFECTIVE JANUARY 2020)	2.00	Х						0	0	C
							_	ı		Form 990 (2019)

Part VII

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

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	(A) Name and title	(B) Average hours per week (list any hours	than c	ne b	ox, ι in of	t ch unle: ficer	eck moss pers and a ee)	son	Rep- comp fro orgai	(D) (E) ortable Reportable censation compensatio from relate nization organization 2/1099- (W-2/1099-		cion amount of oth ced compensatio ons from the		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(7,1099-	(W-2/1099- MISC)		relat organiza	ed
												+		
												士		
												+		
												+		
												+		
41. 4	Code Total											丄		
	Sub-Total						▶					+		
	Total (add lines 1b and 1c)	•					▶			0	1,374,50	3		208,770
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bov	e) who	rec	eived mo	ore than \$1	00,000			
													Yes	No
3	Did the organization list any former			ee, k	ey e				ghest co	mpensated	employee on			
	line 1a? If "Yes," complete Schedule .			•	•	•		•				3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	
5	Did any person listed on line 1a recei services rendered to the organization		•						_			5		No
Se	ection B. Independent Contract	ors												
1	Complete this table for your five high from the organization. Report compe											npens	ation	
	Name a	(A) and business addre	ess							Desc	(B) cription of services		(C Comper	
												$\neg \dagger$		

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 \blacktriangleright 0

orm 9 Part	,	Statement	of R	evenue						Page 9
		Check if Scheo	dule (O contains a	respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	aigns		1 a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership due	s.	. [1 b					
Gra mo	С	Fundraising even	nts .	. [1c					
fts, ir A	d	Related organiza	tions	Ī	1d					
nj8.	е	Government grants	(cont	ributions)	1e	226,937				
ons Sir	f	All other contribution and similar amounts			4.5					
buti the	_	above Noncash contribution	ons inc	L Fluded in	1f	<u> </u> 				
	9	lines 1a - 1f:\$,,,,,		1 g					
G E	h	Total. Add lines	1a-1f	f		🗲	226,937			
	_					Business Code				
	2a	RENTS - NET				531110	140,784	140,784		
Program Service Revenue										
- Re	b									
e	c									
Serv	d									
am	u									
rogr	е									
<u> </u>	f	All other program	servi	ice revenue.						
		Total. Add lines 2			•	140,784				
	3 I	nvestment income	(incl	luding divide		interest, and other		,		268
		milar amounts) . ncome from invest		t of tay-eyer	nnt h	ond proceeds		1		200
						_	•			
				(i) Rea		(ii) Personal				
	6a -	Gross rents	6a							
		Less: rental	\Box							
		expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income	e or (loss)						
				(i) Securi	ties	(ii) Other				
		Gross amount from sales of	7a							
		assets other than inventory								
		Less: cost or other basis and	7b			4,00	17			
		sales expenses								
	c	Gain or (loss)	7c			-4,00	7			
		Net gain or (loss)					-4,007	7		-4,007
e l		Gross income from fu (not including \$	undrai	sing events of						
<u>=</u>		contributions reporte See Part IV, line 18	d on li	ine 1c).						
Re		Less: direct expen			8a 8b					
Other Revenue		Net income or (los			ng ev	ents				
	.	Constitution for the second								
	9a	Gross income from See Part IV, line 19	yanını •	· ·	9a					
	b	Less: direct expen	ises		9b					
	C	Net income or (los	ss) fro	om gaming a	ctivit	ies >	_			
ŀ	10a	Gross sales of inve	entor	v. less						
		returns and allowa			10a					
	b	Less: cost of good	ls sol	d	10 b					
-	С	Net income or (los Miscellaneo	_		nvent	Business Code				
ŀ	11 a	aLAUNDRY & VEND				53111	0 1,363] 3		
	ь	DAMAGE & CLEAN	NING	FEES		53111	.0 110	110		
			-							
	c							1		
	d	All other revenue	•							
	e	Total. Add lines 1	1a-1	1d		•	1,473	3		
	12	Total revenue. S	ee in	structions .			365,455	142,257		0 -3,739
										Form 990 (2019)

Part IX Statement of Functional Expenses	1.1	All II		(4)
Section 501(c)(3) and 501(c)(4) organizations must c		_	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note to an		(B)	(C)	⊔ (D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	29,559		29,559	
b Legal	4,685	4,685		
c Accounting	12,034	,,,,,	12,034	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
			_	
f Investment management fees	21,384	21,384		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,364	21,364		
12 Advertising and promotion	1,241	1,241		
13 Office expenses	34,074	34,074		
14 Information technology		·		
15 Royalties				
16 Occupancy	96,703	96,703		
17 Travel		,		
18 Payments of travel or entertainment expenses for any				
federal, state, or local public officials 19 Conferences, conventions, and meetings	1,861	56	1,805	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,805	63,805		
23 Insurance	51	51		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT SERVICES	90,184	90,184		_
b EXTRAORDINARY INS EXP	2,798	2,798		
c RESIDUAL RECEIPT EXP	2,562	2,562		
d BAD DEBT EXPENSE	24	24		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	360,965	317,567	43,398	0
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

Page 11

16,387

21,796

15

1,183,579

1,278,662

14,184

1.314.657

1,183,579

Form 990 (2019)

11

12 13

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17 18

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23

24

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33

16,326

36,666

2 19

1,224,215

1,307,248

15,867

1.359.783

1,224,215

Check if Schedule C) contains a	a response	or note	to any	line in	this F	Part IX	,
								Τ

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Intangible assets . . .

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Grants payable .

Investments—other securities. See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶ ✓ and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Investments-program-related. See Part IV, line 11

		Beginning of year		End of year
L	Cash-non-interest-bearing	66,758	1	46,524
2	Savings and temporary cash investments	180.241	2	142.703

	2	Savings and temporary cash investments .			180,241	2	142,703
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		302	4	248	
	5	Loans and other payables to any current or form key employee, creator or founder, substantial c entity or family member of any of these persons	tor, or 35% controlled		5		
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in section $4958(f)(1)$		6			
S	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
4s	9	Prepaid expenses and deferred charges			14,659	9	17,641
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,225,778			
	b	Less: accumulated depreciation	10b	1,265,702	945,929	10c	960,076

Liabilities

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ses.

lanc	27	complete lines 27, 28, 32, and 33. Net assets without donor restrictions	-135,568	27	-131,078
Ba	28	Net assets with donor restrictions		28	
or Fund	29	Organizations that do not follow FASB ASC 958, check here > and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building or equipment fund		30	
155	30 31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances	-135,568	32	-131,078

Form	990 (2019)				Page 12
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			365,455
2	Total expenses (must equal Part IX, column (A), line 25)	2			360,965
3	Revenue less expenses. Subtract line 2 from line 1	3			4,490
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			-135,568
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			-131,078
Pa	rt XII Financial Statements and Reporting	'			
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
	Accounting method used to prepare the Form 990:				
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:	basis,			
	☑ 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 Si Audit Act and OMB Circular A-133?	ngle	3a	Yes	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	3b	Yes	

Additional Data

Form 990 (2019)

Software ID:

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

Name: NCR OF GREENPORT HOUSING DEVELOPMENT

FUND COMPANY INC.

