

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
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
550 S ARLINGTON ST

City or town, state or province, country, and ZIP or foreign postal code
AKRON, OH 443061740

D Employer identification number
34-1365690

E Telephone number
(330) 773-6838

F Name and address of principal officer:
CHERYL STEPHENS
550 S ARLINGTON ST
AKRON, OH 443061740

G Gross receipts \$ 4,987,361

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.EANDC.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1982 **M** State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION (EANDC) IMPROVES COMMUNITIES BY PROVIDING QUALITY AND AFFORDABLE HOUSING, COMPREHENSIVE HOMEOWNERSHIP SERVICES AND ECONOMIC DEVELOPMENT OPPORTUNITIES.

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	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	48
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-76,624
7b Net unrelated business taxable income from Form 990-T, line 39	7b	-76,623

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,124,145	2,007,147
9 Program service revenue (Part VIII, line 2g)	2,230,462	1,855,249
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-646,086	-54,148
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,708,521	3,808,248
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)	1,627,318	1,443,574
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶696		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,920,638	1,932,086
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,547,956	3,375,660
19 Revenue less expenses. Subtract line 18 from line 12	160,565	432,588

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	30,629,577	30,759,957
21 Total liabilities (Part X, line 26)	13,946,538	13,256,904
22 Net assets or fund balances. Subtract line 21 from line 20	16,683,039	17,503,053

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

Signature of officer
Date 2020-11-13

CHERYL STEPHENS PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P00078628

Firm's name ▶ CBIZ MHM LLC Firm's EIN ▶ 34-1513062

Firm's address ▶ 5450 FRANTZ ROAD SUITE 300 DUBLIN, OH 43016 Phone no. (614) 793-4501

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:

EANDC WAS ORGANIZED FOR THE PURPOSE OF ENHANCING THE COMMUNITY OF EAST AKRON AND OTHER COMMUNITIES PRIMARILY LOCATED IN SUMMIT AND STARK COUNTY OHIO BY PROVIDING AFFORDABLE HOUSING, REHABILITIATING AND IMPROVING EXISTING HOUSING, PROVIDING ECONOMIC DEVELOPMENT OPPORTUNITIES FOR LOW AND MODERATE-INCOME INDIVIDUALS AND FAMILIES, PROVIDE COUNSELING, EDUCATION, AND FINANCIAL ASSISTANCE TO POTENTIAL FIRST-TIME HOMEBUYERS.

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 \$ 1,078,351 including grants of \$) (Revenue \$ 66)
 See Additional Data

4b (Code:) (Expenses \$ 172,158 including grants of \$) (Revenue \$ 3,763)
 See Additional Data

4c (Code:) (Expenses \$ 1,759,027 including grants of \$) (Revenue \$ 1,762,205)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 271,045 including grants of \$) (Revenue \$ 80,707)

4e Total program service expenses ▶ 3,280,581

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 4a, 5a, 6a, 7a-c, 7e-f, 7g-h, 8, 9a-b, 10a-b, 11a-b, 12a-b, 13a-c, 14a-b, 15, and 16. Each question has a corresponding box for the answer.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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.
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:
CHERYL STEPHENS 550 S ARLINGTON ST AKRON, OH 443061740 (330) 773-6838

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)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNETTE GRIMES-HAMMONDS BOARD MEMBER	1.00	X						0	0	0
(2) WILLIE EDGERSON BOARD MEMBER	1.00	X						0	0	0
(3) JOHN HICKEY VICE CHAIRMAN	1.00	X		X				0	0	0
(4) BRETT KIMMELL TREASURER	1.00	X		X				0	0	0
(5) DAVID BUCHANAN BOARD CHARMAN	1.00	X		X				0	0	0
(6) SUE HOISTEN SECRETARY	1.00	X		X				0	0	0
(7) JERRY BROWN BOARD MEMBER	1.00	X						0	0	0
(8) CRYSTAL HAWKINS-HARPER BOARD MEMBER	1.00	X						0	0	0
(9) TODD DONLEY BOARD MEMBER	1.00	X						0	0	0
(10) JOSEPH GEORGE BOARD CHARMAN	1.00	X						0	0	0
(11) GREGORY PATRIDGE BOARD CHARMAN	1.00	X						0	0	0
(12) MICHAEL KELLY BOARD CHARMAN	1.00	X						0	0	0
(13) CHERYL STEPHENS PRESIDENT/CEO	40.00			X				157,668	0	0
(14) KELLY BARR VICE PRESIDENT OF OPERATIONS	40.00			X				105,277	0	0

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Total compensation: 262,945.

