EEA

_	^	00	Dod.	on of Ourseliation Evo		7493U	900	OMB No 1545-0047			
Form	1 9	90	Retu	rn of Organization Exe	mpt From Incor	ne rax		2017			
		•	Under section 50°	l(c), 527, or 4947(a)(1) of the Intern	al Revenue Code (excer	ot private found	dations)	2017			
Depar	tment a	the Treasury	► Do not	enter social security numbers on t	his form as it may be m	ade public.	ONE	Open to Public			
Intern	al Rever	nue Service		www.irs.gov/Form990 for instruc	tions and the latest info	ormation.	DU	Inspection			
A I	For the	e 2017 calend	lar year, or tax year be	ginning	06-01 , 2017, and e	nding	05-3				
В	Check If	applicable ,		nter Housing, Inc. nter II Apartments				Employer identification no			
=	\ddress	change		6-3712635							
_	Name ch	-	1	Telephone number							
$\overline{}$	nitial ret		4245 Forest F			1		314) 533 -4245			
$\overline{}$	mende	urn/terminated		nce, country, and ZIP or foreign postal code			1	Gross receipts			
$\overline{}$		on pending	Saint Louis, F Name and address of pnno			H(a) Is this a gro	un return for si	\$ 375,726 ubordinates? Yes No			
⊔ ′	фрисац	on pending	Same as C abo		4	H(b) Are all su					
<u> </u>	ax-exer	npt status	501(c)(3) 501(c) () ◀ (insert no)	□ 527 ∩ ⊃			st (see instructions)			
	Vebsite					H(c) Group e		•			
K F	orm of o	organization X	Corporation Trust	Association ☐ Other ►	L Year of formation 1	990 M Sta	ite of legal d	omicile MO			
Pa	rt I	Summar	у								
	1	Briefly descri	ibe the organization's m	ssion or most significant activities:	Providing housi	ng facilit	ies to	handicapped			
43		persons	under the auspic	ces of HUD.							
Governance											
2											
o Ve	2	Check this bo	ox 🕨 🗌 if the organizat	ion discontinued its operations or disp	oosed of more than 25%	of its net assets	٠				
<u>ن</u> مع	3	Number of ve	oting members of the go	verning body (Part VI, line 1a)			. 3	4			
es 6	4	Number of in	ndependent voting memb	ers of the governing body (Part VI, li	ne 1b)		. 4	4			
<u>vi</u>	5	Total number	r of individuals employed	l in calendar year 2017 (Part V, line 2	?a)		. 5				
Activities &	6	Total number	nber of volunteers (estimate if necessary)								
•	7a	Total unrelate	ed business revenue fro	m Part VIII, column (C), line 12			. 7a				
	b	Net unrelated	d business taxable incor	ne from Form 990-T, line 34		<u></u>	. 7b	<u>_</u>			
				RE	CEIVED 7	Prior Year		Current Year			
	8		s and grants (Part VIII, lir	1001	701	 					
Ĕ	9	Program ser	7,865	373,374							
Revenue	10	Investment in	1,343	2,106							
œ	11			lines 5, 6d, 8c, 9c, 10d, and 11e)	AND THE PARTY OF T		884	246			
	12			1 (must equal Part VIII column (A) lii	(e-1/2)	37	0,092	375,726			
	13			rt IX, column (A), lines 1-3)	Control of the second of the s			0			
	14			t IX, column (A), line 4)				0			
es	15	•	, , ,	ree benefits (Part IX, column (A), line	·			0			
Expenses			fundraising fees (Part IX) sing expenses (Part IX)			32 12 18 18 18 18 18 18 18 18 18 18 18 18 18	12'- d. AN	0			
꿃	17		•		 .		6,282				
_	18	•		ust equal Part IX, column (A), line 25)			6,282	411,281 411,281			
	19	-	· ·	e 18 from line 12			6,190)	(35,555			
- 8	†	7 (0 107.45 100)	S CAPATIONS. COOLIGOT III.			Beginning of Curre		End of Year			
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)		h-		9,686	1,255,758			
Ass	21			• • • • • • • • • • • • • • • • • • • •			5,588	1,597,215			
FE	22			ct line 21 from line 20			5,902)				
Pai			re Block				<u> </u>				
Unde	r penalti	es of perjury, I dec	dare that I have examined this re	etum, including accompanying schedules and st		nowledge and belief	, it is				
true, e	correct,	and complete Dec	daration of preparer (other than	officer) is based on all information of which prepared	arer has any knowledge	 _					
			14000					_			
Sigr	1	Signature	e of officer	(1)		7	(Date	10			
Here	е	Ma	ox bethell	Vice President			151	19			
		Type or p	print name and title	1							
		Print/Type pre	parer's name	Preparer's signature	Date	Check [ıf PTI	IN .			
Paid	i	Shawn S	leve	Shawn Sieve	02-14-2019	self-emplo	yed	P01345985			
_	parei		► Mare a	nd Company		Firm's EIN ▶					
Use	Only	Firm's address	; ► 330 No	th Fourth Street		Phone no					
			Saint I	Louis MO 63102			314- <u>24</u>				
May	he IR	S discuss this	return with the preparer	shown above? (see instructions) .	<u> </u>			🛚 Yes 🗌 No			

For Paperwork Reduction Act Notice, see the separate instructions.

