_		99	20	Datum	of Organization E		Erom Inco	Toy		OMB No 1545-0047
F	orm	3	JU ,	Return	n of Organization E	:xempi	FIOIII IIICOI	He Tax		2017
		•		Under section 501(c), 527, or 4947(a)(1) of the In	ternal Rev	enue Code (excep	ot private founda	ations)	2017
De		ont of	the Treasury		ter social security numbers				11	Open to Public
			ue Service	•	/ww.irs.gov/Form990 for ins			14		Inspection
Α	Fo	or the	2017 calenda	ır year, or tax year begin	ning	07-0	1 , 2017, and e	nding (06-30	,2018
В	Ch	eck if a	pplicable	C Name of organization Hylt	on Point Apartments	, Inc.			D E	imployer identification no.
	Ad	dress o	hange	Doing business as Hylo	n Point Apartments				43	-1626161
	Na	me cha	ange	Number and street (or P O bo	x if mail is not delivered to street addres	ss)		Room/suite	ΕT	elephone number
	Init	ial retu	m	5500 Maple Aver	nue				(3	14)361-4111
	Fin	al retu	n/terminated	City or town, state or province,	country, and ZIP or foreign postal code)			G G	Gross receipts
	Am	ended	return	Saint Louis, Mo	63112-2759				\$	602,499
	Арі	plicatio	n pending	F Name and address of principal	officer Patricia Pene	elton	74	H(a) is this a group	return for subo	ordinates? 🗌 Yes 🐰 No
				Same as C above	e		15/	H(b) Are all subo	ırdınates ınclı	uded? 🗌 Yes 🗌 No
<u></u>	Tax	x-exem	pt status 🔀	501(c)(3) 501(c) () ◀ (insert no)	or [] :	527	If "No."	attach a list	(see instructions)
J	We	bsite.	► N/A			1		H(c) Group exe	mption numb	oer ►
ĸ	For	m of o	rganization 🗓 (Corporation Trust Ass	ociation Other ►	, l	L. Year of formation 1	.993 M State	of legal dom	nicile MO
F	art	<u>:1 </u>	Summary	·		\				
		1	Briefly describ	e the organization's miss	ion or most significant activities	s <u>To r</u>	rovide hous	ing to elde	rly and	d handicapped
	,		persons.							
മ	Governance			<u> </u>						
2019	Š	2	Check this box	x > lf the organization	discontinued its operations or	disposed o	of more than 25%	of its net assets.		
2 3	2	3	Number of vo	ting members of the gove	ming body (Part VI, line 1a)				3	11
NUG 0 5	sa	4	Number of inc	dependent voting member	s of the governing body (Part \	VI, line 1b)			4	11
(7)		5	Total number	of individuals employed in	calendar year 2017 (Part V, li	ne 2a)			5	(
AUG	<u> </u>	6	Total number	of volunteers (estimate if i	necessary)				6	
4	`				Part VIII, column (C), line 12				7a	
<u>Q</u> _		b	Net unrelated	business taxable income	from Form 990-T, line 34 .	<u></u>	<u> </u>	<u> </u>	7b	
岂							_	Prior Year		Current Year
SCANNED	,	_			1h)					
SCA		9	•	•	e 2g)		_		,286	594,998
ဟ	2	10		, ,	(a), lines 3, 4, and 7d)		<u> </u>		,605	1,101
		11			es 5, 6d, 8c, 9c, 10c, and 11e)		_		,769	6,400
_	\dashv	12 13			must equal Part VIII, column (A			35/	,660	602,499
		14		•	X, column (A), lines 1-3)		F			
					K, column (A), line 4) benefits (Part IX, column (A),			-		
9	2			undraising fees (Part IX, o	, , , , ,	III (3-10)	,			
į	cybenses			ing expenses (Part IX, col	•					
3	d.			es (Part IX, column (A), lir		SEN/C		550	,124	698,041
_	-		=	•	equal Part IX, column (A)-line	EIVE			,124	698,041
				expenses. Subtract line		14			,464)	(95,542
	- S		TOTORIO 1000	CAP GIOCO. CADA GOT IIII C	NAY	20	19 101 1	Beginning of Current		End of Year
	Fund Balances	20	Total assets/(i	Part X, line 16)	ပြဲ		<u> </u>	2,371		2,234,622
	ASS.	21	\sim		OĜĪ	DEN: L	, _		,265	65,068
3	Fra			fund balances Subtract		JEN, C		2,265		2,169,554
F	art		Signatur						<u>,, </u>	7,557,55
Ū	nder p	enaltie	s of perjury, i-decla	ere that I have examined this retui	m, including accompanying schedules a			nowledge and belief, it	tıs	
tn	ue, co	πect, a	ind complete Decla	aration of preparer (other than offi	cer) is based on all information of which	preparer has	any knowledge		<u> </u>	/- /-
				Tricia Se	nelton				5	/11/19
Si	ign		Signature	of officer		<u></u>			Date	1
H	ere	- 1	Patri	cia Penelton, Pr	esident					
				int name and title						
			Print/Type prepa	arer's name	Preparer's signature		Date	Check _	ıf PTIN	
P	aid		Shawn Si		Shawn Sieve		05-10-2019	self-employe	ed P	01345985
P	repa	arer	Firm's name	► Mare and	Company			Firm's EIN		
U	se (Only	Firm's address	▶ 330 Nort	h Fourth Street			Phone no		
_			<u></u>	Saint Lo	uis MO 63102			31	14-241-	-0456
Ma	ay th	e IRS	discuss this re	etum with the preparer sh	own above? (see instructions)		<u>.</u>		<u></u>	. 🛛 Yes 🗌 No
Fo	r Pa	perw	ork Reduction	n Act Notice, see the se	parate instructions.					Form 990 (2017)

