Form **990** 

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Department of the Treasury

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. Inspection Internal Revenue Service and ending For the 2018 calendar year, or tax year beginning Employer identification number MURRAY RIDGE HOUSING CORPORATION C Name of organization Check if applicable Address change Doing business as Number and street (or PO box if mail is not delivered to street address) 34-1711986 Name change E Telephone number 1091 INFIRMARY ROAD Initial return City or town ZIP code (440) 284-2720 **ELYRIA** ОН 44035 Final return/terminated Foreign postal code Foreign country name Foreign province/state/county 613,230 Amended return G Gross receipts \$ Yes X F Name and address of principal officer Application pending H(a) is this a group return for subordinates? JERRY VESSALO 1091 INFIRMARY ROAD, ELYRIA, OH 44035 H(b) Are all subordinates included? 4947(a)(1) or If "No," attach a list (see instructions) 501(c)(3) 501(c) ) < (insert no ) Tax-exempt status Website: ► N/A H(c) Group exemption number ▶ K Form of organization Corporation Trust Other D L. Year of formation M State of legal domicile OH 1992 Part I Summary Briefly describe the organization's mission or most significant activities THE CORPORATION EXISTS FOR THE PURPOSE ( 2 4 2019 DEVELOPING AFFORDABLE HOUSING FOR PERSONS WITH DEVELOPMENTAL DISABILITIES 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7a 0 Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 38 0 **Prior Year Current Year** 8 554,111 210,476 Contributions and grants (Part VIII, line 1h) 404,335 402,754 9 Program service revenue (Part VIII, line 2q) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 958,446 613,230 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 0 0 Benefits paid to or for members (Part IX, column Salaries, other compensation, employee benefits (Pantax-column 15 0 0 16a Professional fundraising fees (Part IX, co ugn (A), line 11e) b Total fundraising expenses (Part IX, colum (D), 种配约 \$2019 17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e) 435.981 481.593 18 Total expenses Add lines 13-17 (must equal Part IX 435,981 481,593 Revenue less expenses Subtract line 18 from Inc 12 EN 19 522,465 131,637 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 3,024,521 3,230,345 21 Total liabilities (Part X, line 26) 844,104 918,291 Net assets or fund balances Subtract line 21 from line 20 2,180,417 2.312.054 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 Lcomplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ature of officer Here lerr Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid ANTHONY R KEYS 4/7/2019 self-employed P01308453 Preparer Firm's name ► ANTHONY R KEYS CPA INC Firm's EIN ► 20-0587976 **Use Only** Firm's address ▶ 149 BERKLEY ROAD, ELYRIA, OH 44035 440 322 4272 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form s	90 (2018)		34-17 11300	Page Z
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1		describe the organization's mission TAIN AFFORDABLE HOUSING FOR THE DEVELOPMENTALLY DISABLED		
2	Did the	e organization undertake any significant program services during the year which were not listed on		
•	the pri	or Form 990 or 990-EZ?  "describe these new services on Schedule O	Yes	X No
3	service		Yes	X No
4	Descri expens	," describe these changes on Schedule O be the organization's program service accomplishments for each of its three largest program services, ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allog al expenses, and revenue, if any, for each program service reported		
4a		) (Expenses \$ including grants of \$ ) (Revenue TAIN AFFORDABLE HOUSING FOR THE DEVELOPMENTALLY DISABLED		
4b	(Code	) (Expenses \$ including grants of \$ ) (Revenue		
4c	(Code	) (Expenses \$ including grants of \$ ) (Revenue	\$	) 
4d	Other	program services (Describe in Schedule O)		
	(Exper	ises \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
4e	Total p	rogram service expenses   0 0		

	990 (2018) MURRAY RIDGE HOUSING CORPORATION	34-1711986	P	age 3
Pari	t IV Checklist of Required Schedules		T v	l Na
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501( election in effect during the tax year? If "Yes," complete Schedule C, Part II	(h) 4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, in the contract of the cont	,		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_ <del></del>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes complete Schedule D, Part III			x
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 onegotiation services? If "Yes," complete Schedule D, Part IV	debt 9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	ete 11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	e 11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or mor of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	e 11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	s     11d		<u>x</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, I		Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresse the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	( <u>11f</u>		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," co Schedule D, Parts XI and XII	12a		<u>x</u>
	Was the organization included in consolidated, independent audited financial statements for the tax year? If and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
U	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17_		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		X

Par	Checklist of Required Schedules (continued)	_	1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			ı
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			1
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	:		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		Х
27	disqualified persons? If "Yes," complete Schedule L, Part II	20		_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	34		Х
250	III, or IV, and Part V, line 1  Did the expensation have a controlled entity within the meaning of section 512/b)(13)2	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	Jua		$\overline{}$
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19° <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c_	Х	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	110
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	이	 	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> x</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	.	l	ł
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١.,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	—	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0.		
-	gifts were not tax deductible?	6b	<del> </del> -	<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).	'	٠.	ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		X
<b>b</b>	and services provided to the payor?  If "Yes " did the ergopyration patify the depay of the value of the goods or convices provided?	7a 7b	<del> </del>	<del>  ^</del>
b c	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	<del>                                     </del>	_
C	required to file Form 8282?	7c	ŀ	×
d	If "Yes," indicate the number of Forms 8282 filed during the year	1.0	<del>                                     </del>	<del>  ^</del>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	L.
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		ļ	
а	Initiation fees and capital contributions included on Part VIII, line 12	<b>.</b>	j	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			-
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them )  11b			-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(a)(20) qualified names it has been been been been been been been bee	⊣		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		_
а	Note. See the instructions for additional information the organization must report on Schedule O	134		$\vdash$
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans  13b	J		
С	Enter the amount of reserves on hand	7		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N	'		Ť
16		16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10	<del>                                     </del>	<del>  ^</del>
	If "Yes." complete Form 4720. Schedule O.	1	ı	ı

