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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ST MARY DEVELOPMENT CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
2160 E FIFTH STREET

City or town, state or province, country, and ZIP or foreign postal code
DAYTON, OH 45403

D Employer identification number
31-1275208

E Telephone number
(937) 277-8149

G Gross receipts $ 3,788,474

F Name and address of principal officer:
TIMOTHY BETE
2160 E FIFTH STREET
DAYTON, OH 45403

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.STMARYDEVELOPMENT.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1989

M State of legal domicile: OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
CREATE LASTING, AFFORDABLE HOUSING SOLUTIONS IN SOUTHWEST OHIO AND VARIOUS STATES THROUGH REAL ESTATE DEVELOPMENT AND MANAGEMENT, RESIDENT SERVICES AND FUNDRAISING, AND COMMUNITY DEVELOPMENT.

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	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	887,581	987,701
	9	Program service revenue (Part VIII, line 2g)	1,733,277	2,380,720
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	154,790	416,453
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,141	-11,521
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,774,507	3,773,353
Expenses	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)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,083,154	1,069,911
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶186,290		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,486,930	1,928,567
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,570,084	2,998,478
	19	Revenue less expenses. Subtract line 18 from line 12	204,423	774,875
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	24,502,545	25,798,835
	21	Total liabilities (Part X, line 26)	12,755,165	13,236,401
	22	Net assets or fund balances. Subtract line 21 from line 20	11,747,380	12,562,434

Part II 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.

Sign Here

****** 2020-11-13
Signature of officer Date

TIMOTHY BETE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00013094
Firm's name ▶ FLAGEL HUBER FLAGEL			Firm's EIN ▶ 31-0796034	
Firm's address ▶ 3400 SOUTH DIXIE DRIVE DAYTON, OH 45439			Phone no. (937) 299-3400	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CREATE LASTING, AFFORDABLE HOUSING SOLUTIONS IN SOUTHWEST OHIO AND VARIOUS STATES THROUGH REAL ESTATE DEVELOPMENT AND MANAGEMENT, RESIDENT SERVICES AND FUNDRAISING, AND COMMUNITY DEVELOPMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 413,773 including grants of $) (Revenue $ 167,179)

See Additional Data

4b (Code:) (Expenses $ 1,195,544 including grants of $) (Revenue $ 330,455)

See Additional Data

4c (Code:) (Expenses $ 539,999 including grants of $) (Revenue $ 1,643,170)

See Additional Data

(Code:) (Expenses $ 249,726 including grants of $) (Revenue $ 243,094)

VARIOUS ADDITIONAL PROGRAMS AIMED AT REVITILIZATION AND ECONOMIC DEVELOPMENT OF TARGET NEIGHBORHOODS IN THE DAYTON COMMUNITY.

4d Other program services (Describe in Schedule O.)

(Expenses $ 249,726 including grants of $) (Revenue $ 243,094)

4e **Total program service expenses** ▶ 2,399,042

Part IV 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*	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? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	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*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
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
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	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
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*(see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	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
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 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
27	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? *If "Yes," complete Schedule L,*Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	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
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	41			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

Part V **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 **2a** 17			
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**		No
3a	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**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No
c	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).**			
a	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 **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No
f	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.**			
a	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
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. **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments?*If "No," provide an explanation in Schedule O* . .	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.	**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

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

Section 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	8		
	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	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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			No
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	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

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ OH

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:
▶THE ORGANIZATION 2160 E FIFTH STREET DAYTON, OH 45403 (937) 277-8149

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BRETT HENRY BOARD OF DIRECTORS	0.00	X						0	0	0
(2) SHARI ROGERS BOARD OF DIRECTORS	0.00	X						0	0	0
(3) CAROL GAEKE BOARD OF DIRECTORS	0.00	X						0	0	0
(4) GLENN CHARLES GUNLOCK BOARD OF DIRECTORS	0.00	X						0	0	0
(5) DAN ABRAHAMOWICZ BOARD OF DIRECTORS	0.00	X						0	0	0
(6) KRISTINA LEWIS BOARD OF DIRECTORS	0.00	X						0	0	0
(7) AUSTIN TYLER LEE RAINS BOARD OF DIRECTORS	0.00	X						0	0	0
(8) JACK KUKURA BOARD OF DIRECTORS	0.00	X						0	0	0
(9) TIMOTHY BETE PRESIDENT/TREASURER	40.00			X				123,573	0	24,962
(10) BARBARA PROSSER CHIEF FINANCIAL OFFICER	40.00			X				107,733	0	19,659
(11) WESLEY YOUNG VICE PRESIDENT/SECRETARY	40.00			X				114,000	0	20,132