. ★ Yes No Form 999 (2017)

	1990(2017) Center nousing, Inc. 36-3712635 Page
Ра	rt 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:
	Providing housing facilities to handicapped persons under the auspices of HUD.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	pnor Form 990 or 990-EZ?
	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?
	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 \$ 318,337 including grants of \$) (Revenue \$ 373,620)
	Providing housing facilities to handicapped persons under the auspices of HUD.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	On the Control of Orbital Contro
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 318,337

7) Center Housing, Inc.
Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		7,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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,	E		v
6	Part III	5_		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	6		v
7	"Yes," complete Schedule D, Part I	-		X
•		7		х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			 ^- -
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
3	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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,			<u> </u>
• •	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	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		Ī	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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	445	1	v
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		<u>X</u> _
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-'/		<u>X</u>
10	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?		+	<u> </u>
	If "Yes," complete Schedule G, Part III	19		Х
	11 100, Complete Controlle O, Falcini		990 /2	

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? 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 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 X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28ь X 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 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Х 35a 35a Х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable X 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, X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

38

197 Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a ь 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 d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? a 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a а Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: а Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O 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 C Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b

Page 6 Center Housing, Inc. 36-3712635

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction.	S.		-
	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · · </u>	<u> </u>	<u>. [X]</u>
Sec	tion 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	,	1,,17	k,
	If there are material differences in voting rights among members of the governing body, or	rz. ,		
	if the governing body delegated broad authority to an executive committee or similar	4.	. '	'
	committee, explain in Schedule O.		+ 1	۱, ۱,
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1	,	, ·
•	the year by the following:		1	
_	The governing body?	8a	X	
a	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 reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
800	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			- 22
Jec	tion b. Foncies (This Section & requests information about policies not required by the internal November 6500)		Yes	No
40-	Did the organization have local chapters, branches, or affiliates?	10a	103	X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44.		11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	110		- -
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	420		<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		v
	describe in Schedule O how this was done	12c	v	X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	<u>X</u>	_
15	Did the process for determining compensation of the following persons include a review and approval by	i	, ,	, ' '
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	_16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	Maria Santaniana.	IXIK	
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
. •	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Danes Warm (214) 523 4245 4245 Paragt Park Plud Saint Louis MO 63108			

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Center Housing, Inc.

36-3712635

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees, and former such persons.

(C) Position (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an officer and a director/trustee) compensation from hours per compensation amount of week (list anv from related other hours for the organizations compensation Highest compensated employee Individual trustee or director related Institutional Key employee organization (W-2/1099-MISC) from the organizations (W-2/1099-MISC) organization below dotted and related line) organizations trustee (1) Matt Doyle 2.00 X President n 0 (2) Mark Bethell 2.00 X 0 Vice-President 0 (3) Jenifer Higginbotham 2.00 X 0 Secretary 0 (4) Kara Daumueller-Morrell X Treasurer 0 (5) (6) (9) (10) (11)______ (12) (13) (14)

Part VII Section A. Officers, Directors, Trusto . (A) Name and title	(B) Average hours per week (list any	(do no box, to office	ot che unless er and	Posi eck me s pers a dire	tion ore the on is l	an one both an rustee)		(D) Reportable compensation from	(E) Reportable compensation froi	m	(F) Estimated amount of other		of
	hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC) 	fr org and	pensat rom the anization d relate anization	e on ed
(15)										_			
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)								_ 					
<u>(24)</u>													
(25)	- - 												
1b Sub-total	ction A						>			0			
Total number of individuals (including but not lim reportable compensation from the organization	nited to those list							than \$100,000 of		0			
3 Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched										_	3	Yes	No X
4 For any individual listed on line 1a, is the sum of organization and related organizations greater to	reportable comp than \$150,000?	ensati	on a	nd o	ther	compe	ensa	tion from the		-	trin innumpri		
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If "Ye	e compensation									_	5		X
Section B. Independent Contractors	es, complete st	euur	C 0 10	01 30	ion p	-					<u> </u>		<u> </u>
1 Complete this table for your five highest compens compensation from the organization. Report com- year.	-												
(A) Name and business addr	ess							(B) Description of	services			C) ensation	n
Total number of independent contractors (include received more than \$100,000 of compensation from the contractors of the c	_			liste	d abo	ove) w	/ho					,	