34-1711986 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

	Check it Schedule C contains a response of note to any line in this fact vi	<u> </u>			<u> </u>			
Sect	ion A. Governing Body and Management							
			_	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year		4					
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar							
_	committee, explain in Schedule O	1b 5	Į.		ļ			
ь								
2	any other officer, director, trustee, or key employee?	nip with	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under	the direct	-		<del>^</del>			
•	supervision of officers, directors, or trustees, or key employees to a management company or other		3		х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X			
6	Did the organization have members or stockholders?		6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint						
	one or more members of the governing body?	•	7a		_X_			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	<b>,</b>						
	stockholders, or persons other than the governing body?		7b_		X			
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during						
	the year by the following							
а	The governing body?		8a	X				
b	Each committee with authority to act on behalf of the governing body?		8b	_X_				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached						
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		_X_			
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue (</u>	<u>Jode</u>	) Yes	No			
102	Did the organization have local chapters, branches, or affiliates?		10a	res	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such	hanters	100					
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b					
11a								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	. o mm.g are romm.	11a	Х				
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a		Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	give rise to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes, "						
	describe in Schedule O how this was done		12c					
13	Did the organization have a written whistleblower policy?		13		X			
14	Did the organization have a written document retention and destruction policy?		14		X			
15	Did the process for determining compensation of the following persons include a review and appro							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?						
a	The organization's CEO, Executive Director, or top management official		15a	X				
b	Other officers or key employees of the organization		15b	Х				
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	16-		_			
<b>.</b>	with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of	nto ito	16a		<u>X</u>			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safe							
	the organization's exempt status with respect to such arrangements?	juuru	16b					
Sect	ion 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 Forms 1023 (1024 or 1024-A if applicable), 990,	and 990-T (Section 5	01(c)					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app		Í					
		plaın ın Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest pol	cy, an	d				
•	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 b		<b>&gt;</b>					
	NANCY SIMKO  1091 INFIRMARY ROAD FLYRIA OH 44035	(440) 329-3734						
	IUST INCIDIVART RUAD ELTRIA UE 44033							

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Form 990 (2018)

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compensated employees, and former such persons

,,	MOTOR TO		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	nsated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		L_

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

X 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) (do not check more than one box, unless person is both an officer Key employee  Officer  Institutional trustee  or director				e than o	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JERRY VESSALO								.,		_
PRESIDENT	0 00	X	├-	Х	_	<b> </b>		0	0	0
(2) PETE BARTH										
MEMBER (2) TIM MOLANICIUM	0 00	X_	}_	<b>-</b>	-	-		0	0	0
(3) TIM MCLAUGHLIN MEMBER	5 00 0 00	×		ĺ				0	o	0
		-	┢	-	$\vdash$	<del> </del>	_		<del></del>	<del></del>
(4) LES SPIKE MEMBER	0 00	Х				]		ا ،	. م	0
(5) PETE SHILLING				-					<u>_</u>	
MEMBER	0 00	x						0	О	0
(6)										
	_			_						
(8)										
(9)										
(10)				j						l
(11)										
(12)										
(13)	· · · · · · · · · · · · · · · · · · ·						-			
(14)					_					

	art VII Section A. Officers, Directors, Tru		ploye	es,	and	iH t	ghes	t C	ompensated Em		contin			age <b>C</b>
	· (A) Name and title	(B) Average hours per	unle: er an	Pos neck ss pe d a d	rson	than is both	n an tee)	(D) Reportable compensation	(E) Reportable compensation		1	(F) stimate		
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organizat (W-2/1099-	ions	fr org an	other opensa rom the panizati d relate anizatie	e on ed
(15)						-								
(16)			-			-								
(17)														
(18)														
(19)				_								_		
(20)				-										
(21)				_			l	$\vdash$						
			_								•			
														<u> </u>
								-						
1b	Sub-total		<u> </u>	<u> </u>				<b></b>	0		0			0
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A						<b>&gt;</b>	0		0 0			0
2	Total number of individuals (including but not lir		ted a			vho	recei	ved	more than \$100	,000 of				
	reportable compensation from the organization				0					<u> </u>			Yes	No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>				oye	e, o	r higi	nesi	t compensated			3		- <u>:</u> X
4	For any individual listed on line 1a, is the sum of	of reportable con	npens	satio					•				_	
	the organization and related organizations grea individual	ter than \$150,00	)0? <i>lf</i>	Υe	≀S, ″ +	com	plete	Sc	hedule J for suc	h		4		_x
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	•			•			_		/idual		5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest compe compensation from the organization Report co year											ax		
	(A) Name and business addi	ess							(B) Description of ser	vices		(C Compen		
														C
								$\vdash$						0
		- <del></del>												0
2	Total number of independent contractors (include	ting but not limit	ad +c	the	se l	isto	d aha	//e/	who received					C
	more than \$100,000 of compensation from the	_	•u 10 ►_	1110	JC 11	,01Cl	0		THIS TECEIVES	_ 1				