EEA

Form **990** (2017)

Form	n 990 (2017) Hylton Point Apartments, Inc.	43-1626161	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	🗆
1	Briefly describe the organization's mission		
	To provide housing to elderly and handicapped persons.		
		_	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes 🗓	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes 🗓	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,	
	the total expenses, and revenue, if any, for each program service reported		
4a			
	Providing housing facilities and related services to elderly and handicapped	_persons unde	r
	the auspices of the U.S. Department of Housing and Urban Development.		
			·
4b	(Code:) (Expenses \$ 25,961 including grants of \$) (Revenue	\$ 25,	961)
40	(Code:) (Expenses \$) (Revenue Providing food supplies to low income elderly under the auspices of U.S. Dep		301 /
	Agriculture.	archienc or	
	Agriculture.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			_
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ► 525,810		

E	orm	990 (2017) Hylton Point Apartments, Inc.	1	7			<u>\4.3</u> /	1626	161	F	Page 3
	Par	t IV Checklist of Required Schedules	ŧ.	'	سامس						
		•								Yes	No
	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If	"Yes	s, '	,						
		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 opposi	tion t	to							
		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 sec	tion	50	01(h)						
		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	due	s,							
		assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Sche	dule	C	;,						
		Part III							. 5		X
(6	Did the organization maintain any donor advised funds or any similar funds or accounts for which dor	ors								
		have the right to provide advice on the distribution or investment of amounts in such funds or account	ints?	11	•						
		"Yes," complete Schedule D, Part I							. 6		X
	7	Did the organization receive or hold a conservation easement, including easements to preserve open	spa	ce),						
		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II							7		Х
1	В	Did the organization maintain collections of works of art, historical treasures, or other similar assets	? If "	"Y	es,"						
		complete Schedule D, Part III							. 8		Х
9	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve	as a	а	`						
		custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repa									
		debt negotiation services? If "Yes," complete Schedule D, Part IV							. 9		Х
1	0	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		X
1	1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Par	ts VI	,							
		VII, VIII, IX, or X as applicable								a solumet o	
	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	<u> </u>
	b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or	mor	re							
		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII							11b		X
	С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% of	or mo	ore	•						
		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII							11c	X	<u></u>
	d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total	asse	ets	3						
		reported in Part X, line 16? If "Yes," complete Schedule D, Part IX							11d		X
	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Sche	dule	D	, Part X	٢.			11e	X	L
	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote	that	t a	ddress	es					
		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete S	chea	lul	le D, Pa	art X	· .		11f	X	
1	2a	Did the organization obtain separate, independent audited financial statements for the tax year? \emph{If}									
		Schedule D, Parts XI and XII							12a	X	
	b	Was the organization included in consolidated, independent audited financial statements for the tax	year	r?	<i>If</i>						
		"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and									X
1	3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		•					13		Х
14	4a								14a		Х
	b	$\label{eq:decomposition} \mbox{ Did the organization have aggregate revenues or expenses of more than \$10,000 \mbox{ from grantmaking,} \\$									
		fundraising, business, investment, and program service activities outside the United States, or aggreg									
		foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV $$.							14b	ļ <u>-</u>	X
1	5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistant									
		for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		•					15		X
10	6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or ot									
		assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV						· · · ·	16		X
1	7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services.									
		Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)					, . .		17		X
18	В	Did the organization report more than \$15,000 total of fundraising event gross income and contribution									
		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				•			18		X
	_	D 4 the construction of the CAF OOD of construction from the contract of the CAF OOD of Construction of CAF OOD of Construct	- 0-	2						i	