		· Check if Schedule O contains a response	e or no	te to any line in th	ıs Part VIII	<u> </u>	<u> </u>	<u></u> [
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
និស	1a	Federated campaigns	1a					Later to the second sec
Grant	b	Membership dues	1b					
s, Gran Amoun	C	Fundraising events	1c			\$100 100 100 100 100 100 100 100 100 100		
Gifts ilar A	d	Related organizations	1d					
s, mii,G	e	Government grants (contributions)	1e					
ion	•	All other contributions, gifts, grants,						
ribution Other S	•	and similar amounts not included above	1f		[3] T 5 , 15-15			
Ę O	_	Noncash contributions included in lines 1a-						آ و با آول آمور دا آولاد دار دار دار دار دارد
Cont	9 h	Total. Add lines 1a-1f	•		Thirtee Last Assessment			
	'''	Total. Add lines ta-11	· · · · ·	Business Code	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	(A		
9	20	Amountment Bentol	ŀ		1	272 274		10-11 Billes 127 2 5
Program Service Revenue	l -	Apartment Rental	— }	531110	373,374	373,374		
æ	b		— ¦					
5	C							
Se	a							
gran	e		— ŀ					
ě		All other program service revenue		<u> </u>		t us that glade, is	Late Carlot and the same	3.247.74 6. 4
	g	Total. Add lines 2a-2f	· · · ·		373,374	1 - 1 - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 -		121 m 1 m 1 m
i	3	Investment income (including dividends, inter and other similar amounts)			2,106			2,106
	4	Income from investment of tax-exempt bond	•					
	5	Royalties		<u> ▶</u>				
		(ı) Real		(ii) Personal		an light that		
	6a	Gross rents				, hand and a		b 12 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b	Less: rental expenses						
	С	Rental income or (loss)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	d	Net rental income or (loss)		<u> </u>				
	7a	Gross amount from sales of (i) Securities	s	(II) Other		1333 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		assets other than inventory						
	ь	Less, cost or other basis			1 1 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
왘	8a	Gross income from fundraising			1			2160-00/01
en /en		events (not including \$						
Re		of contributions reported on line 1c)	_					
Other Reve		See Part IV, line 18	. a		The state of the s			Sand Haller George Park
횽	ь	Less. direct expenses						
		Net income or (loss) from fundraising events	-		the state of the s			mine Children again Markey and Child
		Gross income from gaming activities.	j		7-1-551, 3-7	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 11 10 10 10 10 10 10 10 10 10 10 10 10	Alter - Bush - Francisco
		See Part IV, line 19	a		ا المراجع المرا			
	h	Less. direct expenses						
		Net income or (loss) from gaming activities	-		Charles and the 's Walnes		atea maintain ta tha ann an 111 an	اللك المنافعة
			· · · i			11 20 37 22 33 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*** **********************************	9 34 34 3 22 3 1 - 1 1 1 1
	10a	Gross sales of inventory, less returns and allowances	_ [7,,7,5,7,5,7		landa in the state of the state	
					A STATE OF THE STA	3	the second secon	(**) [# 의 / 1 1 1 1 1 1 1 1 1 1
		Less cost of goods sold					13.1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	المالية المستعددة المستعدد ا
	င	Net income or (loss) from sales of inventory	· · · ·		31 1 1 29 1 x 1 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x	State of the state of	ا المراجع الم	Harry and the state of
	- 46	Miscellaneous Revenue		Business Code		mere Karran hamali alambayar		
	_	Tenant Charges		531110	246	246	* ,	
	b							
	С					-		
		All other revenue			1	jn 33, 33 *1, 3	10 Y 2 pm2 H - 2 12 12 1	
		Total. Add lines 11a-11d			246		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Transfer Transfer To
	12	Total revenue. See instructions			375,726	373,620	l d	2,106

36-3712635

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other orga	nizations must comple	te column (A)	
	. Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	evnenses	neneral expenses	eynenses
1	Grants and other assistance to domestic organizations				September 1
	and domestic governments See Part IV, line 21			· · · · · · · · · · · · · · · · · · ·	193 4 3 4 1 2 4 2 4 1 2
2	Grants and other assistance to domestic				
	ındıvıduals. 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			Service of the servic	The state of the s
4	Benefits paid to or for members			12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<u> </u>
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			···	
10	Payroll taxes				
11	Fees for services (non-employees)	17 000		17 000	ĺ
a	Management	17,988		17,988 273	 -
b	Legal	12 696		12,696	
C	Accounting	12,696		12,090	
d	Lobbying		1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	5 x	
e f	Investment management fees		1 7 , 2 , 4 11 1140	1, 12, 12, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	7,485		7,485	
14	Information technology	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
15	Royalties				
16	Occupancy	213,003	213,003		
17	Travel	223,133			_
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		1		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	95,248	94,384	864	
23	Insurance	9,146	8,896	250	
24	Other expenses. Itemize expenses not covered	The state of the s			
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column		되었는 가 얼마,		
	(A) amount, list line 24e expenses on Schedule O)		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	3'8 1 3 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 4 1 1 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2
а	Miscellaneous Administrative	4,802	2,054	2,748	
b	Contract Payroll	50,640		50,640	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	411,281	318,337	92,944	0
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	,		٠.,	
	following SOP 98-2 (ASC 958-720)		1	1	1

9,820

49,298

2,139

1,255,758

Form 990 (2017) 36-3712635 Center Housing, Inc. **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 31,949 1 106,026 1 Cash - non-interest-bearing 2 2 3 3 1,082 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 7 Notes and loans receivable, net 8 9 6,013 4,945 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 10a 2,715,851 10c Less: accumulated depreciation 10b 825,971 743,839 1,972,012 b 11 11 12 12 445,395 13 390,069 13

Loans and other payables to current and former officers, directors. 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 1,560,480 1,537,961 23 Secured mortgages and notes payable to unrelated third parties 24 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 7,254 25 7,817

Assets or Fund Balances 27 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

complete lines 27 through 29, and lines 33 and 34.