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

1b Sub-Total . . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . . ▶	345,306	0	64,753

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	655,701				
f All other contributions, gifts, grants, and similar amounts not included above	1f	332,000				
g Noncash contributions included in lines 1a - 1f: $	1g					
h **Total.** Add lines 1a-1f ▶			987,701			
Program Service Revenue	Business Code					
2a LOW INC DEVELOPER FEES	531390		1,643,170	1,643,170		
b SENIOR HOUSING	531390		327,277	327,277		
c LOW INC HOUSING MGMT	531310		243,094	243,094		
d OUTREACH SERVICES	624100		167,179	167,179		
e						
f All other program service revenue.						
g **Total.** Add lines 2a–2f. ▶	2,380,720					
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			413,275			413,275
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6a Gross rents	6a 3,600					
b Less: rental expenses	6b 15,121					
c Rental income or (loss)	6c -11,521					
d Net rental income or (loss) ▶			-11,521			-11,521
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a 3,178					
b Less: cost or other basis and sales expenses	7b 0					
c Gain or (loss)	7c 3,178					
d Net gain or (loss) ▶			3,178	3,178		
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶						
12 **Total revenue.** See instructions ▶			3,773,353	2,383,898	0	401,754

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 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	410,059	290,914	111,718	7,427
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	394,903	333,332	9,930	51,641
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	29,593	24,979	744	3,870
9 Other employee benefits	150,212	126,792	3,777	19,643
10 Payroll taxes	85,144	71,869	2,141	11,134
11 Fees for services (non-employees):				
a Management	138,529	138,529		
b Legal	38,290	34,284		4,006
c Accounting	82,155	3,910	77,944	301
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,847	2,779	3,068	
12 Advertising and promotion	16,930			16,930
13 Office expenses	69,102	40,271	22,593	6,238
14 Information technology	82,495	5,648	72,845	4,002
15 Royalties				
16 Occupancy	187,263	158,075	29,188	
17 Travel	50,509	38,910	8,410	3,189
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	311	311		
20 Interest	366,640	366,640		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	233,003	228,819	3,748	436
23 Insurance	67,795	17,137	50,658	
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 ALLOWANCE FOR UNCOLLECT	311,742	311,742		
b DEVELOPMENT COSTS	111,976	111,976		
c PROGRAM EXPENSE	96,895	70,915	272	25,708
d DUES & SUBSCRIPTIONS	33,098	19,774	12,153	1,171
e All other expenses	35,987	1,436	3,957	30,594
25 **Total functional expenses.** Add lines 1 through 24e	2,998,478	2,399,042	413,146	186,290
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		170,158	1	223,257
	2	Savings and temporary cash investments		2,792,205	2	3,558,181
	3	Pledges and grants receivable, net		20,000	3	4,300
	4	Accounts receivable, net		2,155,378	4	2,531,960
	5	Loans and other 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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		10,095,591	7	10,239,251
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		15,900	9	46,977
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,413,331			
	b	Less: accumulated depreciation	10b 2,054,337	4,587,113	10c	4,358,994
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		2,518,127	12	2,364,561
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,148,073	15	2,471,354
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		24,502,545	16	25,798,835
Liabilities	17	Accounts payable and accrued expenses		217,545	17	195,423
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other 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			22	
	23	Secured mortgages and notes payable to unrelated third parties		10,976,273	23	10,945,549
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1,561,347	25	2,095,429
	26	**Total liabilities.** Add lines 17 through 25		12,755,165	26	13,236,401
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		10,762,539	27	11,498,876
	28	Net assets with donor restrictions		984,841	28	1,063,558
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		11,747,380	32	12,562,434
	33	Total liabilities and net assets/fund balances		24,502,545	33	25,798,835

Part XI Reconciliation 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	3,773,353
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,998,478
3	Revenue less expenses. Subtract line 2 from line 1	3	774,875
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,747,380
5	Net unrealized gains (losses) on investments	5	40,179
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	12,562,434

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
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 on a separate basis, consolidated basis, or both: ☐ 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 basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 31-1275208
Name: ST MARY DEVELOPMENT CORPORATION

Form 990 (2019)

Form 990, Part III, Line 4a:

RESIDENT SERVICES/FUNDRAISING - TO PROVIDE SERVICES TO AGING RESIDENTS TO ALLOW THEM TO MAINTAIN LIVING IN THEIR HOMES LONGER.