Form 990 (2018)
Part VIII

			_		
Statem	ant of	Dava	nuc		

		Check if Schedule O contains	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	
<b>25</b> 20	1a	Federated campaigns	<u>1a</u>	0					
E 2	b	Membership dues	1b	0		i i			
9, G	С	Fundraising events	1c	0					
E F	d	Related organizations	1d	<del></del>		1			
.8 III	e	Government grants (contribution		207,631		[] []			
otto	f	All other contributions, gifts, gran							
를 돌	1	similar amounts not included abo		2,845	•			Ì	
Contributions, Giffs, Grants and Other Similar Amounts	9	Noncash contributions included in I	ines 1a-1f \$	0					
	h	Total. Add lines 1a-1f		<u> </u>	210,476	11			
J.T.	_			Business Code			<b></b>		
946	2a	RENT INCOME		<u> </u>	366,669	366,669		<del> </del>	
Ř	b	GAIN ON SALE			36,085	36,085	<u> </u>	<del> </del>	
Ž	C				0				
S L	d				0				
Program Service Revenue	e	All other program service revenu			, 0			<del></del>	
P.	ď	Total. Add lines 2a-2f	C	<b>•</b>	402,754	1			
	3	Investment income (including div	idends interest		402,704	ir.			
		other similar amounts)	,	<b>▶</b>	o				
	4	Income from investment of tax-e.	xempt bond pro-	ceeds ►	0		,		
	5	Royalties		<b>&gt;</b>	0				
		•	(ı) Real	(II) Personal					
	6a	Gross rents			-	_			
	b	Less rental expenses				X			
	С	Rental income or (loss)	c	0			<u> </u>		
	d	Net rental income or (loss)		<b>•</b>	0				
	7a	Gross amount from sales of	(i) Securities	(II) Other					
		assets other than inventory		0				1	
	b	Less cost or other basis							
	1	and sales expenses		<del></del>					
	C	Gain or (loss)	LC	·					
	d	Net gain or (loss)		<b>•</b>	0	14			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line	0 1c)						
Jer		See Part IV, line 18	a		`				
ਰ	b	Less direct expenses  Net income or (loss) from fundra	D	0					
	9a	Gross income from gaming activi			0			<del> </del>	
	Ja	See Part IV, line 19	a	ا ا	,				
	b	Less direct expenses	b						
	C	Net income or (loss) from gaming	-	<b>D</b>	0				
		Gross sales of inventory, less	, activities			9			
		returns and allowances	а	\ \ \ \ \	j	1			
	b	Less cost of goods sold	b	0	,				
	С	Net income or (loss) from sales of	-	<b></b>	0			1	
		Miscellaneous Revenue		Business Code			<del></del>		
	11a				0				
	b				0				
	С				0				
	d	All other revenue			0				
	е	Total. Add lines 11a-11d		<b>&gt;</b>	. 0	1			
	12	Total revenue. See instructions		<b></b> _	613,230	402,754	0	0	

## 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	

	not include amounts reported on lines 6b, 7b, 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				
-	domestic governments See Part IV, line 21	l ol			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	l o			
3	Grants and other assistance to foreign			-	- W
	organizations, foreign governments, and foreign				
	Individuals See Part IV, lines 15 and 16	ol			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	l o		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	_		
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				u.
а	Management	0			
b	Legal	0			
C	Accounting	6,900	6,900		
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0	#	·	
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0		0	
12	Advertising and promotion	0			
13	Office expenses	5,905	5,065	840	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	34,882	34,882		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	116,361	116,361	0	0
23	Insurance	29,370	29,370		
24	Other expenses Itemize expenses not covered		- 1		
	above (List miscellaneous expenses in line 24e If		∦	•	
	line 24e amount exceeds 10% of line 25, column		-1 .		
	(A) amount, list line 24e expenses on Schedule O)	004.704		<u> </u>	
a	MAINTENANCE	234,784	234,784		
b	LAWN CARE	42,718	42,718		
c d	TAXES	5,406	5,406 5,267		
u e	UTILITIES All other expenses	5,267	5,267		
25 25	All other expenses  Total functional expenses, Add lines 1 through 24e	191 503	400.750	840	0
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	481,593	480,753	640	<del>,                                    </del>
70	organization reported in column (B) joint costs				
	from a combined educational campaign and			ļ	
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)			Ì	
	Millowing OOT 30-2 (AOC 300-720)	<u> </u>			Form 990 (2018)