Organizations that follow SFAS 117 (ASC 958), check here > X and

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

30 31 32 (305,902) 33 (341,457)

34

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15

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17

18

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20

26

27

28

9,276

53,424

4,430

1,319,686

1.625.588

(597, 902)

292,000

1,319,686

1,255,758 Form 990 (2017)

1,597,215

(633,457)

292,000

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17

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20

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Form	1990 (2017) Center Housing, Inc.	6-371	L2635	P	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		375,	726
2	Total expenses (must equal Part IX, column (A), line 25)	2		411,	281
3	Revenue less expenses. Subtract line 2 from line 1	3		(35,	555)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	i	(305,	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	,		0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		(341,	457)
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🛛
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		12,1	1, 1, 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_			, , ,
	Schedule O				ني ال
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		3 1c.**	31 1 3 3	
	reviewed on a separate basis, consolidated basis, or both		135		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ا با ا الماميات		
b	Were the organization's financial statements audited by an independent accountant?		2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		-	7 3	1 10 4
	separate basis, consolidated basis, or both:		,,	, n' , ,	
	Separate basis		in t		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		, ,,,,,	- 1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		🔼 2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		20,0	5 5	112, 117
	Schedule O.		, r		
За	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?		🔼 3	a X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•		T	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3	b X	
EEA	_ 	•	Fc	orm 990 ((2017)

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SCHEDULE A

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.

OMB No 1545-0047

2017

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number Center Housing, Inc. 36-3712635 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) 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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 section 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: \mathbf{X} An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 Provide the following information about the supported organization(s). (I) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetary (vI) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Sched	ule A (Form 990 or 990-EZ) 2017 Cent	er Housing,	Inc.			36-371263	
Pai	rtill Support Schedule for Or	ganizations Do	escribed in Se	ctions 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you chec						under /
	Part III. If the organization	fails to qualify ι	under the tests	listed below, p	lease complet	e Part III.)	/
	tion A. Public Support			г	T	1	
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				/		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by	1 mg x 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 m					
	each person (other than a		2 2 2				
•	governmental unit or publicly				1 200		
	supported organization) included on				/ (1. June 2 1. 1. 1.		
	line 1 that exceeds 2% of the amount	Transfer to the				1 de 194 mar - 1	
	shown on line 11, column (f)			11 7	Fully 1 1 1 2 2 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6	Public support. Subtract line 5 from line 4	25 3 x x 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			fillion ser		
	tion B. Total Support	Γ	 		r	T	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c)/2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4		. /				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10 .	3 (5 · 1 · 1) - (1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1 2 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
12	Gross receipts from related activities, etc. ((see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop her tion C. Computation of Public St	<u>e /</u>		rth, or fifth tax yea	r as a section 501	(c)(3)	▶□
<u>Sec</u>	Public support percentage for 2017 (line 6,			f))		14	%
15	Public support percentage from 2016 Sche					1	, %
16a	33 1/3% support test - 2017. If the organi						
	box and stop here. The organization gual						▶ □
b	33 1/3% support test - 2016. If the organi						_
-	this box and stop here . The organization						▶ □
17a	10%-facts-and-circumstances/test - 201				a, or 16b, and line	: 14 is	_
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fai						
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 201	6. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, an	d line	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me	ets the "facts-and-o	circumstances" test	. The organization	qualifies as a publ	ıcly	_
	supported organization						▶ □
18	Private foundation. If the organization die						_
	instructions /	<u></u>	<u></u>	<u></u>		· · · · · · · · · · · · · · · · · · ·	<u> ▶ ∐</u>
CC A	/					Schedule A (Fo	rm 990 or 990-EZ) 201

Part III Support Sc

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

(Gomplete 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.)

Sec	ction A. Public Support					- · · · · - · · · · · · · · · · · · · ·	
Cale	endar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	10,000					10,000
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	368,914	374,589	372,637	367,865	373,374	1,857,379
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	378,914	374,589	372,637	367,865	373,374	1,867,379
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	n 1 1 1 1 1 1 1 1 1					1,867,379
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	. 378,914	374,589	372,637	367,865	373,374	1,867,379
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,277	1,226	1,266	1,343	2,106	7,218
D	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,277	1,226	1,266	1,343	2,106	7,218
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	50	477	902	884	246	2,559
13	Total support. (Add lines 9, 10c, 11, and 12.)	380,241	376,292	374,805	370,092	375,726	1,877,156
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2017 (line 8, co	olumn (f) divided by	line 13, column (f))		15	99.48 %
16	Public support percentage from 2016 Schedu	ıle A, Part III, line 1	5	<u> </u>		16	99.38 %
Se	ction D. Computation of Investme						
17	Investment income percentage for 2017 (lin					17	0.00 %
18	Investment income percentage from 2016 S					18	0.00 %
19a	33 1/3% support tests - 2017. If the organi 17 is not more than 33 1/3%, check this box	zation did not chec and stop here. Th	k the box on line 1 ne organization qua	4, and line 15 is malifies as a publicly	ore than 33 1/3%, supported organia	and line zation	▶ 🏻
-	33 1/3% support tests - 2016. If the organi line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	n qualifies as a put	olicly supported org	ganızation	▶ □
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box	and see instruction	ns	▶ 🗍

Part IV 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	. All	Sup	porting	Orga	anizati	ons

- 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.
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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
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Center	Housing,	Inc