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.

erii	e GRA	<u>APHIC prin</u>	<u>nt - DO NOT P</u>	T PROCESS As Filed Data -					DLN: 93493032010361		
SCI	1ED	ULE A	Б	uhlic C	harity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047		
	m 990		Complet	te if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 9	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 0-EZ.	a section	2019		
		the Treasury	► Go to	o <u>www.irs.</u>	<i>gov/Form990</i> for i	nstructions and	the latest info	rmation.	Open to Public Inspection		
Name	e of th	ne organiza	tion NG DEVELOPMENT					Employer identific	ation number		
FUND	COMPA	NY INC						31-1046789			
	rt I				s (All organization it is: (For lines 1 thro			ee instructions.			
1	rgariiz		•		sociation of churches	- '		(A)(i)			
2		,		ŕ				(A)(I).			
					.)(A)(ii). (Attach Sch	,	, ,	••••			
3	Ш		·	•	ice organization desc			•			
4		A medical r name, city,		ion operate	d in conjunction with	a hospital descri	bed in section :	l 70(b)(1)(A)(iii) . E	nter the hospital's		
5			ation operated for (iv). (Complete P		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170		
6		A federal, s	tate, or local gov	ernment or	governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).			
7			ition that normall 0(b)(1)(A)(vi).			s support from a	governmental u	nit or from the gener	al public described in		
8		A communi	ty trust described	in section	170(b)(1)(A)(vi).	(Complete Part I	I.)				
9					scribed in 170(b)(1) e instructions. Enter				ege or university or a		
10	✓	from activit investment	ies related to its	exempt fund lated busine	tions—subject to ceress taxable income (le	tain exceptions, a	and (2) no more	s, membership fees, than 331/3% of its su ses acquired by the o	-		
11		An organiza	ation organized ar	nd operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).			
12		more public	ly supported orga	anizations d		09(a)(1) or sec	ction 509(a)(2	of, or to carry out th). See section 509(a 12e, 12f, and 12g.			
а		Type I. A so	supporting organiz	zation opera regularly a _l	ted, supervised, or c	ontrolled by its s	upported organiz	ration(s), typically by of the supporting orga			
b		Type II. A manageme	supporting organ	ization supe ng organiza	tion vested in the sar			rganization(s), by have the supported orga			
С		Type III f	inctionally integ	grated. A si				nd functionally integra	ted with, its		
d		Type III n	on-functionally integrated. The	integrated organization	. A supporting organi	zation operated fy a distribution	in connection wi	th its supported orgar an attentiveness req			
e		Check this	box if the organiz	ation receiv		ation from the II		pe I, Type II, Type II	I functionally		
f	Enter		of supported org			-		<u> </u>			
g	Provi	de the follow	ing information a	bout the sup	oported organization(
	(i) N	lame of supp organizatior		ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your governing document? monet n lines (see in		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
			L								
Total			tion Act Notice,			Cat. No. 11285			90 or 990-EZ) 2019		

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

business under section 513 Tax revenues levied for the

organization's benefit and either paid to or expended on its behalf. . The value of services or facilities furnished by a governmental unit to the organization without charge

Public support. (Subtract line 7c

1975.

9

10a

11

14

15

16

17

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Section B. Total Support Calendar year

Add lines 10a and 10b.

Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

Part III

	(Complete only if you checked the box on line to of Part 1 of it the organization failed to qualify under Part 11. If									
	the organization fails to qualify under the tests listed below, please complete Part II.)									
•	Section A. Public Support									
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	228,075	223,484	223,822	230,130	226,937	1,132,448			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	181,866	183,522	169,039	136,906	142,257	813,590			
3	Gross receipts from activities that are not an unrelated trade or									

407,006

(b) 2016

407,006

153

153

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

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

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

409,941 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 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. .

from line 6.)		Ì
ection B. Total Support		
Calendar year (or fiscal year beginning in) ▶	(a) 2015	
Amounts from line 6	409,941	
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	94	

Add lines Iva and Ivb.	94	
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,	410.025	

410,035	
anizatior	ı's first,

(c) 2017

251

251

393.112

392,861

(d) 2018 392,861

367,036

420

420

367,456

367,036

(e) 2019 369,194 268

268

369,462

Schedule A (Form 990 or 990-EZ) 2019

15

16

17

18

369,194

0 1,946,038 (f) Total 1,946,038 1,186

1,186

1.947.224

99.940 %

99.950 %

0.060 %

0.050 %

1,946,038

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

10a

answer line 10b below.

the organization had excess business holdings).

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? 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. 3a 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? 5b