Form 990, Part III, Line 4b:

SENIOR HOUSING - ASSIST AND PROVIDE OVERSIGHT FOR OWNED AFFORDABLE PROJECTS.

Form 990, Part III, Line 4c:

REAL ESTATE/COMMUNITY DEVELOPMENT - GENERAL SUPPORT FOR NEIGHBORHOOD PROGRAMS TO IMPROVE ECONOMIC, HOUSING AND EDUCATIONAL CONDITIONS OF THE COMMUNITY IN VARIOUS MARKETS OUTLINED IN OUR ARTICLES OF INCORPORATION.

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ST MARY DEVELOPMENT CORPORATION

Employer identification number
31-1275208

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☑ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

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 grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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

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.") .	596,338	669,527	710,434	887,581	987,701	3,851,581
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	2,315,496	2,964,648	2,162,828	1,733,277	2,380,720	11,556,969
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	2,911,834	3,634,175	2,873,262	2,620,858	3,368,421	15,408,550
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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.						0
c Add lines 7a and 7b. .						0
8 **Public support.** (Subtract line 7c from line 6.)						15,408,550

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .	2,911,834	3,634,175	2,873,262	2,620,858	3,368,421	15,408,550
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	519,569	353,659	355,402	280,379	416,689	1,925,698
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	519,569	353,659	355,402	280,379	416,689	1,925,698
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .	8,774	6,441				15,215
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	3,440,177	3,994,275	3,228,664	2,901,237	3,785,110	17,349,463

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	88.810 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	86.610 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	11.100 %
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	13.240 %

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**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		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as 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		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	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.***	9c		
10a	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," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section 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 supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**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**		

Section 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 instructions)**:

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***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.**

			Yes	No
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	**Current Year**
1 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	
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 (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			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a 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.			
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.			
d Excess from 2018.			
e Excess from 2019.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS - 2015 AMOUNT: $ 8,774. 2016 AMOUNT: $ 6,441.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ST MARY DEVELOPMENT CORPORATION

Employer identification number
31-1275208

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V **Endowment Funds.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		164,212		164,212
b Buildings		5,636,407	1,519,569	4,116,838
c Leasehold improvements		456,890	392,658	64,232
d Equipment		155,822	142,110	13,712
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				4,358,994

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	1,818,955	C
(3) Other		
(A) INVESTMENTS - OTHER	545,606	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	2,364,561	

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, 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, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)REHABILITATIONS IN PROCESS	378,131
(2)INTEREST RECEIVABLE	2,093,223
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	2,471,354

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	2,095,429

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	3,828,653
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	40,179		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	15,121		
e	Add lines **2a** through **2d**			2e	55,300
3	Subtract line **2e** from line **1**			3	3,773,353
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	3,773,353

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	3,013,599
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	15,121		
e	Add lines **2a** through **2d**			2e	15,121
3	Subtract line **2e** from line **1**			3	2,998,478
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	2,998,478

Part XIII **Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 31-1275208
Name: ST MARY DEVELOPMENT CORPORATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION DETERMINES THE RECOGNITION OF UNCERTAIN TAX POSITIONS, IF APPLICABLE, THA T MAY SUBJECT THE ORGANIZATION TO INCOME TAXES BY APPLYING A MORE-LIKELY-THAN-NOT RECOGNIT ION THRESHOLD AND DETERMINES THE MEASUREMENT OF UNCERTAIN TAX POSITIONS CONSIDERING THE AM OUNTS AND PROBABILITIES OF THE OUTCOMES THAT COULD BE REALIZED UPON ULTIMATE SETTLEMENT WI TH TAX AUTHORITIES. THE ORGANIZATION HAS NO TAX POSITIONS WHICH MUST BE CONSIDERED FOR DIS CLOSURE. THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE YEARS PRIOR TO 2016.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENT EXPENSES RECLASSIFIED ON FORM 990 15,121.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENT EXPENSES RECLASSIFIED ON FORM 990 15,121.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ST MARY DEVELOPMENT CORPORATION