	_ <del>_</del>		_
Part X	, Ba	lance Sheet	

_		Check if Schedule O contains a response or	note to any line in this Part X			
	•			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		143,949	1	184,352
	2	Savings and temporary cash investments		0	2	
Assets	3	Pledges and grants receivable, net	0	3	0	
	4	Accounts receivable, net	0	4	0	
	5	Loans and other receivables from current and for	ormer officers, directors.			
		trustees, key employees, and highest compens				
		Complete Part II of Schedule L	0	5		
	6	Loans and other receivables from other disqualified persi	ons (as defined under section	I		
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	,			
		sponsoring organizations of section 501(c)(9) voluntary e		- 1		,
		organizations (see instructions) Complete Part II of Sche	•	0	6	
	7	Notes and loans receivable, net		0	7	0
Ä	8	Inventories for sale or use		0	8	
	9	Prepaid expenses and deferred charges		0	9	
	10a	Land, buildings, and equipment cost or			,,	
		other basis Complete Part VI of Schedule D	<b>10a</b> 4,428,795			<u> </u>
	b	Less accumulated depreciation	<b>10b</b> 1,382,802	2,880,572	10c	3,045,993
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line	11	0	12	0
	13	Investments—program-related See Part IV, line	e 11	0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	3,024,521		3,230,345
	17	Accounts payable and accrued expenses		0	17	
	18	Grants payable		0	18	
	19	Deferred revenue	i	0	19	
	20	Tax-exempt bond liabilities		0	20	<del></del>
<b>,</b>	21	Escrow or custodial account liability Complete I		0	21	
Liabilities	22	Loans and other payables to current and former	,			•
Ē		trustees, key employees, highest compensated				
<u></u>	23	disqualified persons Complete Part II of Sched		0	22	014 501
_	24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate	· •	<u>840,404</u> 0	23 24	914, <u>591</u> 0
	25	Other liabilities (including federal income tax, pa	,		24	<u> </u>
	23	parties, and other liabilities not included on lines	,			
		of Schedule D	s 17—24) Complete Falt X	3,700	25	3,700
	26	Total liabilities, Add lines 17 through 25		844,104	26	918,291
		Organizations that follow SFAS 117 (ASC 958	) sheek hare N V and	18		
S		complete lines 27 through 29, and lines 33 ar	·		-	
Š	27	Unrestricted net assets	IU 34.	24,773	27	26 770
ala	27 28	Temporarily restricted net assets		24,773	<u>27</u> 28	26,778
or Fund Balances	29	Permanently restricted net assets		2,155,644	29	2,285,276
Š		•		1)		2,200,210
rЕ		Organizations that do not follow SFAS 117 (ASC958),	check here ► and			
8 0		complete lines 30 through 34.				
Net Assets	30	Capital stock or trust principal, or current funds		0	30	<del> </del>
As	31	Paid-in or capital surplus, or land, building, or en	• •	0	31	
et	32	Retained earnings, endowment, accumulated in	come, or other funds	0 100 117	32	0.040.054
-	33	Total habilities and not seems from halances		2,180,417	33	2,312,054
	34	Total liabilities and net assets/fund balances	<u> </u>	3,024,521	34_	3,230,345

<b>Part</b>	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		613	,230
2	Total expenses (must equal Part IX, column (A), line 25)	2		481	,593
3	Revenue less expenses Subtract line 2 from line 1	3			<u>,637</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_	2,180	,417
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		2,312	<u>,054</u>
Part :					
	Check if Schedule O contains a response or note to any line in this Part XII.				
				Yes	No
1	Accounting method used to prepare the Form 990	<del></del>	-   -	-	*** 
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
0-	Schedule O		2a	-	_ X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Za		^
	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			:	
					. !
	X Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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	f	-   -		u .
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				1
	Schedule O				l :
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200	<u> </u>
			Form	990	(2018)

### **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 chantable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

MUF	RA	Y RIDGE HOUSING CORPORA	TION	<u> </u>			34-17	11986			
Pai	t I	Reason for Public Char	ity Status (All or	ganizations must co	mplete ti	nis part )	See instructions				
1	orga	anization is not a private foundat A church, convention of church	es, or association o	f churches described in	n section	170(b)(1)	· / /	1			
2	님	A school described in <b>section</b> '						/			
3	Щ	A hospital or a cooperative hos	•					1			
4	Ш	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 th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in			
6	X	A federal, state, or local govern	ment or governmer	ntal unit described in <b>s</b> e	ection 170	)(b)(1)(A)	(v).				
7		An organization that normally redescribed in section 170(b)(1)			om a gove	rnmental ı	unit or from the gene	ral public			
8		A community trust described in	section 170(b)(1)(	A)(vi). (Complete Part	II)						
9		An agricultural research organi or university or a non-land-grar university									
10		An organization that normally receipts from activities related to support from gross investment acquired by the organization af	to its exempt function income and unrelated	ons—subject to certain ed business taxable in	exception come (les	is, and (2) s section	no more than 33 1/3 511 tax) from busine	3% of its			
11		An organization organized and	operated exclusivel	ly to test for public safe	ety See se	ection 509	∂(a)(4).				
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	3(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).			
а	Į	Type I. A supporting organization (some organization You must con	s) the power to regu	larly appoint or elect a							
b	Į	Type II. A supporting organize control or management of the organization(s) You must c	ie supporting organi	zation vested in the sa							
С	[	Type III functionally integra	ated. A supporting of	organization operated i	n connect	ion with, a	and functionally integ	rated with,			
	г	its supported organization(s	•								
d	l	Type III non-functionally in that is not functionally integr requirement (see instruction	ated The organizat	ion generally must sati	isfy a distr	ibution re	quirement and an att				
е	[	Check this box if the organiz functionally integrated, or Ty	pe III non-functiona				Type I, Type II, Type	e III			
f		Enter the number of supported						0			
g		Provide the following information  Name of supported organization	n about the support	ed organization(s) (iii) Type of organization	(nd) is the	rganization	(v) Amount of monetary	(vi) Amount of			
	117	Name of Supported Organization	(ii) Lii4	(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)			
					Yes	No					
(A)					1.55						
(B)											
(C)			:								
(D)		-		<u>.                                    </u>							
(E)											
Tota					<del></del>	<del> </del>		0			