5с Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 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
```

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

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

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

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

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

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

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	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 Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations			
_			Yes	No
1	old the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the orm 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?		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	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.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O			. Part VIV See		
	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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	1 b				
C	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
e	Discount 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions if any for years prior to 2019			

7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in Part VI). See instructions	nich the organization is respons	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019.

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) 2019

Page 8 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).
Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493032010361

OMB No. 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

2019

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

Open to Public Inspection

Na	me of the organization			Employer	identification	number
	R OF GREENPORT HOUSING DEVELOPMENT ID COMPANY INC			31-104678	9	
Pa	Organizations Maintaining Donor Advis			r Accounts	s.	
	Complete if the organization answered "Ye	(a) Donor adv	· ·	(b) Fu	ınds and other a	ccounts
1	Total number at end of year	. ,		. ,		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex					Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for	any other purpose c		permissible	Yes 🗌 No
Pa	rt III Conservation Easements.	all are Faure 2000. David	T) / 1: 7			
1	Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organization and the organization answered "Ye Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organization answered "Ye Purpose(s) of conservation and the organization answered "Ye Purpose(s) of conservation and the organization and					
1	Preservation of land for public use (e.g., recreation	· —		historically		
		n or education)	Preservation of an	•	•	rea
	☐ Protection of natural habitat		Preservation of a c	ertiried histo	ric structure	
_	☐ Preservation of open space	1150				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation c	ontribution in the for		rvation d at the End of	f the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified historic	c structure included in (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and i	not on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguishe	ed, or terminated by t	the organizat	ion during the	
4	Number of states where property subject to conservatio	n easement is located 🕨	•			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring, i s?	nspection, handling o	of violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violation	ons, and enforcing co	nservation e	asements during	g the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, a	and enforcing conserv	/ation easem	ents during the	year
8	Does each conservation easement reported on line 2(d)			70(h)(4)(B)(i)	
	and section $170(h)(4)(B)(ii)$?				☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organiza				
Par	TIII Organizations Maintaining Collections Complete if the organization answered "Ye	s" on Form 990, Part	IV, line 8.			
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, educa	tion, or research in f			orks of
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:	6 (ASC 958), to report i lic exhibition, education,	n its revenue statem , or research in furthe	ent and bala erance of pub	nce sheet works olic service, prov	of art, vide the
((i) Revenue included on Form 990, Part VIII, line $1 \ . \ .$			🕨 \$		
(ii)Assets included in Form 990, Part X			▶\$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS	cal treasures, or other s	imilar assets for finar			
а	Revenue included on Form 990, Part VIII, line 1			> \$		
b	Assets included in Form 990, Part X			▶\$;	
For	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Cat. No.	52283D S	chedule D (Fo	rm 990) 2019

Sche	dule D (Form 990) 2019		Page 2
Par	t IIII Organizations Maintaining Col	lections of Art, Historical Treasures, or Other Similar Assets (con	tinued)
3	Using the organization's acquisition, accessio items (check all that apply):	n, and other records, check any of the following that are a significant use of its co	llection
а	Public exhibition	d Loan or exchange programs	
b	Scholarly research	e Other	
c	Preservation for future generations		
4	Provide a description of the organization's col Part XIII.	lections and explain how they further the organization's exempt purpose in	
5		r receive donations of art, historical treasures or other similar be maintained as part of the organization's collection? Yes	□ No
Pa	tIV Escrow and Custodial Arrange Complete if the organization answ X, line 21.	ments. vered "Yes" on Form 990, Part IV, line 9, or reported an amount on For	m 990, Part
1 a	Is the organization an agent, trustee, custodi	an or other intermediary for contributions or other assets not Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the following table: Amount	
c	Beginning balance	and compress the compress of t	
d	Additions during the year		
e	Distributions during the year		
f	Ending balance	46	
	•		
2a		rm 990, Part X, line 21, for escrow or custodial account liability? Lyes	⊔ No
b		Check here if the explanation has been provided in Part XIII	
Pa	rt V Endowment Funds.	vered "Yes" on Form 990, Part IV, line 10.	
	Complete if the organization answ		Four years back
1 a	Beginning of year balance		
b	Contributions		
С	Net investment earnings, gains, and losses		
d	Grants or scholarships		-
	Other expenditures for facilities and programs		
f	Administrative expenses		
g	End of year balance		_
2	Provide the estimated percentage of the curre Board designated or quasi-endowment	ent year end balance (line 1g, column (a)) held as:	
b			
c	Temporarily restricted endowment ▶		
·	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.	
За	-	sion of the organization that are held and administered for the	Yes No
	(i) unrelated organizations		
	(ii) related organizations)
b	If "Yes" on 3a(ii), are the related organization	·	
4	Describe in Part XIII the intended uses of the		
Pa	t VI Land, Buildings, and Equipme		10
	Description of property (a) Cost or oth (investment)		Book value
1-	Land	12,500	12,500
	Land	1,876,872 1,018,269	858,603
	Buildings	1,070,072 1,010,209	0.50,003
	Leasehold improvements Equipment	46,230 45,109	1,121
u	LUUIDIIICIIL I	70,200 70,107	1,121

290,176

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

87,852

960,076

202,324

Schedule D (Form 990) 2019				Page 3
Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 99	00. Part IV	line 11h	See Form 990	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value		(c) Meth	od of valuation: f-year market value
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (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	0, Part IV,	line 11c	. See Form 990,	Part X, line 13.