Table with 3 columns: Question, Yes, No. Questions 2, 3, 4, 5 regarding compensation reporting and individual details.

Section B. Independent Contractors

Table for independent contractors with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Example: MYERS APPLIANCE, 3100 STATE ROUTE 59, RAVENNA, OH 44266, APPLIANCE SUPPLIER, 511,813.

Summary row: 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.

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	1,995,149			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,998			
	g Noncash contributions included in lines 1a - 1f:\$	1g				
	h Total. Add lines 1a-1f			2,007,147		
Program Service Revenue	2a MANAGEMENT FEES	Business Code				
		531310	921,073	921,073		
	b INTEREST INCOME LIHTC	900099	441,282	441,282		
	c DEVELOPER FEE	900099	258,636	258,636		
	d MISCELLANEOUS REVENUE	900099	109,011	109,011		
	e SOCIAL SERVICES	624100	87,919	87,919		
	f All other program service revenue.		37,328	37,328		
g Total. Add lines 2a-2f.		1,855,249				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a	1,050,520			
	b Less: rental expenses	6b	1,135,652			
	c Rental income or (loss)	6c	-85,132			
	d Net rental income or (loss)			-85,132	-8,508	-76,624
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
		8a	74,445			
		b Less: direct expenses	8b	43,461		
c Net income or (loss) from fundraising events			30,984		30,984	
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			3,808,248	1,846,741	-76,624	30,984

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	262,945	262,945		
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	867,616	867,616		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	27,616	27,616		
9 Other employee benefits	183,031	183,031		
10 Payroll taxes	102,366	101,977		389
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	23,424	23,424		
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)				
12 Advertising and promotion				
13 Office expenses	78,136	78,136		
14 Information technology				
15 Royalties				
16 Occupancy	89,188	83,433	5,755	
17 Travel	31,804	31,497		307
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,294	12,294		
20 Interest	114,316	88,111	26,205	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,478	179	22,299	
23 Insurance	33,363	33,363		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT SERVICES	608,377	608,377		
b BAD DEBT	472,395	472,395		
c OUTSIDE SERVICES	239,555	239,555		
d REPAIR & MAINTENANCE	88,768	88,768		
e All other expenses	117,988	77,864	40,124	
25 Total functional expenses. Add lines 1 through 24e	3,375,660	3,280,581	94,383	696
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 <input type="checkbox"/> 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	2,534,220	1	2,181,182
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,083,051	4	2,202,054
	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	12,621,186	7	13,424,702
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,708	9	5,022
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10,309,117		
	b Less: accumulated depreciation	6,465,345		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	1,398,792	13	1,548,792
	14 Intangible assets	78,714	14	14,711
	15 Other assets. See Part IV, line 11	7,747,068	15	7,539,722
16 Total assets. Add lines 1 through 15 (must equal line 34)	30,629,577	16	30,759,957	
Liabilities	17 Accounts payable and accrued expenses	1,223,984	17	803,735
	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	12,719,302	23	12,447,743
	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	3,252	25	5,426
	26 Total liabilities. Add lines 17 through 25	13,946,538	26	13,256,904
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,789,013	27	13,221,699
	28 Net assets with donor restrictions	3,894,026	28	4,281,354
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	16,683,039	32	17,503,053
33 Total liabilities and net assets/fund balances	30,629,577	33	30,759,957	

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	3,808,248
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,375,660
3	Revenue less expenses. Subtract line 2 from line 1	3	432,588
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,683,039
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	387,426
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,503,053

Part XII Financial Statements and Reporting

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

- 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?
 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?
 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?
 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c		No
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 34-1365690

Name: EAST AKRON NEIGHBORHOOD DEVELOPMENT
CORPORATION

Form 990 (2019)

Form 990, Part III, Line 4a:

ENERGY SERVICES. ENERGY SERVICES EANDC PROVIDES FOR THE ENERGY EFFICIENCY AND IMPROVEMENT OF EXISTING HOUSING IN THE AKRON AREA BY PROVIDING A VARIETY OF PROGRAMS TO ELIGIBLE HOUSEHOLDS SUCH AS EMERGENCY HOME REPAIR, HOUSEWARMING, AND THE ELECTRIC PARTNERSHIP PROGRAMS.