instructions

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

cne	dule w (Loum ago or ago-ES) 5019 MOKH	(A)	KIDGE HODSING	<u> GURPURATIO</u>	IN		34-11 113	OO Page Z
Pa	rt II Support Schedule for C (Complete only if you cho							nder
	Part III If the organizatio							/
sec	ction A. Public Support	11 10	ino to quainy an	ider the tests in	otou polow, pie	acc complete.	<u> </u>	
	ndar year (or fiscal year beginning in)	•	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and			(3) 20 15	(-)	<u> </u>		
•	membership fees received (Do not							
	include any "unusual grants ")							0
2	Tax revenues levied for the							
_	organization's benefit and either paid					_	/	
	to or expended on its behalf							0
3	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge				_			0
4	Total. Add lines 1 through 3		0	0	0	0	0	0
5	The portion of total contributions by			,		-		
	each person (other than a					. "		
	governmental unit or publicly					4		
	supported organization) included on							
	line 1 that exceeds 2% of the amount					- 1 -		
_	shown on line 11, column (f)					1	-	
6	Public support. Subtract line 5 from line 4					<u> </u>		0
	ction B. Total Support		(=) 2044	/b) 20%5	(=) 2016	(4) 2047	(a) 2019	(f) Total
ale -	ndar year (or fiscal year beginning in)		(a) 2014	( <b>b</b> ) 2015	(c) 2016	( <b>d</b> ) 2017	(e) 2018	(f) Total
/ D	Amounts from line 4		0	0	0	0	0	0
0	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties, and income from							
	similar sources		/				ľ	0
9	Net income from unrelated business							
•	activities, whether or not the business is							
	regularly carried on							0
0	Other income Do not include gain or					-		
	loss from the sale of capital assets			,			J	
	(Explain in Part VI)							0
1	Total support. Add lines 7 through 10					ti .		0
2	Gross receipts from related activities, et	c (Ś	ee instructions)				12	
3	First five years. If the Form 990 is for t		rganization's first, s	second, third, fourth	n, or fifth tax year a	is a section 501(c)(	(3)	_
	organization, check this box and stop h	ere						▶
ec	tion C. Computation of Public	Su	pport Percenta	age				
	Public support percentage for 2018 (line				7)		14	0 00%
	Public support percentage from 2017 Sc						15	0 00%
6a	33 1/3% support test—2018 if the org				and line 14 is 33	1/3% or more, che	ck this box	_
	and stop here. The organization qualific			-				▶
b	33 1/3% support test—2017. If the org					s 33 1/3% or more	, check this	
_	box and stop here. The organization qu			-				▶
7a	10%-facts-and-circumstances test—	2018	3. If the organization	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	4	
	10% or more, and if the organization me Part VI how the organization meets the							
	organization	iact	s-and-chicumstalica	es test The Organ	ization qualifies as	a publicity supporte	<del>-</del>	<b>▶</b> □
b	10%-facts-and-circumstances test—	2017	. If the organization	n did not check a b	ox on line 13, 16a	16b or 17a and li	ne	<u> </u>
_	15 is 10% or more, and if the organization						··· <del>·</del>	
	Explain in Part VI how the organization is						ily	<del></del>
	supported/organization							<b>▶</b>

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

`• •	•			, ,, ,		
(Complete only	of you checked t	he box on line	10 of Part I o	or if the organization	n failed to qualif	y under Part II
If the organizat	ion fails to avalifi	runder the tes	ete lietad hala	w nlease complete	Dart II \	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise	1 1			ı		
	sold or services performed, or facilities furnished in any activity that is related to the						
	Organization's tax-exempt purpose			_			0
3	Gross receipts from activities that are not an						<del></del> "
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	. 0	0	0	0	0	<u>,                                     </u>
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified	i					
	persons that exceed the greater of \$5,000				•		_
	or 1% of the amount on line 13 for the year			· _ ·			0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	(* -			-		•
500	line 6)	<u>l</u>				·	. 0
	tion B. Total Support	(2) 0044	(4) 0045	(=) 0040	(4) 2047	(=) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	/ <b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	- J	0	U			0
iva	Gross income from interest, dividends,	/					
	payments received on securities loans, rents,						0
<b>.</b>	royalties, and income from similar sources	<del>- /  </del>					
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0
c	Add lines 10a and 10b		0	0	0	0	
11	Net income from unrelated business	/					
••	activities not included in line 10b, whether						
	or not the business is regularly carried on	<b>/</b>					0
12	Other income Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI )						0
13	Total support. (Add lines 9, 10c, 11)						<u>_</u>
	and 12)	0	ol	o	0	o	0
14	First five years. If the Form 990 is for the or	rganization's first, s	econd, third, fourth				<del></del>
	organization, check this box and stop here	<b>J</b> , .		, ,		<b>,</b> - ,	▶ □
Sec	tion C. Computation of Public Su	pport Percenta	age				
	Public support percentage for 2018 (line 8, c			(f))		15	0 00%
	Public support percentage from 2017 Sched					16	0 00%
Sec	tion D. Computation of Investmen	it Income Perc	entage				
17	Investment income percentage for 2018 (line			olumn (f))		17	0 00%
18	Investment income percentage from 2017 Se			• • •		18	0 00%
19a	33 1/3% support tests—2018. If the organi			4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and s						▶ 🛄
b	33 1/3% support tests—2017. If the organi						<del>[ - 1</del>
	line 18 is not more than 33 1/3%, check this						▶∐
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	3	▶ [_]