Employer identification number
31-1275208

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE TAX RETURN WILL BE PROVIDED TO BOARD MEMBERS PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE. IT WILL BE REVIEWED BY THE PRESIDENT PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, TRUSTEES, DIRECTORS, OFFICERS AND KEY EMPLOYEES MUST REVIEW THE CONFLI CT OF INTEREST POLICY AND PROVIDE THEIR SIGNATURES INDICATING THAT THEY HAVE REVIEWED IT. THEY MUST ALSO DISCLOSE ANY CONFLICTS AT THAT TIME.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT'S COMPENSATION WAS DETERMINED BY THE BOARD OF DIRECTORS BY REVIEWING COMPARA BLE SALARIES IN THE INDUSTRY. THE OFFICERS AND KEY EMPLOYEES' RAISES/COMPENSATION ARE DETE RMINED BY THE PRESIDENT AND MANAGERS IN ACCORDANCE WITH THE APPROVED BUDGET.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 12, PART X11, LINE 2C	THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ST MARY DEVELOPMENT CORPORATION

Employer identification number
31-1275208

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HC RE GROUP LLC 2160 E FIFTH STREET DAYTON, OH 45403 31-1636017	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	-186,997	3,328,739	ST MARY DEVELOPMENT CORPORATION
(2) CARMEL HEIGHTS HOMES LLC--USES ST MARY DEV CORP EIN 2160 E FIFTH STREET DAYTON, OH 45403 31-1275208	MANAGEMENT OF LOW-INCOME HOUSING	OH	0	0	ST MARY DEVELOPMENT CORPORATION
(3) MG APARTMENTS LLC 2160 E FIFTH STREET DAYTON, OH 45403 45-2507858	MANAGEMENT OF LOW-INCOME HOUSING	OH	-46,718	1,136,293	ST MARY DEVELOPMENT CORPORATION
(4) ST MARY DEVELOPMENT TN NONPROFIT LLC 2160 E FIFTH STREET DAYTON, OH 45403 47-2836342	MANAGEMENT OF LOW-INCOME HOUSING	TN	0	0	ST MARY DEVELOPMENT CORPORATION

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)LYONS PLACE 2160 E FIFTH STREET DAYTON, OH 45403 20-4300133	PROVIDE ELDERLY AND HANDICAPPED PERSONS WITH HOUSING FACILITIES AND SERVICES	OH	501(C)(3)	509(A)(2)	ST MARY DEVELOPMENT CORPORATION		No
(2)LYONS PLACE II 2160 E FIFTH STREET DAYTON, OH 45403 26-2670826	PROVIDE ELDERLY AND HANDICAPPED PERSONS WITH HOUSING FACILITIES AND SERVICES	OH	501(C)(3)	509(A)(2)	ST MARY DEVELOPMENT CORPORATION		No
(3)ST MARY CONDOMINIUM OWNERS ASSOCIATION 2160 E FIFTH STREET DAYTON, OH 45403 20-8175771	CODOMINIUM ASSOCIATION FOR SENIORS	OH	528	N/A	HC RE GROUP LLC		No