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

19

Part IV Checklist of Required Schedules (continued) Yes No 20a Х 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 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 Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 Х 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? X 25b 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 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee. 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ 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): Х 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 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, Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a X controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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, Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.

, , , , , ,	Charles to the Control of the Contro			г
	Check if Schedule O contains a response or note to any line in this Part V	• • •		_ <u></u>
	5 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3000	Yes 小伙伙	No No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the Hamber of Ferrine W. Zermeddes in mile the Enter of the Hamber of Ferrine W. Zermeddes in mile the Enter of the Hamber of Ferrine W. Zermeddes in mile the Enter of the Hamber of the Enter of			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		174868	323533
_	reportable gaming (gambling) winnings to prize winners?	1c %**\%	, 10 - July 1995	258,585
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7		
. 1	Statements, filed for the calendar year ending with or within the year covered by this return 2a	975CE	7, 55,55	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	38088	Normiceta)
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		22386	37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </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	U AAD ANDIAGO	X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			75.75 W. 17.75
	(FBAR)	7.05		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	47.35		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1.9	A 1225	
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	Charles of the Control of the Contro		200
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	3,42°C 3	10 m	<i>2.</i>
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		\$ (A)	****
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	195 47 E		35. 55
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	250		135
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
U	against amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	2241305466	1226266026
l2a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	\$4.CM	**************************************	6°22.
b 12				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	1.9 _{10.99} ×	ARKING CAL
а	Is the organization licensed to issue qualified health plans in more than one state?	13d	**************************************	21300°
	Note. See the instructions for additional information the organization must report on Schedule O			
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			
С	Enter the amount of reserves on hand	法企业。	ZZZZ	W.W.
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		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 Х any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Х one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c X Did the organization have a written whistleblower policy? 13 13 Х 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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 Another's website ☑ Upon request ☐ Other (explain in Schedule O) 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: Lutheran Senior Services (314)361-4111, 1150 Hanley Industrial Court, Saint Louis, MO 63144

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orm	990	(2017)	

Hylton Point Apartments, Inc.

43-1626161

age 7

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 compensated employees; and former such persons

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

(C) Position (D) (E) (F) (A) (B) (do not check more than one Reportable Estimated Name and Title Average Reportable box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) related veek (list anv from other hours for the organizations compensation Individual trustee Institutional related Key employee organization (W-2/1099-MISC) from the lighest compensated organizations (W-2/1099-MISC) organization below dotted and related line) organizations _ 0.50 (1) Terrell Butler X 0 0 Director 0.50 (2) Stacy Clark Director X ٥ 0 (3) Tamarah Clark Director ٥ 0 (4) Tisa Johnson X ٥ ٥ Director (5) Charlotte Lawton Х 0 0 Director 0.50 (6) Ronnie Patrick Х ٥ 0 Director (7) Eddie Powell Х ٥ 0 Director (8) Jeff Weddington 0.50 Х ٥ ٥ Director (9) Patricia Penelton 1.00 Х ٥ 0 President (10)Jacquelyn Dyer 1.00 X ٥ n Secretary (11)Ganelle Claxton 1.00 Х Treasurer ٥ 0 (12) (13) (14)