Sched	dule A (Form 990 or 990-EZ) 2017 Center Housing, Inc. 36-3/12633	<u>' </u>		-age
Pa	rt IV Supporting Organizations (continued)		T.,	T
		F = ',-	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?		135 - 1 175 - 1	ļi
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		- 1	اللبات ا
•	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	<u> </u>	—
	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	ļ	
Sec	ction B. Type I Supporting Organizations		T.,	
		1 . 72	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	, P	1.5	1.31, 5
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	July 1	1, -, 1	, ', ", , , , , , , , , , , , , , , , ,
	controlled the organization's activities. If the organization had more than one supported organization,	7' *	. ; '	, , , , , , , , , , , , , , , , , , ,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	المثالث		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ļ.,	<u> </u>
		- ','*	٠	, E ' ' ' ,
2	Did the organization operate for the benefit of any supported organization other than the supported			2 21 12 21
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part) b' r	100	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	بر راز ساخت	San San San	, , , , , , , , , , , , , , , , , , ,
	supervised, or controlled the supporting organization.	2	L	<u> </u>
Sec	ction C. Type II Supporting Organizations			
		4. to 1	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			ر طرد ا
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	- 3,	1 1, 11,	
	or management of the supporting organization was vested in the same persons that controlled or managed		malkn.	
	the supported organization(s).	<u> </u>	<u>L</u>	Щ
Sec	ction D. All Type III Supporting Organizations			г
		د ادا د	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1, 1, 1, 1, 5	- ' ' '	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	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	Lamber wit.	1	ar ar pa ar
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	4 1 1	1 (r) ₁ 1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	, in		1.4
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	i,",	1112	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		-
		1, 4, 11	1	, , , ,
3	By reason of the relationship described in (2), did the organization's supported organizations have a	Fr. 7.1		, , , , , , , , , , , , , , , , , , ,
	significant voice in the organization's investment policies and in directing the use of the organization's	1,15		, 31 , 27 , 179
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	i main sa		
	supported organizations played in this regard.	3	<u> </u>	
	ction 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 in	istruci	tions).
a				
b		, .		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in		
2	Activities Test. Answer (a) and (b) below.	Day 2	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		33,3,3,	, ,d }
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		r i jin b	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	, , , , , , , , , , , , , , , , , , ,		at de
	how the organization was responsive to those supported organizations, and how the organization determined	التششية	المستحسد	<u> </u>
	that these activities constituted substantially all of its activities.	2a_		3 . 7
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1 1 mg 1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		''- ' <u>'</u> ;	, , ,
	reasons for the organization's position that its supported organization(s) would have engaged in these			,, ^,, a
	activities but for the organization's involvement.	2b	, ,	
3	Parent of Supported Organizations. Answer (a) and (b) below.	1, 23, 1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		4	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ر بار الراب معلم جديد	a sinda e ac	anne milan
	of its supported organizations? If "Vos." describe in Part VI the role played by the organization in this regard	3h	1	Ι. ¨

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organization	zatio	ns must complete Section	
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)
Aggregate fair market value of all non-exempt-use assets (see	,,,,,,		F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
instructions for short tax year or assets held for part of year):	- 5		
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	4		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
factors (explain in detail in Part VI).	3.		
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,	1		
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	7 11 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
2 Enter 85% of line 1	2	Marie Committee	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		1
4 Enter greater of line 2 or line 3.	4	" " 1 3 2 X 1 3 X 1 1 1 1 X 3 X 3 X 3 X 3 X 3 X 3	
5 Income tax imposed in prior year	5	To a second of the second of t	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	\top	12 1 2 k 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1	
emergency temporary reduction (see instructions).	6	The state of the s	1
7 Check here if the current year is the organization's first as a non-functionally	-inte		organization (see
instructions).			