Schedule A (Folin 990 of 990-EZ) 2018

Supporting Organizations

(Complete only if you checked a box in line 12 on 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. A	<u> </u>	<u>Supporting</u>	<u>Organizations</u>

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1_		
	2	<b>-</b> .	
	3a		
	3b		
	_ 3c		
	4a	H	
	4b		- ;
	4c		
	5b_		
	5c		:
	6		!
	7	_	
	8		
	9a		5
	9b		
	9c		
,	10a		
	10b	000 E7	<u> </u>

	MICRAT RIDGE HOUSING CORPORATION			aye o
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
ii a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	Ì		
a	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		$\vdash$
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion 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		1	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		·	1 -
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<b>├</b> -
2	Did the organization operate for the benefit of any supported organization other than the supported	ŀ	_	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	-·.	1	`` -
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		·
Sect	ion C. Type II Supporting Organizations			1
	ion or type it supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	::.		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		<u></u>
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			·
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_	├─-	╁
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		-
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<b> </b>	<del>                                     </del>	<del>                                     </del>
•	significant voice in the organization's investment policies and in directing the use of the organization's		,	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		<del></del>
Sect	ion 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 instru	ıction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions	si
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	1.	ĺ	١, ١
	those supported organization(s) to which the organization was responsive? If the first virial transfer in the organization with the organization was responsive? If the first virial transfer in the organization with the organization was responsive? If the first virial transfer in the organization was responsive? If the first virial transfer in the organization was responsive? If the organization will be organization with the organization was responsive? If the organization was responsive in the organization was responsive in the organization will be a supported organization with the organization was responsive in the organization will be a supported organization will be a supported organization with the organization will be a supported organization will be a			1
	how the organization was responsive to those supported organizations, and how the organization determined			;
	that these activities constituted substantially all of its activities	2a	[	[-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		_	_
	trustees of each of the supported organizations? Provide details in Part VI.	3a_	L.	ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	<u> </u>

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	<u>)rgar</u>	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nızatıç	ons must complete Sections	
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	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			<del></del>
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	T - ^	* * * * * * * * * * * * * * * * * * * *	
instructions for short tax year or assets held for part of year)			· ·
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	0	0
e Discount claimed for blockage or other		. #	
factors (explain in detail in Part VI)	بـــــاـــــــــــــــــــــــــــــــ		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8_	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5	<u> </u>	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly inte	grated Type III supporting o	rganization (see
instructions)			

Schedul	e A (Form 990 or 990-EZ) 2018 MURRAY RIDGE HOUSING CO	ORPORATION		4-1711986 Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	`Amounts paid to supported organizations to accomplish exc	empt purposes		
2	Amounts paid to perform activity that directly furthers exem		1	
	organizations, in excess of income from activity			
3				
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			0
8	Distributions to attentive supported organizations to which t	he organization is respon	nsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount	·		0 000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required—explain in Part VI) See	*		ı
	instructions	<u> </u>		
3	Excess distributions carryover, if any, to 2018			
a	From 2013			-
<u> </u>	From 2014		1	
c	From 2015		1	
d	From 2016		<u> </u>	
ее	From 2017	د	<u> </u>	
<u>f</u>	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2018 distributable amount			0
<u>i</u> _	Carryover from 2013 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2018 from			
	Section D, line 7 \$ 0	`		
	Applied to underdistributions of prior years		0	
<u> </u>	Applied to 2018 distributable amount			0
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	0	<u> </u>	
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions		0	
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in		}	
	Part VI See instructions			0
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c	0	<u> </u>	
8	Breakdown of line 7			
a		· · · · · · · · · · · · · · · · · · ·		
<u>b</u>			9	<u> </u>
<u>c</u>				
<u>d</u>		<del></del>	1	
e	Excess from 2018 0	1	,l	

Schedule A (Fo	rm 990 or 990-EZ) 2018 MURRAY RIDGE HOUSING CORPORATION	34-1711986	Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 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,	17b, Part 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 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, lines 2, 5, and 6, Alan appropriate the part of the part		
	lines 2, 5, and 6 Also complete this part for any additional information (See instructions)		<del></del>
			,
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#### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