Part VII Section A. Officers, Directors, Trus	tees, Key Emplo	yees,	and	l Hig	hes	st Cor	nper	sated Employee	s (continued)			
(A) Name and title	(B) Average hours per	(do n	ot che	Posi eck mos s pers	tion ore th	nan one both an (trustee)	ı	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated mount of other	
	week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key emplayee	employee	Former		organizations (W-2/1099-MISC)	or a	other npensation from the ganization nd related ganization	n d
(15)												
<u>(16)</u>												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Sub-total	ection A						•)		0
Total number of individuals (including but not li reportable compensation from the organization	mited to those list							e than \$100,000 of)		
3 Did the organization list any former officer, di	rector, or trustee,										Yes	No
 employee on line 1a? If "Yes," complete Sche For any individual listed on line 1a, is the sum organization and related organizations greater 	of reportable comp	ensati	on a	nd o	ther	comp	ensa	tion from the		3		X
ındıvıdual										4		X
for services rendered to the organization? If "									<u> </u>	5		X
Complete this table for your five highest comper compensation from the organization Report coyear.	•											
(A) Name and business ad	dress							(B) Description of	i		(C) pensatioi	n
				liet.			- داد .					
2 Total number of independent contractors (inclu received more than \$100,000 of compensation			ose ►	uste	ab	ove)	wno					

Form 990 (2017) Hylton Point Apartments, Inc. 43-1626161 Page 9 'Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded from tax under sections 512-514 Unrelated Total revenue Related or exempt business revenue Federated campaigns Contributions, G. 4s, Grants and Other Simila: Amounts 1b Membership dues С Fundraising events 1c 1d Related organizations Government grants (contributions) . . 1e e All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f **Business Code** Program Service Revenue 569,037 531110 569,037 2a Rental b CSFP 624210 25,961 25,961 f All other program service revenue q Total. Add lines 2a-2f Investment income (including dividends, interest, 1,101 1,101 Income from investment of tax-exempt bond proceeds (i) Real (III) Pérsonál 6a Gross rents b Less rental expenses c Rental income or (loss) . . . (i) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. b Less direct expenses b c Net income or (loss) from gaming activities . .

Business Code

6,400

6,400

601.398

602,499

532000

10a Gross sales of inventory, less returns and allowances

d All other revenue

12 Total revenue. See instructions

e Total. Add lines 11a-11d

11a Other

b Less: cost of goods sold bc Net income or (loss) from sales of inventory . . .

Miscellancous Revenue

Form 990 (2017)

Hylton Point Apartments, Inc.