Form 990, Part III, Line 4b:

COMMUNITY BUILDING AND ENGAGEMENT. EANDC PROVIDES OUTREACH WITH RESIDENTS TO BETTER INFORM THEM OF CAPITAL PROJECTS AND TO INCREASE AND IMPROVE OTHER SOCIAL SERVICES WITH A REVITALIZATION PLAN OF LOCAL AREAS.

Form 990, Part III, Line 4c:

AFFORDABLE HOUSING OPERATIONS. EANDC WAS ORGANIZED FOR THE PURPOSE OF ENHANCING THE COMMUNITY OF EAST AKRON AND OTHER COMMUNITIES PRIMARILY LOCATED IN SUMMIT AND STARK COUNTY OHIO WITH A SPECIAL EMPHASIS ON PROVIDING ECONOMIC DEVELOPMENT OPPORTUNITIES FOR LOW AND MODERATE-INCOME INDIVIDUALS AND FAMILIES. AFFORDABLE HOUSING DEVELOPMENT AND MANAGEMENT (CONT.) EANDC CURRENTLY MANAGES 373 SCATTERED SITE SINGLE FAMILY HOMES, TWO 40-UNIT SENIOR CITIZENS BUILDINGS, A 6-UNIT AND 10-UNIT APARTMENT BUILDING, A 34-UNIT AND 50-UNIT MULTIFAMILY HOUSING PROJECT, A 25-UNIT TOWNHOME AND 6UNIT APARTMENT BUILDING COMMUNITY, AND A 30-UNIT MULTIFAMILY TOWNHOME COMMUNITY IN AKRON, OHIO, WHICH ARE OWNED BY THE PROJECT ENTITIES. EANDC WORKS WITH OTHER NONPROFIT AGENCIES AND CURRENTLY MANAGES AN ADDITIONAL ONE UNIT OF AFFORDABLE HOUSING OWNED BY UNRELATED OWNERS AND 63 UNITS OWNED BY THE PROJECT ENTITIES IN WHICH EANDC IS A MINORITY OWNER OF THE MANAGING MEMBER.EANDC OBTAINS FEDERAL AND STATE GRANTS OR LOAN FUNDS FOR THE PURPOSE OF LOANING THE FUNDS TO THE PROJECT ENTITY AS "SOFTSECOND" MORTGAGES, REPAYABLE TO EANDC ONLY FROM THE CASH FLOW OR SALE OF A PROJECT.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 35,354 including grants of \$) (Revenue \$ 52,048)

EANDC CONTRACTORS LLC EANDC ORGANIZED THE CONSTRUCTION COMPANY TO PRIMARILY ENGAGE IN THE CONSTRUCTION OF SINGLE FAMILY HOMES, APARTMENTS, AND OTHER FACILITIES FOR THE BENEFIT OF LOWINCOME FAMILIES.

(Code:) (Expenses \$ 224,925 including grants of \$) (Revenue \$ 20,065)

CENTER FOR HOMEOWNERSHIP EANDC SUPPORTS SUCCESSFUL HOMEOWNERSHIP BY PROVIDING COUNSELING, EDUCATION, AND FINANCIAL ASSISTANCE TO CURRENT AND POTENTIAL HOMEOWNERS.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 10,766 including grants of \$) (Revenue \$ 8,594)

ECONOMIC DEVELOPMENT. EANDC OPERATES SAFE HARBOR, A SMALL BUSINESS INCUBATOR CREATED TO HOUSE NEW AND EXISTING SERVICE ORIENTED BUSINESSES WITH REDUCED RENTS BY PROVISION OF A VARIETY OF SERVICES.