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

Department of the Treasury Internal Revenue Service

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

2018 Open to Public Inspection

OMB No 1545-0047

Name	of the organization			Employer ident	ification number
MUR	RAY RIDGE HOUSING CORPORATION			1	34-1711986
	Organizations Maintaining Donor	Advised Funds or Oth	er Similar Fu	unds or Acco	
	Complete if the organization answer				
		(a) Donor advised (		1	unds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)			<u> </u>	
3	Aggregate value of grants from (during year)		<u> </u>		
			<del></del>	<del> </del>	<del></del>
4	Aggregate value at end of year	or adveces in writing that t	ho conste hold	in donor advise	
5	Did the organization inform all donors and dor				Yes No
_	funds are the organization's property, subject				
6	Did the organization inform all grantees, dono		-		•
	only for charitable purposes and not for the be	netit of the donor or donor	advisor, or for a	any other purpo	
	conferring impermissible private benefit?				Yes No
Par					
	Complete if the organization answer				
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e g , r	ecreation or education)	Preservati	on of a historic	ally important land area
	Protection of natural habitat		Preservati	on of a certified	f historic structure
	Preservation of open space	L			
2	Complete lines 2a through 2d if the organization	on hold a gualified consen	ation contributi	on in the form o	of a consensation
_	· · · · · · · · · · · · · · · · · · ·	on held a qualified conserve	ation contribution		Held at the End of the Tax Year
_	easement on the last day of the tax year			22	Held at the Elid of the Tax Tear
a	Total number of conservation easements			2a 2b	
b	Total acreage restricted by conservation ease		dad in (a)	20 2c	
c d	Number of conservation easements on a certi Number of conservation easements included it		, ,	20	-
u	historic structure listed in the National Registe		o, and not on a	2d	
3	Number of conservation easements modified,		aushed orter		organization during
•	the tax year	transferred, released, extin	igaiorica, or ter	minated by the	organization damig
4	Number of states where property subject to co	nservation easement is lor	rated •		
5	Does the organization have a written policy re			n handling of	
•	violations, and enforcement of the conservation		ing, mapeedio	i, nanding or	Yes No
6	Staff and volunteer hours devoted to monitoring, in		ne and enforcing	i conservation ea	
•	•	specing, nanding or violation	is, and emorong	Conservation ea	isements during the year
7	Amount of expenses incurred in monitoring, inspec	ting handling of violations as	nd enforcing con-	canistion ascam	ents during the year
•	\$	alling, mandling of violations, at	id emorally con-	servation easem	ents during the year
8	Does each conservation easement reported o	n line 2(d) above satisfy the	a requirements	of section 170	(h)(4)(R)(i)
U	and section 170(h)(4)(B)(ii)?	in line 2(d) above satisfy the	e requirements	or section 170	Yes No
۵	In Part XIII, describe how the organization rep	orte concentation easemer	te in ite revenii	e and evnence	
3	balance sheet, and include, if applicable, the t				
			ganization's iiri	iaiiciai stateille	nts that describes the
Dar	organization's accounting for conservation eas		Traccurac	r Other Simi	ilar Assats
Гаг	Organizations Maintaining Collect				iidi Assets.
4-	Complete if the organization answer				ant and balance about
1a	If the organization elected, as permitted under	•	•		
	works of art, historical treasures, or other similar to the same and the same are same as a same as a same are sam				
_	public service, provide, in Part XIII, the text of				
þ	If the organization elected, as permitted under				
	works of art, historical treasures, or other simil	•	inibition, educa	tion, or researc	in furtherance of
	public service, provide the following amounts in	-			
	(i) Revenue included on Form 990, Part VIII, I	ine 1			► \$ ► \$
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of a				l gain, provide the
	following amounts required to be reported und	ler SFAS 116 (ASC 958) re	lating to these	ıtems	
а	Revenue included on Form 990, Part VIII, line	1			<b>&gt;</b> \$
h	Assets included in Form 990, Part X				▶ \$

Other

Par	Organizations Maintaining College	ctions of Art	t, Histo	<u>rical Tre</u>	asures, or	<u>Other</u>	<u>Similar Asse</u>	ts (conti	nued)	)
3	Using the organization's acquisition, access	ion, and other i	records,	chéck any	of the follow	ing tha	t are a significar	nt use of r	ts	
	collection items (check all that apply)			1						
а	Public exhibition		d	Loan or	exchange pr	ograms	S			
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and	explain h	ow they fu	urther the org	anızatı	on's exempt pur	pose in P	art	
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							] No		
Part					_					
	Complete if the organization answ 990, Part X, line 21	ered "Yes" or	Form 9	990, Part	IV, line 9, c	or repo	orted an amou	nt on Fo	rm 	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ther as	sets not	Y	es 🗀	] No
b	If "Yes," explain the arrangement in Part XII	I and complete	the follow	wing table			<del>-</del>	A		
_	Decisions belongs					4		Amount		
c d	Beginning balance Additions during the year					10		<del></del>		-
e	Distributions during the year					10	<del></del>			
f	Ending balance					1	<del></del>			0
2a	Did the organization include an amount on F	Form 990 Part	Y line 2	1 for each	ow or custod				es X	1
b	If "Yes," explain the arrangement in Part XII						•	ш.		] ]
Part		Check here ii	the expi	anationna	as been provi	iueu on	T att XIII		!	<u> </u>
rari	Complete if the organization answ	ered "Ves" or	Form	000 Part	IV line 10					
		Current year		or year	(c) Two years	back	(d) Three years ba	ck (e) F	our years	back
1a	Beginning of year balance	,	, , , , , , , , , , , , , , , , , , ,	., ,	(0)		(-,, ,			
b	Contributions								-	
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the cur	rent year end b	•	line 1g, co	olumn (a)) hel	ld as				
a	Board designated or quasi-endowment	·	<u>%</u> .			•				
b	Permanent endowment	<u>%</u>								
С	Temporarily restricted endowment	%	0/							
3a	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posses			n that are	held and ad	minieta	red for the			
Ja	organization by	ession of the of	gariizalio	in that are	neiu anu au	IIIII II SLE	red for the		Yes	No
	(i) unrelated organizations							3a(i)	100	
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as	required	d on Sche	dule R?			3b		
4	Describe in Part XIII the intended uses of the		•							
Part	VI Land, Buildings, and Equipment									
	Complete if the organization answer	ered "Yes" on	Form 9	90, Part	IV, line 11a	See	Form 990, Pa	rt X, line	10 _	
	Description of property	(a) Cost or othe (investme			or other basis other)		Accumulated depreciation	(d) B	ook valu	e
1a	Land		0		814,000		-		81	4,000
b	Buildings		0		3,614,795		1,382,802		2,23	31,993
С	Leasehold improvements		0		0		0	,		0
d	Equipment	}	0		0		0			0