Par	t V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Sec	tion D - Distributions		Current Year	
	Amounts paid to supported organizations to accomplish exem			· · · · · · · · · · · · · · · · · · ·
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	s of supported organizat	ions	
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.	<u></u>		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
S	section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		Excess bistributions	Pre-2017	Amount for 2017
	Distributable amount for 2017 from Section C, line 6	-12	$ \frac{1}{4} \left(\frac{1}{4} - \frac{1}{4} - \frac{1}{4} + \frac{1}{4} \frac{1}{4} \frac{1}{4} \frac{1}{4} + \frac{1}{4} \frac{1}{4} \frac{1}{4} \frac{1}{4} + \frac{1}{4} $	
2	Underdistributions, if any, for years prior to 2017			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(reasonable cause required - explain in Part VI). See			
	instructions.		15.2	
3	Excess distributions carryover, if any, to 2017	17 11 No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		是自己的人。 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
а			17.	- xx
b	From 2013	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Mary Mary Mary Mary Mary Mary Mary Mary	
С	From 2014	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1
d	From 2015		$\frac{1}{2}\frac{x_0-x_1}{x_{n_1}} = \frac{1}{2}\frac{x_0}{x_0} + \frac{1}{x_0} + $	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
е	From 2016		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
f	Total of lines 3a through e		$\frac{1}{83} = \frac{1}{8} \frac{1}{12} $	
g	Applied to underdistributions of prior years	$\frac{1}{1} = \frac{1}{1} \frac{1}{1} \frac{3}{1} \frac{3}{1} \frac{2}{1} \frac{2}{1} \frac{1}{1} $	1 11 10 1.1 . 1	
	Applied to 2017 distributable amount		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 11
i	Carryover from 2012 not applied (see instructions)	$\frac{1}{1} \sum_{i = 1, 1}^{k-1} \sum_{i = 1, 1}^{k-1} \frac{1}{k} \sum_{i = 1, 2}^{k-1} \sum_{i = 1, 2}^{$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		The state of the s	F2 - 2 1 2 2 1 1 1 2 1 1 2 2 2 1 2
4	Distributions for 2017 from			ا الله المنظمة الحريرة في المنظمة المن المنظمة المنظمة المنظمة المنظمة المنظمة
	Section D, line 7 ⁻ \$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a	Applied to underdistributions of prior years	1 (a, 1), (b), (c), (c), (c), (c), (c), (c), (c), (c	1 24,3 2 4 21 1 3, 1 3, 1 3, 1 3, 2 2, 233, 3	
	Applied to 2017 distributable amount		1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	3 at a 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.	1703 1 17 2 3 3 3 4 7 1 3 3 3 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	Complete the second of the sec
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.	(14/4) 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	P.C. Franciscon and a service of the service of	
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			,
	Part VI. See instructions.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
7	Excess distributions carryover to 2018. Add lines 3j	,		
	and 4c.	* * ** *** *** *** *** *** *** *** ***		
8	Breakdown of line 7:	27 Tang 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	「「「「」」、「「「」」、「「「」」、「」、「」、「」 「「「「」」、「「」」、	\$\frac{1}{2}\left[\frac{1}\left[\frac{1}{2}\left[\frac{1}2\le
a	Excess from 2013	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		
b	· · · · · · · · · · · · · · · · · · ·	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Harris C. C. Line Para et al.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
<u> </u>	Excess from 2015	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
<u>d</u>	Excess from 2016	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ \frac{1}{2} \fra	1 - 1 3 1 1 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1
<u>e</u>	Excess from 2017	1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\left \frac{1}{1+\frac{1}{1+\frac{1}{2}}} - \frac{1}{1+\frac{1}{2}} \frac{1}{1+\frac{1}{2}} \right ^2 = \frac{1}{1+\frac{1}{2}} \left \frac{1}{1+\frac{1}{2}} \frac{1}{1+\frac{1}{2}} \right ^2 + \frac{1}{1+\frac{1}{2}} \frac{1}{1+\frac{1}{2}$

Schedule A (For	m 990 or 990-EZ) 2017 Page &
⊦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.)
-	

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.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name	of the organization		Employer identification number
Cer	iter Housing, Inc.		36-3712635
Pai		sed Funds or Other Similar Funds or Acc	counts.
	Complete if the organization answered "Y		
		(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 advise	ors in writing that the assets held in donor advised	
•	funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and de		
•	only for charitable purposes and not for the benefit of the		
	conferring impermissible private benefit?		
Pai	t 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 org		
•	Preservation of land for public use (e.g., recreation		rically important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space	<u> </u>	
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the form of a	a conservation
-	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified history		
d	Number of conservation easements included in (c) acc		
u			2d
3	Number of conservation easements modified, transfer		
3	tax year	ed, released, exarigation, or terrimizated by the e	7.ga: #20.011 00.11.g ti.0
4	Number of states where property subject to conservati	on easement is located.	
5	Does the organization have a written policy regarding		
3	violations, and enforcement of the conservation easem		
6	Staff and volunteer hours devoted to monitoring, inspec		
Ü	Stan and volunteer hours devoted to morntoning, inspec	ang, naranng or violations, and officioning consort	and the same same and the same
7	Amount of expenses incurred in monitoring, inspecting	handling of violations, and enforcing conservation	n easements during the year
•	► \$, nationing of violationa, and a martining construction	, , , , , , , , , , , , , , , , , , ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h	n)(4)(B)(ı)
Ū			
9	In Part XIII, describe how the organization reports con		
•	balance sheet, and include, if applicable, the text of the		
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collec	tions of Art, Historical Treasures, or	Other Similar Assets.
<u> </u>	Complete if the organization answered		
1a	If the organization elected, as permitted under SFAS 1		ent and balance sheet
	works of art, historical treasures, or other similar asset		
	public service, provide, in Part XIII, the text of the footr		
ь	If the organization elected, as permitted under SFAS 1		
_	works of art, historical treasures, or other similar asset		
	public service, provide the following amounts relating t		
	(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, histori		
_	following amounts required to be reported under SFAS		ga, promoc ano
_	-		▶ \$
a			
_ <u>b</u>	Assets included in Form 990, Part X	<u> </u>	· · · · · · · · · · · · · · · · · · ·