SCHEDULE A
(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number
34-1365690

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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.") . . .	3,058,393	3,331,363	2,839,468	2,124,145	2,081,587	13,434,956
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	3,058,393	3,331,363	2,839,468	2,124,145	2,081,587	13,434,956
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.						13,434,956

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. . .	3,058,393	3,331,363	2,839,468	2,124,145	2,081,587	13,434,956
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	1,665,292	1,647,204	2,088,953	2,230,462	1,855,249	9,487,160
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.). . .	35,560	53,948	-10,346	-646,086	-85,132	-652,056
11 Total support. Add lines 7 through 10						22,270,060
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	60.330 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	61.710 %

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.") .						
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						
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

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.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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.		
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? <i>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.</i>	Yes	No
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? <i>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.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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	<input type="checkbox"/> 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.			

Additional Data

Software ID:

Software Version:

EIN: 34-1365690

Name: EAST AKRON NEIGHBORHOOD DEVELOPMENT
CORPORATION

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number
34-1365690

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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	3,894,026	3,898,300	3,957,853	3,997,966	3,611,285
b Contributions	450,000	97,667	61,676	110,583	432,612
c Net investment earnings, gains, and losses					
d Grants or scholarships	62,672	101,941			45,931
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,281,354	3,894,026	3,898,300	3,957,853	3,997,966

- 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:
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | Yes | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
- 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	34,013	83,209		117,222
b Buildings	9,094,497	1,097,398	6,465,345	3,726,550
c Leasehold improvements				0
d Equipment				0
e Other				0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,843,772

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		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 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
See Additional Data Table		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	1,548,792	

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) DEPOSITS	48,333
(2) ACCRUED INTEREST	7,333,011
(3) RESTRICTED CASH & RESERVES	158,378
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	7,539,722

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	5,426

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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: 34-1365690

Name: EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)EAST AKRON HOUSING CORPORATION	375	C
(2)EAST AKRON HOUSING LP	502	C
(3)WEST AKRON HOUSING CORPORATION	275	C
(4)AKRON SENIOR HOUSING CORPORATI	22,177	C
(5)WASHINGTON EAST CORPORATION	248,649	C
(6)VILLAGE AT NEW SEASONS CORPORATION	549,659	C
(7)SPRINGHILL II	500,000	C
(8)VILLAGE AT WATERMARK	2,155	C
(9)MIDDLEBURY COMMONS HOUSING LP	75,000	C
(10)SPRING HILL III	150,000	C

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>THE ORGANIZATION IS NOT SUBJECT TO FEDERAL, STATE OR LOCAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND THEREFORE, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(6)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). THE ORGANIZATION FILES FEDERAL INFORMATION RETURNS (IRS FORM 990) AS AN ORGANIZATION EXEMPT FROM INCOME TAXES. MANAGEMENT HAS DETERMINED THAT THE TAX POSITION AS AN ORGANIZATION EXEMPT FROM INCOME TAX MEETS THE 'MORE LIKELY THAN NOT' (MLTN) STANDARD THAT THE ORGANIZATION'S TAX EXEMPT STATUS WOULD BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER TAXING AUTHORITY BASED ON THE TECHNICAL MERITS OF THE POSITION AND THE ASSUMPTION THAT THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. THE ORGANIZATION HAS FILED FEDERAL TAX RETURNS (IRS FORM 990-T) AS AN ORGANIZATION WITH UNRELATED TRADE OR BUSINESS TAXABLE INCOME. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION'S REVENUES AND EXPENSES ARE RELATED TO ITS TAX EXEMPT PURPOSE. MANAGEMENT HAS DETERMINED THAT THE TAX POSITION AS AN ORGANIZATION WITH SOME UNRELATED TRADE OR BUSINESS TAXABLE INCOME MEETS THE 'MORE LIKELY THAN NOT' (MLTN) STANDARD THAT THE ORGANIZATION'S TAX POSITION WOULD BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER TAXING AUTHORITY BASED ON THE TECHNICAL MERITS OF THE POSITION AND THE ASSUMPTION THAT THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. THE ORGANIZATION HAS NOT RECOGNIZED ANY INCOME TAXES IN 2019 BASED UPON THE ORGANIZATION'S FILING STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAX. IF THE ORGANIZATION PAID ANY INCOME TAXES, THEY WOULD BE RECORDED AS AN EXPENSE OF THE ORGANIZATION. THE ORGANIZATION HAS NOT RECOGNIZED ANY PENALTIES AND INTEREST RELATED TO INCOME TAXES IN THE 2019 FINANCIAL STATEMENTS. THE ORGANIZATION'S TAX POSITION THAT IT IS AN ORGANIZATION EXEMPT FROM INCOME TAX WILL NOT RESULT IN A SIGNIFICANT INCREASE OR DECREASE IN THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS WITHIN 12 MONTHS OF THE REPORTING DATE OF DECEMBER 31, 2019. THE ORGANIZATION'S PREVIOUSLY FILED INFORMATION RETURNS FOR THE TAX YEARS 2016, 2017 AND 2018 REMAIN SUBJECT TO EXAMINATION BY A TAXING AUTHORITY. THE ORGANIZATION'S INFORMATION RETURN FOR THE TAX YEAR 2019 HAS NOT YET BEEN FILED AND REMAINS SUBJECT TO EXAMINATION BY A TAXING AUTHORITY.</p>