(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990	0, Part IV, li	▶ ne 11d.	See Form 990, Pa	art X, line 15.
(a) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				. •
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990	0, Part IV, li	ne 11e	or 11f.See Form	990, Part X, line 25.
1. (a) Description of liability (1) Federal income taxes				(b) Book value
(2)				
(3)				
(4) (E)				
(5)				
(6)				
(7)				
(8) (9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)				• 14,184
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo			ion's financial stat	ements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Che	eck here if the	e text of	the footnote has b	een provided in Part XIII

chedule D (Forn	Page 5						
Part XIII	Part XIII Supplemental Information (continued)						
Retur	n Reference	Explanation					

Schedule D (Form 990) 2019

Additional Data

Software Version:

EIN: 31-1046789 Name: NCR OF GREENPORT HOUSING DEVELOPMENT

FUND COMPANY INC

Supplemental Information

PART XI, LINE 4B - OTHER LOSS ON DISPOSAL OF ASSET -4,007. ADJUSTMENTS:

Return Reference Explanation

Software ID:

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	LOSS ON DISPOSAL OF ASSET 4,007.

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efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	ta -	DLN: 93	49303	32010	361
Sch	edule J	Co	ompensat	ion Information	0	MB No.	1545-0	0047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest						
		Complete if the ord	Compens ganization ansv	ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20)
D			➤ Attach	h to Form 990. r instructions and the latest inforn		Openi		
•	tment of the Treasury al Revenue Service	P do to <u>www.ms.ig</u> c	101	mstructions and the latest mion		Insp	ectio	n
	me of the organization of	ation DUSING DEVELOPMENT			Employer identifica	tion nu	ımber	
	D COMPANY INC				31-1046789			
Pa	rt I Questi	ons Regarding Compensa	ition				I	
1 a	Check the appro	opiate box(es) if the organizatio	n provided any o	f the following to or for a person liste	d on Form		Yes	No
				ny relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	companions		Payments for business use of perso				
		nification and gross-up payment	ts 📙	Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)			
b				follow a written policy regarding pay ove? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/I	executive Directo	or, regarding the items checked on Lir	ne la?			
3				ed to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.			
	Compens:	ation committee		Written employment contract				
	_ ·	ent compensation consultant		Compensation survey or study				
		of other organizations		Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-con	itrol payment? .			4a		No
b		• •		lified retirement plan?		4b	Yes	
C				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part	: III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5			_	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а		n?				5a		No
b		anization?				5b		No
6	For persons liste	•		the organization pay or accrue any				
а	The organization	n?				6a		No
b	-					6b		No
		6a or 6b, describe in Part III.						
7				the organization provide any nonfixed art III		7		No
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de				
	in Part III . .					8		No
9				presumption procedure described in		9		
For F	Paperwork Redu	iction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No. 5	50053T Schedule	l (Forn	1 990)	2019

Schedule J (Form 990) 2019

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

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

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.

Note. The sum of colum	ns (B)(i)-(iii) for each listed in	dividual must equal the to	otal amount of Form 990,	Part VII, Section A, line	la, applicable column (D) and (E) amounts for tha	t 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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 STEVEN T BODKIN PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	295,304	85,000	3,772	44,749	21,818	450,643	0
2 SUSAN M DIMICKELE SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	306,216	68,000	332	23,492	21,164	419,204	0
3 TANYA KIM HAHN VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	298,069	62,000	1,462	22,561	15,403	399,495	0
4 JULIA A FRATIANNE TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	203,438	49,957	953	37,582	22,001	313,931	0
	+							
	+							

Schedule J (Form 990) 2019

COMPENSATION COMMITTEE. PART I, LINE 4B: DURING THE CURRENT YEAR, NATIONAL CHURCH RESIDENCES, A RELATED ORGANIZATION, MADE CONTRIBUTIONS TO A 457(F) NONOUALIFIED DEFERRED COMPENSATION PLAN FOR THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF THE FORM 990: STEVEN T BODKIN: \$16,749 SUSAN M. DIMICKELE: \$6,692 TANYA KIM HAHN: \$5,761 JULIA A. FRATIANNE: \$11,507 THE 457(F) NONOUALIFIED DEFERRED COMPENSATION PLAN IS AVAILABLE TO KEY EMPLOYEES OF THE

Page 3

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, MEANS A PARTICIPANT'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

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

VESTED DURING THE CURRENT YEAR. WHEN CONTRIBUTIONS VEST THEY WILL BE REPORTED ON SCHEDULE J, PART II, COLUMN B(III). Schedule 1 (Form 990) 2019

efile GRAPHIC print - DO NOT PROCESS						DLN: 93493032010361	
SCHEDUL	FΩ	Supplemental Information to Form 990 or 990-EZ				OMB No. 1545-0047	
(Form 990 or EZ)		Complete to pro	ovide information for or 990-EZ or to prov ► Attach to Forn	ions on	2019		
Department of the Tr	reasury	► Go to <u>w</u>	•	Open to Public Inspection			
Name & the of game and a section NCR OF GREENPORT HOUSING DEVELOPMENT STUDY COMPANY INC 31-1046789						fication number	
990 Schedule	e O, Supple	emental Informatio	n				
Return Reference	Explanation						
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE CORPORATION SHALL, AT ALL TIMES, BE NATIONAL CHURCH RESIDENCES.						

Explanation Return Reference

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

PART VI. SECTION A.

LINE 7A

990 Schedule O, Supplemental Information

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 7B

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

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION B, LINE 11B

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990, PART VI, SECTION B, LINE 12C	TWO CONFLICT OF INTEREST POLICIES EXIST FOR NATIONAL CHURCH RESIDENCES. ONE POLICY IS A GE NERAL STAFF POLICY, PUBLISHED IN THE EMPLOYEE INFORMATION GUIDE AND IS AVAILABLE TO THE ST AFF THROUGH THE INTRANET. THE SECOND POLICY APPLIES TO NATIONAL CHURCH RESIDENCES AND ITS AFFILIATES' OFFICERS, DIRECTORS, AND MEMBERS OF COMMITTEES COMPOSED PRIMARILY OF DIRECTORS AND OFFICERS. THE POLICY FOR OFFICERS AND DIRECTORS IS REVIEWED REGULARLY BY THE BOARD, A ND OFFICERS AND DIRECTORS REVIEW AND SIGN AN ATTESTATION 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 EXISTS, AND APPROPRIATE PROCEDURES FOR ADD RESSING CONFLICTS.

Explanation

Return Explanation

990 Schedule O, Supplemental Information

Reference

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990, PART XII.	NATIONAL CHURCH RESIDENCES, THE PARENT ORGANIZATION, HAS AN AUDIT COMMITTEE WHICH OVERSEES 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

FORM 990,	THE ORGANIZATION REPORTS RELATED TAX EXEMPT ORGANIZATIONS ON SCHEDULE R PART II THAT ARE N
SCHEDULE	OT INCLUDED WITHIN THE NATIONAL CHURCH RESIDENCES GROUP EXEMPTION #5048. ALL OTHER RELATED
R, PART II	TAX EXEMPT ORGANIZATIONS ARE ALL MEMBERS OF GROUP EXEMPTION # 5048 AND ARE NOT REPORTED O