	ule D (Form 990) 2017 Center Housing,					712635 Page 2
Pai	rt III Organizations Maintaining C	Collections of A	rt, Historic	al Treasures,	or Other Similar A	Assets (continued)
3	Using the organization's acquisition, accession,	and other records, cl	neck any of the	following that are	a significant use of its	
	collection items (check all that apply)					
а	Public exhibition	d 🗌 Loa	n or exchange	programs		
ь	Scholarly research	e 🗍 Oth	er			
С	Preservation for future generations	_				
4	Provide a description of the organization's collect	ctions and explain ho	w they further	the organization's	exempt purpose in Part	
	XIII		•			
5	During the year, did the organization solicit or re	ceive donations of a	t. historical tre	asures, or other si	mılar	
_	assets to be sold to raise funds rather than to be					Yes No
Pai	t IV Escrow and Custodial Arrang					
	Complete if the organization ar		n Form 990	Part IV, line 9	e, or reported an an	nount on Form
	990, Part X, line 21.				•	
1a	Is the organization an agent, trustee, custodian of	or other intermediary	for contribution	s or other assets	not	
		_				Yes No
b	If "Yes," explain the arrangement in Part XIII and					
	, ,	•	J			Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amount on Form					Yes No
b	If "Yes," explain the arrangement in Part XIII. Ch				•	
Par						
	Complete if the organization ar	nswered "Yes" or	n Form 990	, Part IV, line	10.	
		(a) Current year	(b) Prior yea			pack (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and				-	
	losses					
d	Grants or scholarships					
e	Other expenditures for facilities and	<u> </u>	·			
_	programs					
f	Administrative expenses					
g	End of year balance		 -			
2	Provide the estimated percentage of the current	L	ne 1a. column	(a)) held as:		
a	Board designated or quasi-endowment			(4),		
b	Permanent endowment ▶ %					
c	Temporarily restricted endowment ▶	%				
•	The percentages on lines 2a, 2b, and 2c should					
3a	Are there endowment funds not in the possession		n that are held	and administered	for the	
	organization by:	on o, alo olganization				Yes No
	•					3a(i)
	(ii) related organizations					3a(ii)
ь	If "Yes" on 3a(ii), are the related organizations li	isted as required on 5				3b
4	Describe in Part XIII the intended uses of the or					[42]
	t VI Land, Buildings, and Equipm					
	Complete if the organization an		n Form 990	Part IV. line	11a. See Form 990.	Part X. line 10.
	Description of property	(a) Cost or other		Cost or other basis	(c) Accumulated	(d) Book value
	accompliant of property	(investme	1 '	(other)	depreciation	15, 550, 1000
1a	Land			187,300	<u> </u>	187,300
b	Buildings	• • •		2,465,050	1,911,591	553,459
C	Leasehold improvements			2,303,030	1,011,091	333,439
d	Equipment			24,839	21,759	3,080
<u>e</u> Total	Other		C column (R)	38,662	38,662	743,839

Part VII	Investments - Other Securities. Complete if the organization answ	vered "Yes" on Form 990. Par	rt IV. line 11b. See Form 990. F	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 va	
(1) Financial	derivatives			
` '	eld 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)		$\begin{array}{cccccccccccccccccccccccccccccccccccc$	
Part VIII	Investments - Program Related Complete if the organization answ		rt IV, line 11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market va	lue
(1) Reser	ve for Replacement	295,762	Cost	
	ual Receipts	88,141	Cost	
	w Deposits	6,166	Cost	
(4)				
(5)				
(6)				
(7)				<u> </u>
(8)				
(9)				
Part, IX	onust equal Form 990, Part X, col. (B) line 13) Other Assets. Complete if the organization answ	vered "Yes" on Form 990, Par	rt IV, line 11d. See Form 990, I	Part X, line 15.
(4) Dance	its Hold in Trust	(a) Description		(b) Book value 9,82
(2)	its Held in Trust			3,02
(3)				
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)	<u> </u>			
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) li	ne 15.)		9,82
Part X	Other Liabilities. Complete if the organization answ line 25.		rt IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Book value	State of the state	3 3 12 21 Bright gray 1 gray
	income taxes			
	it Liabilities	7,817		
(3)				
(4)				· 프랑스 레크 크리 레크 노크 스 프라그램 프로프트 - 프로프트
(5)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(6)	•			
(7)				
(8).			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(9)			The state of the s	The state of the s
) must equal Form 990, Part X, col (B) line 25)	▶ 7,817	ا از	
	r uncertain tax positions. In Part XIII, provide t		ation's financial statements that reports	the

• Schodulo	D (Form 990) 2017 Center Housing, Inc.		3	6-3712635	Page 4
Part		nts V			
· art	Complete if the organization answered "Yes" on Form 990, P.				
1 T	otal revenue, gains, and other support per audited financial statements			1	375,726
•	mounts included on line 1 but not on Form 990, Part VIII, line 12			-	
	et unrealized gains (losses) on investments	2a			
	onated services and use of facilities	2b		1	
	ecoveries of prior year grants	2c		1	
		2d		11	
	dd lines 2a through 2d			2e	
	ubtract line 2e from line 1			3	375,726
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1:				
	vestment expenses not included on Form 990, Part VIII, line 7b	4a]	
	ther (Describe in Part XIII)	4b]	
	dd lines 4a and 4b			4c	
5 T	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		<u> </u>	5	375,726
Part .	XII Reconciliation of Expenses per Audited Financial States	nents	With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, F				
1 T	otal expenses and losses per audited financial statements			1	411,281
	mounts included on line 1 but not on Form 990, Part IX, line 25:				
a D	onated services and use of facilities	2a			
b P	rior year adjustments	2b	<u> </u>		
c C	ther losses	2c			
d C	ther (Describe in Part XIII.)	2d			
e A	dd lines 2a through 2d			2e	
3 S	ubtract line 2e from line 1			3	411,281
4 A	mounts included on Form 990, Part IX, line 25, but not on line 1				
	vestment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b C	ther (Describe in Part XIII.)	4b			
c A	dd lines 4a and 4b			4c	
5 T	otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	411,281
Part					
2; Part	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any Footnote for uncertain tax position under	additio	nal information.		
	nting standards require entities to determine their rec				
Erom	an evaluation of the income tax positions taken or not	take	n by an entity o	during its	
tax y	ear. Management of the Project has not identified any	such	unrecognized to	ax	
posit	ions that would be material to the Project, and has not	rec	orded any amount	ts to	
accou	nt for the effects of any such unrecognized tax position	ns.			
		. <u> </u>		· · · · · · · · · · · · · · · · · · ·	<u>-</u>
		-			
			<u> </u>		

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.