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ 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
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number
34-1365690

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
KELLY ROBINSON 2849 LUDLOW RD CLEVELAND, OH 44120	COORDINATE VENUE, FOOD, REFRESHMENTS AND ENTERTAINMENT FOR F		No	74,445	18,990	55,455
Total				74,445	18,990	55,455

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

OH

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FUNDRAISING DINNER (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	74,445			74,445
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	74,445			74,445
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	11,095			11,095
	8 Entertainment	3,934			3,934
	9 Other direct expenses	28,432			28,432
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				43,461
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				30,984

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 34-1365690
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHERYL STEPHENS PRESIDENT/CEO	(i)	157,668	0	0	0	0	157,668	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**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**

Department of the Treasury

Name of the organization

EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number

34-1365690

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF THE 990 TAX RETURN IS SENT TO EANDC'S BOARD OF DIRECTORS FINANCE COMMITTEE TO REVIEW. THEY REVIEW AND APPROVE THE RETURN, THEN IT IS SUBMITTED TO THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD REVIEWS ANY DISCLOSURES ANNUALLY WITH THE NEW GRANT APPLICATIONS EACH YEAR TO DETERMINE IF THERE ARE ANY CONFLICTS OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE FINANCE COMMITTEE MEETS ONCE A YEAR AND REVIEWS THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER ORGANIZATION OFFICIALS. THE COMMITTEE MAKES RECOMMENDATIONS TO THE BOARD FOR ANY CHANGES TO THE COMPENSATION FOR THE THE EXECUTIVE DIRECTOR AND OTHER OFFICIALS. DATA IS USED TO COMPARE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS AT SIMILARLY SITUATED ORGANIZATIONS. THE BOARD THEN VOTES ON THE RECOMMENDATIONS. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING FOR DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGMENT IS RETAINED BY THE FINANCE COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST AND 990 TAX RETURN AVAILABLE TO THE PUBLIC AS REQUESTED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CURRENT YEAR CHANGES IN RESTRICTED ASSETS 387,426.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number

34-1365690

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) MIDDLEBURY CENTER LLC 550 S ARLINGTON ST AKRON, OH 443061740 34-1365690	RETAIL ACTIVITY	OH			EANDC
(2) EANDC CONTRACTORS LLC 550 S ARLINGTON ST AKRON, OH 443061740 27-3453936	CONSTRUCTION ACTIVITY	OH			EANDC
(3) MIDDLEBURY PHASE II INVESTOR LLC 550 S ARLINGTON ST AKRON, OH 443061740 34-1365690	REAL ESTATE	OH			EANDC
(4) ARLINGTON VETERANS HOUSING LLC 550 S ARLINGTON ST AKRON, OH 443061740	RESIDENTIAL RENTAL	OH			EANDC

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) ENTERPRISE COMMUNITY FUND 550 S ARLINGTON ST AKRON, OH 443061740 31-1493528	BUSN. LOANS	OH	501(C)(3)	#7 SCH. A	N/A		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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes	
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)	Yes	
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)		No
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		No