	N SCHEDULE R PART II.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493032010361 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** NCR OF GREENPORT HOUSING DEVELOPMENT FUND COMPANY INC 31-1046789 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. See Additional Data Table (a)
Name, address, and EIN of related organization (b) (g) Legal domicile (state Exempt Code section Direct controlling Section 512(b) Primary activity Public charity status or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

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

See Additional Data Table (a) Name, address, and EIN of		(b)	(c)	(d)	(e)	(f)	(g) Share of	(1	h)	(i)	6	o	(k)
Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	entity	Predominant income(related unrelated, excluded from tax under sections 512-514)	Share of d, total incom	Share of e end-of-year assets	Disprop alloca	ortionate utions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	aging o	ercentage wnership
					314)			Yes	No		Yes	No	
Part IV Identification of Related Organi because it had one or more related						nization ans	wered "Ye	s" on F	orm 9	990, Part IV	, line	34	
See Additional Data Table					,,								
(a) Name, address, and EIN of related organization	(b) Primary activity	Le dor (state d	(c) egal micile or foreign		entity (C	(e) pe of entity corp, S corp, or trust)	(f) Share of total income		(g) e of end- year assets	of- Perce owne	ntage	(13)	(i) ion 512(b) controlled entity?
		cou	intry)							_		Ye	s No

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e Y	/es	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g	\neg	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	\dashv	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	\dashv	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No

i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
	Lease of facilities, equipment, or other assets from related organization(s)	1k		No No
	Performance of services or membership or fundraising solicitations for related organization(s)	1m	Yes	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n 1o		No No
O	Sharing of paid employees with related organization(s)	-		
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
5	Other transfer of cash or property from related organization(s)	1 s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining an	nount i	nvolve	d

Page **3**

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- 514)	or	(e) e all partners section 501(c)(3) ·ganizations?	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproprtionate allocations? (Yes No				(j) General d managin partner?	g ?	(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No			
										Schedul	e R (Form	199	0) 2019		

Schedule R (Fo	rm 990) 2019		Page 5
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Retu	ırn Reference	Explanation	

2335 NORTH BANK DRIVE COLUMBUS, OH 43220

2335 NORTH BANK DRIVE COLUMBUS, OH 43220

2335 NORTH BANK DRIVE COLUMBUS, OH 43220

1800 RIVERSIDE DRIVE COLUMBUS, OH 43212

2335 NORTH BANK DRIVE COLUMBUS, OH 43220

6050 TELEGRAPH ROAD ST LOUIS, MO 63129 46-0683354

10 GROVE AVENUE WEST

LAKE WALES, FL 33853

1203 CUSHING DRIVE ROUND ROCK, TX 78664

3633 HOWARD DRIVE COLLEGE PARK, GA 303370000

05-0590231

20-2467451

26-3866414

31-0655502

35-2645334

59-3418554

83-1335250

84-2611592

Software Version: EIN: 31-1046789

Software ID:

HOLDING

SUPPORTING

OF 62

OF 62

RENTAL ACTIVITY

ORGANIZATION

RENTAL ACTIVITY FOR LOW

INCOME FAMILIES/SENIORS

HEALTH CARE SERVICES TO

RENTAL ACTIVITY FOR LOW

INCOME FAMILIES/SENIORS

HEALTH CARE SERVICES TO

RENTAL ACTIVITY FOR LOW

INCOME FAMILIES/SENIORS

RENTAL ACTIVITY FOR LOW

INCOME FAMILIES/SENIORS

INDIVIDUALS OVER THE AGE

INDIVIDUALS OVER THE AGE

Name: NCR OF GREENPORT HOUSING DEVELOPMENT

	FUND COMPANY IN	С				
Form 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organizatio	ns				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512
realite, address, and Elit of related organization	Timary desirtey	(state	section	status	entity	(b)(13)

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501(C)(3)

(if section 501(c)

(3))

LINE 10

controlled entity?

No

No

No

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No

No

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No

No

Yes

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orm 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations													
(a)	(b)	(c)											
Name, address, and EIN of related organization	Primary activity	Legal domicile											
		(state											
		or foreign country)											

Form 990, Schedule R, Part	III - Identification o	1 1	d Organizatio	ons Taxable as	a Partnersh	hip	1		1	/:	. 1	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)		(g) Share of end- of-year assets		rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r iging ner?	(k) Percentage ownership
HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
6003 ABBEY CHAPEL DR DUBLIN, OH 430171529 81-2509306												
SENIOR HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
2101 ARLINGTON AVE TOLEDO, OH 436091979 20-4063801												
HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
5215 AVERY ROAD DUBLIN, OH 43016 80-0965478	DENTAL ACTIVITY FOR		NI/A									
AVONDALE WOODS SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
5215 AVERY ROAD DUBLIN, OH 43016 26-4260580 BALCONES HAUS SENIOR	RENTAL ACTIVITY FOR	TX	N/A									
HOUSING LP 246 LOMA VISTA	LOW INCOME FAMILIES/SENIORS	1 ×	N/A									
NEW BRAUNFELS, TX 781307034 81-3930887	DENTAL ACTIVITY FOR	- CA	NI/A									
LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
ATLANTA, GA 30311 27-2962768												
HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
485 NORTH ST BARNESVILLE, OH 437131105 82-2814973												
BATTERY PARK SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	NC	N/A									
1 BATTLE SQUARE ASHEVILLE, NC 288012712 26-0069390												
BETMAR VILLAGE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
345 ASHWOOD AVE SW ATLANTA, GA 30315 45-3082039												
BIG BETHEL VILLAGE LP 500 RICHARD ALLEN BOULEVARD SW ATLANTA, GA 30331 58-2621642	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	TX	N/A									
3100 BLESSING COURT BEDFORD, TX 760215009 45-3175449												
HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
1 GOULD PARK RD BRIDGEPORT, OH 439121089 82-2995555												
LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
WAVERLY, OH 456901566 20-2470977 BROADWAY PARK SENIOR	RENTAL ACTIVITY FOR	ОН	N/A									
HOUSING LIMITED PARTNERSHIP	LOW INCOME FAMILIES/SENIORS		140									
353 BROADWAY AVE YOUNGSTOWN, OH 445041559 82-3045507			N/0									
BRYN MAWR SENIOR HOUSING LIMITED PARTNERSHIP 171 BRYN MAWR ST	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
RAVENNA, OH 442667730 84-3757577												

Form 990, Schedule R, Part	III - Identification o		d Organizatio	ons Taxable as	a Partnersh	nip				l (;	、	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)		(g) Share of end- of-year assets		rtionate tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Mana Partn	eral ging ner?	(k) Percentage ownership
DIVIDEND HOUSING	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A				Yes	No		Yes	No	
44505 FORD RD CANTON, MI 481875034 36-4756461												
HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MD	N/A									
505 SUFFOLK AVE CAPITOL HEIGHTS, MD 207433000 20-8599370												
CARNEGIE TOWER SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
8920 CARNEGIE AVENUE CLEVELAND, OH 44106 84-3576529												
LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	FL	N/A									
HOLLY HILL, FL 321173103 84-4649412												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