PartilX Statement of Functional Expenses

seci.	tion 501(c)(3) and 501(c)(4) organizations must complete all c Check if Schedule O contains a response or note to				
Do n	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				200000000000000000000000000000000000000
-	Individuals See Part IV, line 22		·		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			34.02.03	
5	Compensation of current officers, directors,				,
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes 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):				
а	Management	33,255		33,255	
b	Legal				
C	Accounting	12,730		12,730	<u> </u>
d	Lobbying		\$30.1878-19. Mr. 3858 2 4.1875.3858.22000	STATE AND ADMINISTRATION OF SECTION ASSESSMENT OF SECTION ASSESSME	
e	Professional fundraising services See Part IV, line 17 .				
f	Other (If line 11s amount exceeds 10% of line 25 column		ļ. <u></u>	<u> </u>	
g	Other (If line 11g amount exceeds 10% of line 25, column			v	* - *
13	(A) amount, list line 11g expenses on Schedule O.)			F02	-
12 13	Advertising and promotion	16 161		583 16,161	
13 14	Office expenses	16,161		10,101	
14 15	Royalties				
15 16	Occupancy	196,836	196,836		
10 17	Travel	250,030	230,030		
18	Payments of travel or entertainment expenses				•
-	for any federal, state, or local public officials	-			
19	Conferences, conventions, and meetings	2,871	1	2,871	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	138,701	137,423	1,278	
23	Insurance	26,292	26,292		
24	Other expenses Itemize expenses not covered	Tophugusoudgenbod N (Section See Section)	A Committee of the Comm	or determine the produce of the control of the cont	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Employee expense - contract	227,678	132,862	94,816	
b	Congregate services	32,397	32,397		
С	Misc. administrative	2,122		2,122	
d	Other licenses and insurance	7,726		7,726	
е	All other expenses	689		689	
25	Total functional expenses. Add lines 1 through 24e .	698,041	525,810	172,231	. 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 ► ☐ if				
	following SOP 98-2 (ASC 958-720)		1	Ī	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 31,493 1 24,817 1 2 2 3 1,594 6,381 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 7,748 Prepaid expenses and deferred charges 5.312 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | Less accumulated depreciation 10b 2,100,352 10c 11 11 12 12 13 13 210,513 159,714 14 14 15 18,477 19,661 15 2,371,361 16 2,234,622 16 Total assets, Add lines 1 through 15 (must equal line 34) 86,604 17 46,591 17 18 18 19 19 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 19,661 18,477 106,265 26 65,068 Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright 💹 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 2,265,096 2,169,554 27 28 28 Organizations that do not follow SFAS 117 (ASC 958), check here

I and complete lines 30 through 34. 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32

2,169,554

2,265,096

2,371,361

33

Forn	1 990 (2017) Hylton Point Apartments, Inc.	43-1626	161	<u> </u>	age 12
Pa	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 /		602,	499
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		698,	041
3	Revenue less expenses Subtract line 2 from line 1	. 3		(95,	542)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	2,	265,	096
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	2,	169,	554
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>	. 🗆 _
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		- 1		
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		<u>2</u> b	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O .				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		<u>3a</u>	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	<u>.</u>	3b	Х	<u>L</u>
EEA			Form	990 (2017)

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.

▶ Attach to Form 990 or Form 990-EZ.

2017 Open to Public

OMB No 1545-0047

Inspection

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

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

Name	e of the	Organization					Employer identifi	cation number
Hyl	ton	Point Apartments, Inc.					43-16261	.61
Pa	ırt I	Reason for Public Charit	y Status (All or	ganizations must c	omplete	this part	.) See instruction	ns.
		nization is not a private foundation bed					<u> </u>	
1	Ň	A church, convention of churches, or						$\bigcap (A)$
2		A school described in section 170(b						19
3	Ī	A hospital or a cooperative hospital s						() [
			•				/4VAViii) Enter the	\bigcirc
4	Ш	A medical research organization ope	rated in conjunction	in with a hospital descrit	Jea III Seci	מיסיו ווטו.	(I)(A)(III). Enter the	
_		hospital's name, city, and state.						
5	Ш	An organization operated for the bene		iniversity owned or oper	ated by a (governmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	•					
6	닏	A federal, state, or local government	=					
7	Ш	An organization that normally receive	s a substantial part	of its support from a go	vernmental	unit or froi	n the general public	
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)				
8	Ц	A community trust described in secti	on 170(b)(1)(A)(v	i). (Complete Part II.)				
9		An agricultural research organization	described in sect	ion 170(b)(1)(A)(ix) ope	erated in co	onjunction	with a land-grant col	lege
		or university or a non-land-grant colle	ge of agriculture (s	see instructions) Enter th	ne name, ci	ty, and stat	e of the college or	
		university						
10	X	An organization that normally receive	s (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gros	SS
		receipts from activities related to its e	exempt functions - s	subject to certain except	ions, and (2	2) no more	than 33 1/3% of its	,
		support from gross investment income						
		acquired by the organization after Ju						
11	П	An organization organized and opera						
12		An organization organized and opera-					carry out the purpos	es
-	_	of one or more publicly supported or						
		Check the box in lines 12a through 12						
	а	Type I. A supporting organization						
	_	the supported organization(s) the						*****9
					inty of the c	111 601013 01	trastees or the	•
	L	supporting organization You mu Type II. A supporting organization	·				aration(a) by bourn	.~
	b	/1 0 0	•			_	, , ,	=
		control or management of the sup			asons man	CONTROL OF 11	nariage the supporte	u
		organization(s) You must comp	•					
	С	Type III functionally integrated						WITH,
		its supported organization(s) (see						
	d	Type III non-functionally integi						
		that is not functionally integrated.	-	•			t and an attentivenes	S
		requirement (see instructions). Y	•	-				
	е	Check this box if the organization	received a written	determination from the II	RS that it is	s a Type I,	Гуре II, Туре III	
		functionally integrated, or Type III	l non-functionally in	itegrated supporting org	anızatıon.			
	f	Enter the number of supported organ	izations					
	g	Provide the following information about	ut the supported or	ganızatıon(s).				,
	(1)	Name of supported organization	(II) EIN	(III) Type of organization	1 ' '	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing	support (see instructions)	other support (see instructions)
				above (see instructions))	400011		mondenons,	mad dedona)
_					Yes	No		
/A\						1		
(A)								
<i>-</i> .								
(B)		•						
		-					-	
(C)								
					1		-	
(D)								
					<u> </u>			
(E)								
T-4-		<u> </u>		i	 	 ,		