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

See Additional Data Table

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

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: 34-1365690
Name: EAST AKRON NEIGHBORHOOD 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) 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	
ABCD GATEWAY PLACE LLC 550 S ARLINGTON ST AKRON, OH 443061740 04-3633107	LOW-INCOME HOUSING	OH	ABCD GATEWAY PLACE CORP	RELATED	-95	-1,863		No		Yes		0.100 %
AKRON SENIOR HOUSING LP 550 S ARLINGTON ST AKRON, OH 443061740 34-1951241	LOW-INCOME HOUSING	OH	AKRON SENIOR HOUSING CORP	RELATED	115,048	1,553,984		No		Yes		100.000 %
CHERRY HOMES LLC 550 S ARLINGTON ST AKRON, OH 443061740 04-3633081	LOW-INCOME HOUSING	OH	CHERRY HOMES CORP	N/A	-71,148	-144,373	Yes			Yes		0.100 %
EANDC HOMES LLC 550 S ARLINGTON ST AKRON, OH 443061740 54-2097765	LOW-INCOME HOUSING	OH	EANDC HOMES CORPORATION	RELATED	-241,959	3,134,383		No		Yes		100.000 %
EAST AKRON HOMES LP 550 S ARLINGTON ST AKRON, OH 443061740 34-1779215	LOW-INCOME HOUSING	OH	EAST AKRON HOMES CORP	RELATED	-42,462	831,922		No		Yes		100.000 %
MASSILLON HOMES II LLC 550 S ARLINGTON ST AKRON, OH 443061740 20-5661820	LOW-INCOME HOUSING	OH	MASSILLON HOMES II CORP	N/A	-163	-2,425		No		Yes		0.100 %
MASSILLON HOMES LLC 550 S ARLINGTON ST AKRON, OH 443061740 20-1743016	LOW-INCOME HOUSING	OH	MASSILLON HOMES CORP	N/A	-238	-3,547		No		Yes		0.100 %
MOON-MALLISON HOMES LLC 550 S ARLINGTON ST AKRON, OH 443061740 36-4697636	LOW-INCOME HOUSING	OH	MOON MALLISON HOMES CORP	N/A	-221	358		No		Yes		0.100 %
NORTH AKRON HOMES LP 550 S ARLINGTON ST AKRON, OH 443061740 34-1857859	LOW-INCOME HOUSING	OH	EAST AKRON HOMES CORP	RELATED	-100,947	1,241,018		No		Yes		100.000 %
ROBINSON HOMES EAST LLC 550 S ARLINGTON ST AKRON, OH 443061740 45-5290921	LOW-INCOME HOUSING	OH	ROBINSON HOMES EAST CORP	N/A	-163	93		No		Yes		0.100 %
SOUTH AKRON HOMES LP 550 S ARLINGTON ST AKRON, OH 443061740 31-1526899	LOW-INCOME HOUSING	OH	EAST AKRON HOMES CORP	RELATED	-13,082	972,102		No		Yes		100.000 %
SOUTHEAST AKRON HOMES LP 550 S ARLINGTON ST AKRON, OH 443061740 34-1801565	LOW-INCOME HOUSING	OH	EAST AKRON HOMES CORP	RELATED	-47,610	807,505		No		Yes		100.000 %
ST MARTHA MANOR LLC 2251 FRONG ST STE 210 CUYAHOGA FALLS, OH 44221 38-3726886	LOW-INCOME HOUSING	OH	HMH AKRON INC	N/A	-159	868,192		No		Yes		0.100 %
STEPHENSON POINTE TOWNHOMES LLC 550 S ARLINGTON ST AKRON, OH 443061740 20-3247518	LOW-INCOME HOUSING	OH	STEPHENSON POINTE TOWNEHOMES CORP	N/A	-188	2,437		No		Yes		0.100 %
SUMMIT LAKE HOMES LP 550 S ARLINGTON ST AKRON, OH 443061740 34-1886086	LOW-INCOME HOUSING	OH	EAST AKRON HOMES CORP	RELATED	5,866	1,473,489		No		Yes		100.000 %