COLUMBUS, OH 432327764 20-1872900 CHIMES TERRACE SENIOR	RENTAL ACTIVITY FOR	ОН	N/A									
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												
CLARK EAST LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A									
1550 EAST CLARK RD YPSILANTI, MI 481983185 47-3543762												
COEUR D'ALENE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ID	N/A									
7712 N HEARTLAND DR COEUR DALENE, ID 838158906 31-1639271												
COLORADO PLAZA SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	KS	N/A									
420 COLORADO ST MANHATTAN, KS 665020659 31-1714217												
COLUMBIA COURT LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A									
275 WEST COLUMBIA AVE BELLEVILLE, MI 481113901 61-1707502												
COMBINED LOCKS SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	WI	N/A									
334 WALLACE STREET COMBINED LOCKS, WI 54113 20-5556388												
COUNTRY RIDGE APARTMENTS LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
5656 FARMHOUSE LANE HILLIARD, OH 430267846 31-1504074												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	WI	N/A									
1500 LINCOLN AVENUE TOMAH, WI 546602463 20-3678605	DENTAL ACTIVITY FOR	011	IN/A									
TOLEDO, OH 43608	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	OH	N/A									
45-1827169			1							$oxed{oxed}$		

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership **(j)** General (c) (h) (e) Lègal Domicile (g)
Share of endallocations? (d) Predominant Direct Share of total Code V-UBI amount in Name, address, and EIN of allocations? Percentage Primary activity income(related. Controlling income of-year assets Box 20 of Schedule Managing (State unrelated, ownership related organization Partner? or Foreign Entity K-1 excluded from (Form 1065) tax under Country) sections 512-514) Yes No Yes No CYPRESS SUNRISE VILLAGE RENTAL ACTIVITY FOR ОН N/A APARTMENTS LIMITED LOW INCOME **PARTNERSHIP** FAMILIES/SENIORS 9151 GRINDLAY ST CYPRESS, CA 906303088 20-2869574 DELOWE & MYRTLE SENIOR RENTAL ACTIVITY FOR GΑ N/A HOUSING LIMITED LOW INCOME **PARTNERSHIP** FAMILIES/SENIORS 1881 MYRTLE DRIVE SW ATLANTA, GA 30311 26-2082332 DUBLIN HOUSE SENIOR RENTAL ACTIVITY FOR N/A HOUSING LIMITED LOW INCOME FAMILIES/SENIORS PARTNERSHIP 1425 CENTRAL AVE MIDDLETOWN, OH 450444180 20-4064054 EAST VALLEY SENIOR HOUSING RENTAL ACTIVITY FOR WA N/A LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 16010 EAST VALLEYWAY AVE VERADALE, WA 990378937 91-2033951 EDEN PLACE SENIOR HOUSING RENTAL ACTIVITY FOR N/A LOW INCOME FAMILIES/SENIORS 1220 JEFFERSON AVE SEGUIN, TX 781555934 74-3017793 ELIZABETH SENIOR HOUSING RENTAL ACTIVITY FOR NJ N/A LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 122 SEVENTH STREET ELIZABETH, NJ 072012822 20-2862379 FAIR HAVENS SENIOR HOUSING RENTAL ACTIVITY FOR FL N/A LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 3015 SPINKS RD SEBRING, FL 321173103 84-4629392 FRIENDSHIP MANOR SENIOR RENTAL ACTIVITY FOR МО N/A HOUSING LIMITED LOW INCOME **PARTNERSHIP** FAMILIES/SENIORS 917 NW SUMMIT DRIVE BLUE SPRINGS, MO 64015 27-1139085 GREGG COURT SENIOR RENTAL ACTIVITY FOR NC N/A HOUSING LIMITED LOW INCOME FAMILIES/SENIORS **PARTNERSHIP** 940 GREGG COURT ROCKY MOUNT, NC 278034218 83-1805280 HARBOURVIEW SENIOR RENTAL ACTIVITY FOR N/A HOUSING LIMITED LOW INCOME FAMILIES/SENIORS **PARTNERSHIP** 115 FRANKLIN STREET SANDUSKY, OH 448702806 20-2471589 HARVARD ELDERLY LIMITED RENTAL ACTIVITY FOR ОН N/A **PARTNERSHIP** LOW INCOME FAMILIES/SENIORS 6900 HARVARD AVE CLEVELAND, OH 441055016 34-1863728 HAYDEN SENIOR HOUSING LP RENTAL ACTIVITY FOR N/A ID LOW INCOME FAMILIES/SENIORS 88 W SARGENT DR HAYDEN, ID 838358882 46-0493154 HEARTLAND SENIOR HOUSING RENTAL ACTIVITY FOR ID N/A LOW INCOME AMILIES/SENIORS 7745 N HEARTLAND DR COEUR DALENE, ID 838158904 54-2064319 RENTAL ACTIVITY FOR HERITAGE PLACE AT TRAILS ΙN IN/A EDGE LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 2620 EAST STATE BLVD FORT WAYNE, IN 468054730 20-1469685 HILLTOP II SENIOR HOUSING RENTAL ACTIVITY FOR ОН IN/A LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 3630 MOORES TRAIL RD COLUMBUS, OH 432284345 52-2367292

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership **(j)** General (c) Legal (h) (e) (f) (g) Disproprtionate allocations? (i) (d) (k) (b) Predominant Domicile Direct Code V-UBI amount in or Name, address, and EIN of allocations? Percentage Primary activity income(related, Managing (State Controlling income of-year assets Box 20 of Schedule ownership related organization unrelated, Partner? or Entity K-1 excluded from Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No HILLTOP SENIOR HOUSING RENTAL ACTIVITY FOR ОН N/A LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 300 OVERSTREET WAY COLUMBUS, OH 432284335 31-1592983 HOLY TRINITY II SENIOR RENTAL ACTIVITY FOR N/A ОН HOUSING LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 25031 COLUMBUS ROAD BEDFORD HEIGHTS, OH 44146 45-3061216 INDIAN LAKE VILLA SENIOR RENTAL ACTIVITY FOR ОН N/A HOUSING LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 601 LINCOLN BLVD RUSSELLS POINT, OH 43348 20-2471281 JAYCEE FAIRGROUNDS VILLAGE RENTAL ACTIVITY FOR МО N/A SENIOR HOUSING LIMITED LOW INCOME PARTNERSHIP FAMILIES/SENIORS 1355 FAIRGROUNDS RD ST CHARLES, MO 633012383 27-5281382 RENTAL ACTIVITY FOR JRC SENIOR HOUSING LIMITED ОН IN/A PARTNERSHIP LOW INCOME FAMILIES/SENIORS 1732 MARKET AVENUE NORTH CANTON, OH 44714 82-4117084 KIRBY MANOR SENIOR LIMITED RENTAL ACTIVITY FOR ОН ln/a PARTNERSHIP LOW INCOME FAMILIES/SENIORS 11500 DETROIT AVENUE CLEVELAND, OH 441020000 87-0704525 KIWANIS VILLAGE SENIOR RENTAL ACTIVITY FOR ОН N/A HOUSING LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 1200 CROY DR FINDLAY, OH 458406707 20-4063620 LAKESIDE TOWERS OF STERLING RENTAL ACTIVITY FOR ΜI N/A HEIGHTS LIMITED DIVIDEND LOW INCOME HOUSING ASSOCIATION LP FAMILIES/SENIORS 15000 SHORELINE DR STERLING HEIGHTS, MI 483132275 45-2797185 LAKEWOOD CHRISTIAN MANOR RENTAL ACTIVITY FOR ОН N/A LOW INCOME LIMITED PARTNERSHIP FAMILIES/SENIORS 2141 SPRINGDALE RD SW ATLANTA, GA 303156100 31-1647433 LANDINGS PORT RICHEY SENIOR RENTAL ACTIVITY FOR HOUSING LIMITED PARTNERSHIP LOW INCOME FL N/A FAMILIES/SENIORS 5852 SEA FOREST DR NEW PORT RICHEY, FL 346522049 46-5548166 LEONARDTOWN SENIOR RENTAL ACTIVITY FOR MD N/A HOUSING LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 22810 DORSEY ST LEONARDTOWN, MD 206503831 20-8599565 LINCOLN GARDENS II SENIOR RENTAL ACTIVITY FOR ОН N/A HOUSING LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 110 STURBRIDGE RD COLUMBUS, OH 432284424 26-4310827 MADISON HEIGHTS WIN LIMITED RENTAL ACTIVITY FOR ΜI N/A DIVIDEND HOUSING LOW INCOME FAMILIES/SENIORS ASSOCIATION LIMITED **PARTNERSHI** 27777 DEQUINDRE RD MADISON HEIGHTS, MI 48071 20-3638189 MAGNOLIA ACRES SENIOR HOUSING LIMITED PARTNERSHIP RENTAL ACTIVITY FOR ΤX N/A LOW INCOME FAMILIES/SENIORS 108 DEBORAH DR ANGLETON, TX 775154165 45-3176201 MAYFLOWER SENIOR HOUSING RENTAL ACTIVITY FOR ОН N/A LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS

424 GROSVENOR AVENUE NW MASSILLON, OH 44647

84-2675547

Form 990, Schedule R, Part	t III - Identification o	1	d Organizatio	ons Taxable as	a Partnersh	nip	ı		ı	ا د	.,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end- of-year assets	(† Disprop alloca	tionate	Code V-OBI amount in	(j Gen o Mana Part	eral r aging	(k) Percentage ownership
MEADOWVIEW SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A	512-514)			Yes	No		Yes	No	
338 W MAIN ST MT STERLING, OH 431431291 20-2471060	TAPILLES/SENIORS											
MEMORIAL TOWERS LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
PHOENIX, AZ 850070000 30-0230394												
LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	TX	N/A									