2017

Open to Public Inspection

Employer Identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

36-3712635 Center Housing, Inc. 01. Management duties delegation (Part VI, line 3) Form 990, Part VI, Section A, Line 3: Independence Center serves as the Project's sponsor and managing agent. 02. Form 990 governing body review (Part VI, line 11) Form 990, Part VI, Section B, Line 11: The finance committee is providing a copy of the Form 990 prior to its filing. Form 990, Part VI, Section B, Line 11: The Form 990 was reviewed by the Project's Board of Directors prior to it's submittal. 03. Governing documents, etc, available to public (Part VI, line 19) Form 990, Part VI, Section C, Line 19: The organization makes its governing documents, conflicts of interest policy, and financial statements available upon request. 04. Audited by an independent accountant (Part XII, line 2b) Form 990, Part XII, Line 2C: Audit Oversight: The Project's Board of Directions oversees the selection of an independent accountant and the audit. 05. General explanation attachment Part IX, Line 24b Contract Payroll: Contract payroll expenses represents pass-through payroll charges made to the Project by its managing agent, Independence Center, during the fiscal year then ended.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

Center Housing, Inc.

Part I Identification of Disregarded Entities. Compl	ete if the or	ganization answe	red "Yes" on	Form 990, F	Part IV, line 3
(a)		(b)	Le	(C) egal dom (state foreign country)	(d)
Name, address, and EIN (if applicable) of disregarded entity		Primary activity	ort	foreign country)	Total income
(1)				-	
•			•	,	
(2)					
(3)					
/A\					
(4)					
(5)	· · · · · · · · · · · · · · · · · · ·				
•					
Part II Identification of Related Tax-Exempt Organizations done or more related tax-exempt organizations d			nization ansv	wered "Yes"	on Form 990
(a)		(b)	(c)	(d)	(€
Name, address, and EIN of related organization	·	nmary activity	Legal dom (state or foreign country)	Exempt Code sec	tion Public chan
(1) Independence Center, 43-1195240					
4245 Forest Park Blvd	l l	g adults with	ļ		ļ
Saint Louis, MO 63108	mental i	llness	MO	501 (C) (3)	12b
(2)					
(3)					
(4)					
(5)					
		-			

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

EEA

	because it had one or more related	u orga	nzations treated t	<u> 15 u pu</u>	о. ор	<u> </u>			
	(a) Name, address, and EIN of related organization		(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct contro entity	lling	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- year assets
(1)									
(2)									
(3)									
(4)									
(5)									
Part IV	Identification of Related Organia line 34, because it had one or mor	zation: e relat	s Taxable as a C ed organizations	orpora treated	tion or T as a corp	rus oora	t. Complete if tion or trust d	the organiza uring the tax	ition answe year.
	(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)	(1 Share
(1)								•	
(2)	-								
(3)							(
(4)							<u> </u>		
(5)									

(3)

(4)

(5)

(6) EEA

	55011, 511, 521, 521, 521, 521, 521, 521, 5		
Pa	Transactions with Related Organizations. Complete if the organization answer	ered "Yes" on Form	990, Part IV, I
	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		
1	Dunng the tax year, did the organization engage in any of the following transactions with one or more related or	ganizations listed in Parts	s II-IV?
а	Receipt of (i) interest (ii) annuities (iii) royalties, or (iv) rent from a controlled entity		
b	Gift, grant, or capital contribution to related organization(s)		
С	Gift, grant, or capital contribution from related organization(s)		
d	Loans or loan guarantees to or for related organization(s)		
е	Loans or loan guarantees by related organization(s)		
f	Dividends from related organization(s)		
g	Sale of assets to related organization(s)		
h	Purchase of assets from related organization(s)		
i	Exchange of assets with related organization(s)		
j	Lease of facilities, equipment, or other assets to related organization(s)		
	Lease of facilities, equipment, or other assets from related organization(s)		
	Charles of convictor of management of the converse of the conv		
	, , , , , , , , , , , , , , , , , , , ,		
n	Citating of identices, experienced meaning means are		
0	Sharing of paid employees with related organization(s)		
р	Reimbursement paid to related organization(s) for expenses		
q	Reimbursement paid by related organization(s) for expenses		
r	Other transfer of cash or property to related organization(s)		
	Other transfer of cash or property from related organization(s)		
2_	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc		
	(a)	(b)	(c)
	Name of related organization	Transaction type (a-s)	Amount involved
(1)			
~~			
(2)			

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measure

or gross revenue) that was not a related organization. See in	(b)	(c)	(d)	(e	all aners	(f)	(g)
Name, address, and EIN of entity	Primary activity	Legal domicite (state or foreign country)	Predominant income (related, unrelated, excluded from tax under section 512-514)	sec	tion (c)(3) ani- ns?	Share of total income	Share of end-of-yea assets
(1)							
(2)							
(3)							
(4)						:	
(5)							
(6)				_			
(7)							
(8)							
(9)							
(10)							
(11)		-					
(12)							
EEA					1	l	