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) 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	
VILLAGE AT NEW SEASONS LLC 550 S ARLINGTON ST AKRON, OH 443061740 26-3164684	LOW-INCOME HOUSING	OH	THE VILLAGE AT NEW SEASONS CORP	N/A	-288	550,750		No		Yes		0.100 %
VILLAGE AT WATERMARK LLC 550 S ARLINGTON ST AKRON, OH 443061740 27-1330855	LOW-INCOME HOUSING	OH	EANDC VILLAGE AT WATERMARK CORP	N/A	-66	22,672		No		Yes		0.100 %
WASHINGTON HOMES EAST LLC 550 S ARLINGTON ST AKRON, OH 443061740 26-1244454	LOW-INCOME HOUSING	OH	WASHINGTON HOMES EAST CORP	N/A	-346	250,082		No		Yes		0.100 %
WEST AKRON HOMES LP 550 S ARLINGTON ST AKRON, OH 443061740 34-1833012	LOW-INCOME HOUSING	OH	EAST AKRON HOMES CORP	RELATED	-33,597	1,271,580		No		Yes		100.000 %
MIDDLEBURY COMMONS HOUSING LLC 550 S ARLINGTON ST AKRON, OH 443061740 82-2795513	LOW-INCOME HOUSING	OH	MIDDLEBURY COMMONS MANAGING CORP	N/A	-686	724,799		No		Yes		0.510 %