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

(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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b 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		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 31-1275208
Name: ST MARY DEVELOPMENT CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LOFTS AT HOOVER LLC 713 W GRAND AVE DAYTON, OH 45406 20-3537602	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
SUNLIGHT HOMES LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 20-1498478	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
WASHINGTON SQUARE HOMES LLC 713 W GRAND AVE DAYTON, OH 45406 20-3167869	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
INDIAN TRACE LIMITED PARTNERSHIP 9349 WATERSTONE BLVD CINCINNATI, OH 45249 31-1475001	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED	-617	19,727		No		Yes		
JEFFERSON RESIDENCE LIMITED PARTNERSHIP 713 W GRAND AVE DAYTON, OH 45406 30-0158511	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
LYONS PLACE LIMITED PARTNERSHIP 2160 E FIFTH STREET DAYTON, OH 45403 20-4648121	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
LYONS PLACE II LIMITED PARTNERSHIP 2160 E FIFTH STREET DAYTON, OH 45403 26-2670919	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
STONEY RIDGE ESTATES 9349 WATERSTONE BLVD CINCINNATI, OH 45249 20-5772035	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
TWIN TOWERS CROSSING LTD 2160 E FIFTH STREET DAYTON, OH 45403 26-2258220	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
TWIN TOWERS PLACE II LLC 2160 E FIFTH STREET DAYTON, OH 45403 26-0776938	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
EATON SENIOR VILLAGE LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 26-3012758	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
NEW STRATFORD LTD 2160 E FIFTH STREET DAYTON, OH 45403 20-0285797	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
TWIN TOWERS CROSSING II LLC 2160 E FIFTH STREET DAYTON, OH 45403 45-5296385	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
WASHINGTON STREET SENIOR RESIDENCES LLC 2160 E FIFTH STREET DAYTON, OH 45403 90-0807689	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	IN	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
CARRIAGE TRAILS SENIOR VILLAGE LLC 2160 E FIFTH STREET DAYTON, OH 45403 27-3359481	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
DEER RUN APARTMENTS II LLC 2160 E FIFTH STREET DAYTON, OH 45403 27-2203554	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	IN	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
HAMBURG SENIOR RESIDENCE LLC 2160 E FIFTH STREET DAYTON, OH 45403 27-3359232	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	KY	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
PHEASANT RUN LP 2160 E FIFTH STREET DAYTON, OH 45403 55-0801798	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
WASHINGTON SQUARE HOMES II LLC 2160 E FIFTH STREET DAYTON, OH 45403 27-0640466	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
ROOSEVELT HOMES LLC 2160 E FIFTH STREET DAYTON, OH 45403 45-1810723	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
RESERVE AT SPENCER LLC 2160 E FIFTH STREET DAYTON, OH 45403 46-4175731	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
MORTON SENIOR RESIDENCE LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 30-0842526	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
THE RESERVE AT MONROE CROSSINGS LP 3445 NEWMARK DRIVE MIAMISBURG, OH 45342 54-2132935	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
ROOSEVELT HOMES II LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 47-0991983	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
4TH AVENUE LOFTS LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 81-0709904	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	IA	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
BURKETT PLACE LP 9349 WATERSTONE BLVD CINCINNATI, OH 45249 47-2393548	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
CARRIAGE TRAILS SENIOR VILLAGE II LLC 2160 E FIFTH STREET DAYTON, OH 45403 81-2969859	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
CENTERVILLE SENIOR LOFTS LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 47-2421070	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	IA	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
HARRISON LOFTS LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 81-0698061	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	IA	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
IRVIN COBB LIMITED PARTNERSHIP 2160 E FIFTH STREET DAYTON, OH 45403 82-1493041	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	KY	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
KEOKUK SENIOR LOFTS LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 47-2432464	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	IA	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
RESERVE AT EDISON HILL LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 47-3712149	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	WV	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
RESIDENCES AT EAGLES POINT LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 47-1027839	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
RIVERSIDE SENIOR LOFTS LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 81-3320504	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
SOUTHRIDGE SENIOR LOFTS LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 47-2380829	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	IA	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
SMDC JV LLC 2160 E FIFTH STREET DAYTON, OH 45403 82-1698895	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
CYPRESS LOFTS LLC 9100 CENTRE POINTE DRIVE STE 210 WEST CHESTER, OH 45069 81-4176117	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	IA	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
MCBRIDE PLACE 2160 E FIFTH STREET DAYTON, OH 45403 83-0790854	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
GALENA ESTATES 2160 E FIFTH STREET DAYTON, OH 45403 46-5398397	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
RIVERWORKS LOFTS 2160 E FIFTH STREET DAYTON, OH 45403 83-0753093	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	No
EATON SENIOR VILLAGE MANAGER INC 713 W GRAND AVE DAYTON, OH 45406 26-3164314	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-765	-1,205	79.000 %		No
JEFFERSON RESIDENCE GP INC 713 W GRAND AVE DAYTON, OH 45406 20-1099967	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-188	-3,287	79.000 %		No