321 SOUTH EAST 7TH STREET TULIA, TX 79088 84-2974579												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	TX	N/A									
1520 BARFIELD RD WHARTON, TX 774885940 84-2334040												
MOUNT PLEASANT MANOR SENIOR HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	WI	N/A									
2250 LAYARD AVE RACINE, WI 534042043 82-2217901												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ID	N/A									
NATIONAL CHURCH RESIDENCES	LOW INCOME	GA	N/A									
345 ASHWOOD AVE SW ATLANTA, GA 30315 90-0825414	FAMILIES/SENIORS											
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
25031 COLUMBUS ROAD BEDFORD HEIGHTS, OH 44146 35-2443852												
NESHANNOCK WOODS SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	PA	N/A									
209 CAMBRIDGE ST UNIT 601 NEW CASTLE, PA 161051053 81-4315647												
NORTHLAND GATE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
5771 MAPLE CANYON AVENUE COLUMBUS, OH 43229 84-2648296												
PALM HARBOR SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	FL	N/A									
1081 PALM AVE N FORT MYERS, FL 339034339 84-4688953												
	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												
HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	PA	N/A									
1306 BROOKLINE BLVD PITTSBURGH, PA 152261961 47-1165633												
PARKVIEW PLACE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	TX	N/A									_
1110 AVENUE N STREET HUNTSVILLE, TX 77340 36-4725509												

Form 990, Schedule R, Part	III - Identification o		d Organizatio	ns Taxable as	a Partnersh	nip	ı		I	l	ı	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h Disprop allocat	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) Gener or Manag Partne	ng Percentag ownership	
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	LA	N/A									
611 S BONNER ST RUSTON, LA 712705063 36-4753221												
HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
104 ASH BRANCH ROAD PEMBROKE, GA 31321 82-1579414												
HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	TX	N/A									
701 MCANEAR ST CLEBURNE, TX 760335261 82-2858680												
SENIOR HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
45 CATHEDRAL LANE CUYAHOGA FALLS, OH 442231657 47-5586184												
HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	TX	N/A									
1915 N WHARTON RD EL CAMPO, TX 774372312 38-3897774												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
711 BELROCK AVE BELPRE, OH 457142147 20-4063688												
HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
419 N ST CLAIR ST TOLEDO, OH 436041562 26-2062189												
ASSOCIATES LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	NY	N/A									
7210 WILLIAMS RD NIAGARA FALLS, NY 143043735 20-2518262												
SENIOR HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
500 SECOND STREET PORTSMOUTH, OH 45662 90-1033802												
DIVIDEND HOUSING	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A									
36500 BIBBINS STREET ROMULUS, MI 48174 42-1674512												
ROOSEVELT TOWNE APARTMENTS LLC	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
711 N EUCLID AVE ST LOUIS, MO 631081632 13-4242467	DENITAL ACTIVITY TO		NI/A									
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
SAN ANTONIO, TX 782383401 31-1592980 SANDSTONE FOOTHILLS SENIOR		TX	N/A									
HOUSING LIMITED PARTNERSHIP 402 BRAZOS DR	LOW INCOME FAMILIES/SENIORS											
MINERAL WELLS, TX 760674775 83-1639448	RENTAL ACTIVITY FOR	ОН	N/A									
LIMITED PARTNERSHIP SE	LOW INCOME FAMILIES/SENIORS		,									
20-2907605 SHARPSBURG TOWERS SENIOR HOUSING LIMITED	RENTAL ACTIVITY FOR LOW INCOME	PA	N/A									
601 MAIN ST	FAMILIES/SENIORS											
PITTSBURGH, PA 152152251 82-3943005												

Form 990, Schedule R, Part	III - Identification o	1	d Organizatio	ons Taxable as	a Partnersh	nip	ı		1	<i>t</i> :	:>	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets		rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen o Mana Part	j) neral or aging ner?	(k) Percentage ownership
SISTER'S COURT SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A	312-314)			Yes	No		Yes	No	
222 EAST 37TH STREET SAVANNAH, GA 31401 47-1018122												
SOLBERG WIN LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	MI	N/A									
27787 DEQUINDRE RD MADISON HEIGHTS, MI 48071 42-1674495												
SPRAGUE SENIOR HOUSING LIMITED PARTNERSHIP 14303 E SPRAGUE AVE	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	WA	N/A									
SPOKANE, WA 992163121 91-2123013 STYGLER VILLAGE SENIOR	RENTAL ACTIVITY FOR	ОН	N/A									
HOUSING LIMITED PARTNERSHIP	LOW INCOME FAMILIES/SENIORS	On										
140 IMPERIAL DR GAHANNA, OH 432302423 81-3540923												
HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	AZ	N/A									
199 W GRAY DR SUPERIOR, AZ 85173 26-2084830												
TELFAIR ARMS SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
17 EAST PARK AVENUE SAVANNAH, GA 31401 47-5656342												
THE COMMONS AT BUCKINGHAM HOUSING LIMITED PARTNERSHIP	LOW INCOME FAMILIES/SENIORS	ОН	N/A									
328 BUCKINGHAM STREET COLUMBUS, OH 43215 26-0223422												
THE COMMONS AT GARDEN LAKE HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
1065 GARDEN LAKE PKWY TOLEDO, OH 436149998 80-0954419												
THE COMMONS AT GRANT LIMITED PARTNERSHIP 398 S GRANT AVE	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
COLUMBUS, OH 432155549 31-1797406 THE COMMONS AT IMPERIAL HOUSING I LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
355 PEACHTREE ST NE ATLANTA, GA 30308 45-2525693												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
3349 EAST LIVINGSTON AVE COLUMBUS, OH 43227 26-4416286												
THE COMMONS AT LIVINGSTON II HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
3349 E LIVINGSTON AVENUE COLUMBUS, OH 43227 35-2444785												
THE COMMONS AT SOUTH CUMMINSVILLE HOUSING LIMITED PARTNERSHIP	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												
	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
301 CLARK ST MIDDLETOWN, OH 450428158 26-0072500												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership **(j)** General (e) (g) Share of end-Legal Predominant Disproprtionate (k) (b) Code V-UBI amount in or Direct Share of total Domicile allocations? Percentage Name, address, and EIN of Primary activity income(related, Managing (State Controlling income of-year assets Box 20 of Schedule ownership related organization unrelated, Entity K-1 Partner? excluded from Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No TRINITY PLACE SENIOR HOUSING RENTAL ACTIVITY FOR ΤX N/A LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 1203 CUSHING DRIVE ROUND ROCK, TX 78664 84-2966915 TRINITY TOWERS LIMITED RENTAL ACTIVITY FOR GΑ N/A PARTNERSHIP LP LOW INCOME FAMILIES/SENIORS 2611 SPRINGDALE RD SW ATLANTA, GA 303157137 52-2405847 TRUE LIGHT HAVEN SENIOR RENTAL ACTIVITY FOR GΑ N/A HOUSING LIMITED PARTNERSHIP LOW INCOME AMILIES/SENIORS 295 PENELOPE DRIVE NW ATLANTA, GA 30314 82-1587769 TSCHIRLEY II SENIOR HOUSING RENTAL ACTIVITY FOR WA N/A LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 107 S TSCHIRLEY RD GREENACRES, WA 990169317 81-0636765 TSCHIRLEY SENIOR HOUSING RENTAL ACTIVITY FOR WA N/A LOW INCOME LIMITED PARTNERSHIP FAMILIES/SENIORS 111 S TSCHIRLEY RD GREENACRES, WA 990169342 91-2177168 VALLEY BRIDGE SENIOR RENTAL ACTIVITY FOR N/A HOUSING LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 5351 NEBRASKA AVENUE TOLEDO, OH 43615 81-3716484 VANDERBILT SENIOR HOUSING RENTAL ACTIVITY FOR N/A NC LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 75 HAYWOOD STREET ASHEVILLE, NC 288012846 