0

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

0

3,045,993

0

Part VII			5	
	Complete if the organization answere	ed "Yes" on Form 990,		
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financia	al derivatives	0		
	held equity interests	0		
		<u> </u>		
		<u> </u>		
(E)		<del></del>		
(F)	·			
(G) (H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	11	
Part VIII	Investments—Program Related.			
T WITE VIII	Complete if the organization answere	d "Yes" on Form 990	Part IV line 11c See Form 9	990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	aluation
(1)				
(2)			_	
(3)				
(4)				
(5)				
(6)			<u> </u>	
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13 )	<u>0</u>		
Part IX	Other Assets.	110711 - 5 000	Death V has 44 d. Oct. France	200 D-4V lm-45
	Complete if the organization answere		Part IV, line 11d See Form s	
	(a) De	scription		(b) Book value
(1)			_	<del> </del>
(3)				
(4)	<del></del>			
(5)			<del></del>	<del></del>
(6)				<del></del>
(7)				
(8)				
(9)				
Total. (Colur	nn (b) must equal Form 990, Part X, col (B) lin	e 15)	<b></b>	0
Part X	Other Liabilities. Complete if the organization answere line 25	d "Yes" on Form 990,	Part IV, line 11e or 11f See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value	)(	<del></del>
	income taxes	0		
	RITY DEPOSITS	3,700		
(3)			lŧ	
(4)			<b>!</b>	
(5)		<del></del>	<b>.</b>	•
(6)				
(7)			, <u> </u>	
(8)			1	
(9)			-	
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25 ) 🕨	3,700	<u> </u>	, 
2. Liability fo	r uncertain tax positions. In Part XIII, provide the	text of the footnote to the o	rganization's financial statements the	nat reports the
organization's	s liability for uncertain tax positions under FIN 48	3 (ASC 740) Check here if t	he text of the footnote has been pro	ovided in Part XIII

Par	t XI Reconciliation of Revenue per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Par		e per Return.	
1	Total revenue, gains, and other support per audited financial statements	tiv, iiie iza	11	
2	· · · · · · · · · · · · · · · · · · ·		<del></del>	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2a		
	Net unrealized gains (losses) on investments  Donated services and use of facilities	2b		
b		2c 2c		
Ç	Recoveries of prior year grants	2d		
d	Other (Describe in Part XIII )			,
	Add lines 2a through 2d		3	
3	Subtract line 2e from line 1	1 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	45		
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII )	4a   4b		
p p	Add lines 4a and 4b	_ <del>4b</del>	4c	(
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	<del></del>
	XII Reconciliation of Expenses per Audited Financial Statemen	nte With Expans		
raı	Complete if the organization answered "Yes" on Form 990, Part	_	ses per Return.	
1	Total expenses and losses per audited financial statements	tiv, iiie iza	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		<del>                                     </del>	
	Donated services and use of facilities	2a		
a b	Prior year adjustments	2b		
C	Other losses	2c 2c		
q	Other (Describe in Part XIII )	2d	<del></del>	
	Add lines 2a through 2d	_ <u> </u>		(
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	<u> </u>	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII )	4b		
	· ·	_ <del></del>	4c	,
	Add lines 4a and 4h			
_	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	)	5	
5 Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information.		5	(
5 Part Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	Part IV, lines 1b ar	5 ad 2b, Part V, line 4, Part	X, line
5 Part Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b ar	5 ad 2b, Part V, line 4, Part	X, line
5 Part Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b ar	5 ad 2b, Part V, line 4, Part	X, line
5 Part Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b ar	5 ad 2b, Part V, line 4, Part	X, line
5 Part Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b ar	5 ad 2b, Part V, line 4, Part	X, line
5 Part Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b ar	5 ad 2b, Part V, line 4, Part	X, line
5 Part Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b ar	5 ad 2b, Part V, line 4, Part	X, line
5 Part Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b ar	5 ad 2b, Part V, line 4, Part	X, line
5 Part Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b ar	5 ad 2b, Part V, line 4, Part	X, line
5 Part Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b ar	5 ad 2b, Part V, line 4, Part	X, Ine

Schedule D (Form 990) 2018	MURRAY RIDGE HOL	JSING CORPORATI	ON		34-1711986	Page <b>5</b>
Part XIII Suppleme	ntal Information (co	ontinued)				
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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest-information:

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization MURRAY RIDGE HOUSING CORPORATION 34-1711986 Form 990, Part VI, Section B, Line 11 THE BOARD REVIEWS FORM 990 PRIOR TO SUBMISSION Form 990, Part VI, Section C, Line 19 AVAILABLE UPON REQUEST

Schedule O (Form 990 or 990-EZ) (2018)	Employer identification number
Name of the organization MURRAY RIDGE HOUSING CORPORATION	34-1711986
MICHAEL HOOGING CONTION	
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