LOFTS MANAGER INC 713 W GRAND AVE DAYTON, OH 45406 20-5358073	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-298	-3,807	100.000 %		No
MONROE CROSSINGS REAL ESTATE INC 713 W GRAND AVE DAYTON, OH 45406 20-1559134	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	442,169		100.000 %		No
PHEASANT RUN MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 90-0433076	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C		-916	100.000 %		No
SH MANAGER INC 713 W GRAND AVE DAYTON, OH 45406 20-2916372	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-94	-1,360	79.000 %		No
SHILO III AGP INC 713 W GRAND AVE DAYTON, OH 45406 20-5358049	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C			100.000 %		No
SMDC STRATFORD INC 713 W GRAND AVE DAYTON, OH 45406 20-0412938	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-305	-759	79.000 %		No
STONEY RIDGE MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 20-5888526	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-158	-2,060	100.000 %		No
WASHINGTON SQUARE MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 20-4717595	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-264	-4,050	100.000 %		No
CARRIAGE TRAILS MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 27-3651897	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-130	-1,097	100.000 %		No
TTC MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 26-3968663	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-101	-30	79.000 %		No
TWIN TOWERS MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 26-2118162	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-373	-4,564	100.000 %		No
WSH II MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 27-1211102	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-77	-401	100.000 %		No
DEER RUN MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 27-3676515	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-580	-1,351	100.000 %		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	No
HAMBURG MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 27-3676395	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-604	-1,618	100.000 %		No
ROOSEVELT HOMES MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 45-1799480	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-179	-1,212	100.000 %		No
WASHINGTON STREET SENIOR MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 45-4821573	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	IN	ST MARY DEVELOPMENT CORPORATION	C	-12	-127	100.000 %		No
TWIN TOWERS CROSSING II MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 45-5247730	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-85	-882	100.000 %		No
BURKETT PLACE MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 47-1874787	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-74	400	100.000 %		No
GALENA ESTATES MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 46-5398397	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C		498	100.000 %		No
MORTON SENIOR RESIDENCE MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 47-1425520	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-12	-12	100.000 %		No
RESERVE AT SPENCER MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 46-4483309	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-13	47,564	100.000 %		No
ROOSEVELT HOMES II MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 46-5724926	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C		142	100.000 %		No
3RD STREET LOFTS MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 81-0709192	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C		500	100.000 %		No
4TH AVENUE LOFTS MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 81-0696443	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-13	356,635	100.000 %		No
CARRIAGE TRAILS SENIOR VILLAGE II GP INC 2160 E FIFTH STREET DAYTON, OH 45403 81-3015294	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-532,486	8,977,978	90.000 %		No
CENTERVILLE SENIOR LOFTS MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 47-2974552	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-10	365,591	100.000 %		No
GRINNELL LOFTS MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 81-4156423	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C			100.000 %		No
HARRISON LOFTS MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 81-0721297	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-10	109,296	100.000 %		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	No
HICKORY HILLS MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 81-3837936	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C			100.000 %		No
KEOKUK SENIOR LOFTS MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 47-2960454	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-10	390,436	100.000 %		No
RESERVE AT EDISON HILL MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 81-3334502	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-33	557	100.000 %		No
RESIDENCES AT EAGLES POINT MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 46-5735160	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-145	-1,660	100.000 %		No
RESIDENCES OF ADMORE MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 81-2981983	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C			100.000 %		No
RIVERSIDE LOFTS MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 81-3929670	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-136	83	100.000 %		No
SOUTHRIDGE SENIOR LOFTS MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 47-2992433	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-4	446,442	100.000 %		No
STEAMBOAT VILLAGE MANAGER INC FKA UNIVERSITY LOFTS MANAGER 2160 E FIFTH STREET DAYTON, OH 45403 81-0691092	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C			100.000 %		No
CYPRESS LOFTS MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 81-4146833	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-39	486	100.000 %		No
IRVIN COBB MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 82-1477968	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C	-1,225	-727	100.000 %		No
MCBRIDE PLACE MANAGER 2160 E FIFTH STREET DAYTON, OH 45403 83-0776340	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C			100.000 %		No
RIVERWORKS LOFTS MANAGER 2160 E FIFTH STREET DAYTON, OH 45403 83-0738930	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C		1	100.000 %		No
CENTRAL AVENUE APARTMENTS 2160 E FIFTH STREET DAYTON, OH 45403 81-2545387	MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING	OH	ST MARY DEVELOPMENT CORPORATION	C			100.000 %		No