20-2635801 VIEWPOINT SENIOR HOUSING RENTAL ACTIVITY FOR ОН N/A LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 215 EAST SHORELINE DRIVE SANDUSKY, OH 44870 20-2471408 VILLA ESPERANZA APARTMENTS RENTAL ACTIVITY FOR ОН N/A LIMITED PARTNERSHIP SE LOW INCOME FAMILIES/SENIORS ADMINISTRATION BOX 111 ST 35 BI 00.2 CAROLINA, PR 009830000 20-2907561 VILLA PROVIDENCIA RENTAL ACTIVITY FOR ОН N/A APARTMENTS LIMITED LOW INCOME PARTNERSHIP SE FAMILIES/SENIORS 350 CARR 837 GUAYNABO, PR 009696238 20-2907579 VISION CENTER II LIMITED RENTAL ACTIVITY FOR ОН N/A **PARTNERSHIP** LOW INCOME FAMILIES/SENIORS 3400 VISION CENTER COURT COLUMBUS, OH 432272262 31-1364056 WAGGONER SENIOR HOUSING RENTAL ACTIVITY FOR ОН N/A LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 831 ACORN GROVE DR BLACKLICK, OH 430045044 31-1812222 WAGGONER WOODS LIMITED RENTAL ACTIVITY FOR OH N/A LOW INCOME PARTNERSHIP AMILIES/SENIORS 751 CHESTNUT GROVE DR BLACKLICK, OH 430045024 31-1808115 WAPAKONETA VILLAGE SENIOR RENTAL ACTIVITY FOR ОН N/A HOUSING LIMITED PARTNERSHIP LOW INCOME FAMILIES/SENIORS 218 EASTOWN DR WAPAKONETA, OH 458951786 WAYNE WIN LIMITED DIVIDEND RENTAL ACTIVITY FOR МТ N/A HOUSING ASSOCIATION LIMITED LOW INCOME PARTNERSHIP FAMILIES/SENIORS 35200 SIMS WAYNE, MI 48184 42-1674508

(h) (e) (d) General Legal (g) Disproprtionate (k) (a) (b) Predominant Share of total Share of end-Domicile Direct or allocations? Code V-UBI amount in | Managing | Percentage Primary activity Name, address, and EIN of income(related, (State Controlling of-year assets income ownership Box 20 of Schedule K-1 Partner? related organization unrelated,

(j)

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

WESTERVILLE SENIOR HOUSING RENTAL ACTIVITY FOR

LOW INCOME FAMILIES/SENIORS

LOW INCOME FAMILIES/SENIORS

LOW INCOME FAMILIES/SENIORS

RENTAL ACTIVITY FOR

RENTAL ACTIVITY FOR

LIMITED PARTNERSHIP

630 SOUTH SUNBURY RD WESTERVILLE, OH 430819344

LIMITED PARTNERSHIP

851 COUNTRY CLUB RD WHITEHALL, OH 432132442

LIMITED PARTNERSHIP

111 N CHAPEL AVE ALHAMBRA, CA 918013565

WHITEHALL SENIOR HOUSING

WYSONG VILLAGE APARTMENTS

45-0470538

31-1592973

20-2869668

(c)

ОН

ОН

ОН

IN/A

N/A

N/A

	Foreign Country)		excluded from tax under sections 512-514)				(Form 1065)	raiti		
			512-514)		Yes	No		Yes	No	
WESTERVILLE SENIOR HOUSING RENTAL ACTIVITY FOR	ОН	N/A								

				· ·		Yes	No	Yes	No	
WESTERVILLE SENIOR HOUSING	RENTAL ACTIVITY FOR	ОН	N/A							
II LLC	LOW INCOME									
	FAMILIES/SENIORS									
622 SOUTH SUNBURY ROAD										
WESTERVILLE, OH 43081										
20-2489049										

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (f) (g) (h) (i) Name, address, and EIN of Direct controlling Primary activity Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity (C corp, S corp, income ownership (b)(13)year (state or foreign controlled or trust) assets entity? country) Yes No CHANTRY PLACE HOUSING INC RENTAL ACTIVITY FOR ОН N/A No 5500 MILLERSFIELD DRIVE SENIORS/FAMILIES COLUMBUS, OH 432327764 20-1891592 COUNTRY RIDGE APARTMENTS INC RENTAL ACTIVITY FOR ОН N/A lc No 5656 FARMHOUSE LANE SENIORS/FAMILIES HILLIARD, OH 430267846 31-1504166 HARVARD SCHOOL INC RENTAL ACTIVITY FOR ОН N/A No 6900 HARVARD AVE SENIORS/FAMILIES CLEVELAND, OH 441055016 31-1740172 HILLTOP II SENIOR HOUSING INC RENTAL ACTIVITY FOR N/A ОН No 3630 MOORES TRAIL RD SENIORS/FAMILIES COLUMBUS, OH 432284345 02-0633437 HILLTOP SENIOR HOUSING INC RENTAL ACTIVITY FOR ОН N/A lc. No SENIORS/FAMILIES 300 OVERSTREET WAY COLUMBUS, OH 432284335 31-1592982 NATIONAL CHURCH RESIDENCES AT SISTER'S RENTAL ACTIVITY FOR GΑ N/A c No COURT LLC SENIORS/FAMILIES 222 EAST 37TH STREET SAVANNAH, GA 31401 46-2609217 NATIONAL CHURCH RESIDENCES LANDINGS RENTAL ACTIVITY FOR FL N/A No PORT RICHEY FL LLC SENIORS/FAMILIES 5852 SEA FOREST DR NEW PORT RICHEY, FL 346522049 46-5439904 NATIONAL CHURCH RESIDENCES OF ABBEY RENTAL ACTIVITY FOR N/A OH No CHURCH VILLAGE LLC SENIORS/FAMILIES 6003 ABBEY CHAPEL DR DUBLIN, OH 430171529 81-2524615 NATIONAL CHURCH RESIDENCES OF RENTAL ACTIVITY FOR ОН N/A No ARLINGTON BY THE LAKE LLC SENIORS/FAMILIES 2101 ARLINGTON AVE TOLEDO, OH 436091979 46-1592285 RENTAL ACTIVITY FOR NATIONAL CHURCH RESIDENCES OF N/A No OH AVONDALE WOODS II LLC SENIORS/FAMILIES 5215 AVERY ROAD DUBLIN, OH 43016 46-4279266 NATIONAL CHURCH RESIDENCES OF RENTAL ACTIVITY FOR TX N/A No SENIORS/FAMILIES BALCONES HAUS LLC 246 LOMA VISTA NEW BRAUNFELS, TX 781307034 81-3901111 NATIONAL CHURCH RESIDENCES OF RENTAL ACTIVITY FOR ОН N/A c No BARNESVILLE MANOR LLC SENIORS/FAMILIES 485 NORTH ST BARNESVILLE, OH 437131105 82-2833701 NATIONAL CHURCH RESIDENCES OF RENTAL ACTIVITY FOR ОН N/A No BRIDGEPORT MANOR LLC SENIORS/FAMILIES 1 GOULD PARK RD BRIDGEPORT, OH 439121089 82-2956996 NATIONAL CHURCH RESIDENCES OF RENTAL ACTIVITY FOR ОН N/A No BROADWAY PARK LLC SENIORS/FAMILIES 353 BROADWAY AVE YOUNGSTOWN, OH 445041559 82-3013954

ΜI

N/A

No

NATIONAL CHURCH RESIDENCES OF CANTON RENTAL ACTIVITY FOR

SENIORS/FAMILIES

PLACE LLC

46-2185377

44505 FORD RD CANTON, MI 481875034 Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (g) (h) Name, address, and EIN of Primary activity Direct controlling Type of entity Share of total Share of end-of-Section 512 Legal Percentage domicile related organization entity (C corp, S corp, income year ownership (b)(13)(state or foreign or trust) controlled assets country) entity? Yes No NATIONAL CHURCH RESIDENCES OF CAPITOL RENTAL ACTIVITY FOR MD N/A lc No HEIGHTS SENIOR HOUSING LLC SENIORS/FAMILIES 505 SUFFOLK AVE CAPITOL HEIGHTS, MD 207433000 46-1306846 NATIONAL CHURCH RESIDENCES OF CLARK RENTAL ACTIVITY FOR ΜI N/A Nο EAST LLC SENIORS/FAMILIES 1550 EAST CLARK RD YPSILANTI, MI 481983185 47-3532391 NATIONAL CHURCH RESIDENCES OF RENTAL ACTIVITY FOR ΜI N/A No COLUMBIA COURT LLC SENIORS/FAMILIES 275 WEST COLUMBIA AVE BELLEVILLE, MI 481113901 46-2196035 NATIONAL CHURCH RESIDENCES OF CRANE'S RENTAL ACTIVITY FOR N/A ОН No LANDING LLC SENIORS/FAMILIES 3315 MAYO STREET TOLEDO, OH 43608 82-3953761 NATIONAL CHURCH RESIDENCES OF RENTAL ACTIVITY FOR МО N/A No FRIENDSHIP MANOR LLC SENIORS/FAMILIES 917 NW SUMMIT DRIVE BLUE SPRINGS, MO 64015 46-1094279 NATIONAL CHURCH RESIDENCES OF INDIAN RENTAL ACTIVITY FOR ОН N/A No LAKE VILLA LLC SENIORS/FAMILIES 601 LINCOLN BLVD RUSSELLS POINT, OH 43348 47-4662981 NATIONAL CHURCH RESIDENCES OF RENTAL ACTIVITY FOR ОН N/A No MAYFLOWER LLC SENIORS/FAMILIES 424 GROSVENOR AVENUE NW MASSILLON, OH 44647 84-3088813 NATIONAL CHURCH RESIDENCES OF RENTAL ACTIVITY FOR ΤX N/A No MORNING STAR LLC SENIORS/FAMILIES 1520 BARFIELD RD WHARTON, TX 774885940 84-2247971 NATIONAL CHURCH RESIDENCES OF MOUNT RENTAL ACTIVITY FOR WI N/A lc No PLEASANT MANOR LLC SENIORS/FAMILIES 2250 LAYARD AVE

RACINE, WI 534042043

PARKSIDE MANOR LLC

1306 BROOKLINE BLVD PITTSBURGH, PA 152261961

104 ASH BRANCH ROAD PEMBROKE, GA 31321

45 CATHEDRAL LANE

1915 N WHARTON RD EL CAMPO, TX 774372312

500 SECOND STREET PORTSMOUTH, OH 45662

PEMBROKE GA LLC

NESHANNOCK WOODS LLC

209 CAMBRIDGE ST UNIT 601 NEW CASTLE, PA 161051053

NATIONAL CHURCH RESIDENCES OF

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NATIONAL CHURCH RESIDENCES OF

NATIONAL CHURCH RESIDENCES OF

CUYAHOGA FALLS, OH 442231657

VILLAGE SENIOR HOUSING LLC

RIVERVIEW RETIREMENT LLC

NATIONAL CHURCH RESIDENCES OF

NATIONAL CHURCH RESIDENCES OF PRAIRIE RENTAL ACTIVITY FOR

PORTAGE TRAIL VILLAGE LLC

RENTAL ACTIVITY FOR

RENTAL ACTIVITY FOR

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SENIORS/FAMILIES

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No

No

No

82-2231609

81-4329517

47-1165539

84-2378572

47-5581776

46-1942715

47-3885174

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