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
ABCD GATEWAY PLACE CORP 1225 GROSS AVE NE CANTON, OH 44705 04-3633070	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-94	-2,300	75.000 %			No
AKRON SENIOR HOUSING CORP 550 S ARLINGTON ST AKRON, OH 443061740 30-0027204	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-125,290	-263,674	75.000 %			No
CANTON SENIOR APARTMENTS II CORP 550 S ARLINGTON ST AKRON, OH 443061740 20-5414768	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-155	-1,974	75.000 %			No
CHERRY HOMES CORP 1225 GROSS AVE NE CANTON, OH 44507 04-3633065	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-71,148	-145,252	75.000 %			No
EANDC HOMES CORP 550 S ARLINGTON ST AKRON, OH 443061740 13-4239038	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-152	-3,345	100.000 %			No
EANDC VILLAGE AT WATERMARK CORP 550 S ARLINGTON ST AKRON, OH 443061740 27-3504394	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-73	511	100.000 %			No
EAST AKRON HOMES CORP 550 S ARLINGTON ST AKRON, OH 443061740 34-1779214	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-231	-56,750	75.000 %			No
HMH AKRON INC 2251 FRONT ST STE 210 CUYAHOGA FALLS, OH 44221 20-5670074	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-159	453,961	51.000 %			No
KENMORE HOUSING PARTNERS INC 3021 E DUBLIN-GRANVILLE RD COLUMBUS, OH 432314031 20-0203531	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-233	-1,418	21.000 %			No
MASSILLON HOMES CORP 550 S ARLINGTON ST AKRON, OH 443061740 20-3247421	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-239	-4,880	75.000 %			No
MASSILLON HOMES II CORP 1225 GROSS AVE NE CANTON, OH 44507 20-5661787	RENTAL REAL ESTATE	OH	N/A	C	-152	-1,853	49.000 %			No
MIDDLEBURY COMMONS MANAGING CORP 550 S ARLINGTON ST COLUMBUS, OH 443061740 82-2787812	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-686	717,202	100.000 %			No
MOON-MALLISON HOMES CORP 550 S ARLINGTON ST AKRON, OH 443061740 37-1636293	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-222	-2,067	75.000 %			No
RENTAR LANE CORPORATION 550 S ARLINGTON ST AKRON, OH 443061740 47-2143287	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-364	653,800	100.000 %			No
ROBINSON HOMES EAST CORPORATION 550 S ARLINGTON ST AKRON, OH 443061740 45-5290809	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-185	-1,421	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
STEPHENSON POINTE TOWNHOMES CORP 550 S ARLINGTON ST AKRON, OH 443061740 20-3247575	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-189	245	100.000 %		No
VILLAGE AT NEW SEASONS CORP 550 S ARLINGTON ST AKRON, OH 443061740 26-3164139	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-289	549,264	100.000 %		No
WASHINGTON HOMES EAST CORP 550 S ARLINGTON ST AKRON, OH 443061740 26-1244551	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-348	248,443	100.000 %		No
WEST AKRON HOMES CORP 550 S ARLINGTON ST AKRON, OH 443061740 34-1831726	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	113	-99,588	75.000 %		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ABCD GATEWAY PLACE LLC	D	240,000	FMV
AKRON SENIOR HOUSING LP	D	668,000	FMV
CANTON SENIOR APARTMENTS LLC II	D	249,000	FMV
CHERRY HOMES LLC	D	250,000	FMV
EANDC HOMES LLC	D	627,778	FMV
EANDC VILLAGE AT WATERMARK	D	97,200	FMV
EAST AKRON HOMES LP	D	500,000	FMV
MASSILLON HOMES LLC	D	400,000	FMV
MIDDLEBURY COMMONS HOUSING LP	D	500,000	FMV
MOON-MALLISON LLC	D	1,594,000	FMV
NORTH AKRON HOMES LP	D	540,444	FMV
ROBINSON HOMES EAST LLC	D	1,192,000	FMV
SOUTH AKRON HOMES LP	D	657,000	FMV
SOUTHEAST HOMES LP	D	600,000	FMV
SPRINGHILL II	D	480,000	FMV
SPRINGHILL III	D	50,000	FMV
ST MARTHA MANOR LLC	D	250,000	FMV
STEPHENSON POINTE TOWNHOMES LLC	D	984,000	FMV
SUMMIT LAKE HOUSING LP	D	675,000	FMV
VILLAGE OF NEW SEASONS LLC	D	750,000	FMV
WASHINGTON HOMES EAST LLC	D	930,000	FMV
WEST AKRON HOMES LP	D	500,000	FMV
ABCD GATEWAY PLACE CORP	L	2,236	FMV
ABCD GATEWAY PLACE LLC	L	40,911	FMV
AKRON SENIOR HOUSING LP	L	32,903	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CANTON SENIOR APARTMENTS LLC II	L	45,816	FMV
CHERRY HOMES LLC	L	33,803	FMV
EANDC HOMES LLC	L	48,295	FMV
EAST AKRON HOMES LP	L	36,542	FMV
MASSILLON HOMES II LLC	L	41,675	FMV
MASSILLON HOMES LLC	L	77,927	FMV
MOON-MALLISON LLC	L	45,158	FMV
NORTH AKRON HOMES LP	L	52,448	FMV
ROBINSON HOMES EAST LLC	L	49,775	FMV
SOUTH AKRON HOMES LP	L	48,900	FMV
SOUTHEAST HOMES LP	L	27,766	FMV
STEPHENSON POINTE TOWNHOMES LLC	L	31,021	FMV
SUMMIT LAKE HOUSING LP	L	58,362	FMV
VILLAGE OF NEW SEASONS LLC	L	83,994	FMV
WASHINGTON HOMES EAST LLC	L	66,287	FMV
WEST AKRON HOMES LP	L	41,628	FMV
BUCKEYE COMMUNITY THIRTY FIVE LP	A	1,073	FMV
CANTON SENIOR APARTMENTS LLC II	A	8,631	FMV
CHERRY HOMES LLC	A	24,361	FMV
EANDC HOMES LLC	A	74,307	FMV
MASSILLON HOMES LLC	A	55,411	FMV
MOON-MALLISON LLC	A	24,030	FMV
NORTH AKRON HOMES LP	A	62,557	FMV
ROBINSON HOMES EAST LLC	A	14,969	FMV
ST MARTHA MANOR LLC	A	17,052	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
STEPHENSON POINTE TOWNHOMES LLC	A	62,318	FMV
VILLAGE AT NEW SEASONS LLC	A	20,731	FMV
VILLAGE AT WATERMARK LLC	A	2,185	FMV
WASHINGTON HOMES EAST LLC	A	21,392	FMV
ABCD GATEWAY PLACE LLC	A	22,618	FMV
BUCKEYE COMMUNITY THIRTY FIVE LP	D	50,000	FMV