Schedule A (Form 990 or 990-EZ) 2017

Partill Support

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

	Part III. If the organization	fails to qualify ι	under the tests	listed below, p	lease comple	te Part III.)	
Sec	tion A. Public Support						<i></i>
	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						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support Subtract line 5 from line 4						
<u>Sec</u>	tion B. Total Support	.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
aler	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	,	/	/		7	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						<u> </u>
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)					,	
1	Total support. Add lines 7 through 10 .						
2	Gross receipts from related activities, etc. (12	
3	First five years. If the Form 990 is for the organization, check this box and stop here	- ,		•	i i		▶ 📋
ec_	tion C. Computation of Public Su					-	<u> </u>
4	Public support percentage for 2017 (line 6,	column (f) divided b				14	%
5	Public support percentage from 2016 Scheo	,				15	%
6a	33 1/3% support test - 2017. If the organic				3 1/3% or more, o	heck this	
	box and stop here. The organization quali	,	•			k.	▶ ⊔ູ
b	33 1/3% support test - 2016. If the organic	1			5 is 33 1/3% or m		. \square
	this box and stop here. The organization of	1					▶ ⊔
7a	10%-facts-and-circumstances test - 201	1 -	-		á.		
	10% or more, and if the organization meets			٠.,	, I.		•
b	Part VI how the organization meets the "factorganization	./	on did not check a			d line	> 🗆
	Explain in Part VI how the organization med supported organization /		ırcumstances" test.	=		li <mark>c</mark> ly	▶ □
8	Private foundation. If the organization did	I not check a box o	n line 13, 16a, 16b	, 17a, or 17b, che	ck this box and se	ee \	,
	instructions	<u> </u>				\ <u></u>	<u>► ∐</u>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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")	400					400
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	513,059	529,640	535,008	528,071	569,037	2,674,815
3	organization's tax-exempt purpose	313,039	329,040	333,000	320,071	303,037	2,0,1,013
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	513,459	529,640	535,008	528,071	569,037	2,675,215
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					`	
C	Add lines 7a and 7b		CONT. AND INC. DANS. No. 34 A. A.	ANNA IN GOOD OF THE PER	21 and No. on able 28h othered sky 21	a January = 24, Max. of 1, area.	
8	Public support. (Subtract line 7c from line 6)						2,675,215
	ction B. Total Support		·		· · ·		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	513,459	529,640	535,008	528,071	569,037	2,675,215
10a	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources	4,137	1,931	2,065	1,605	1,101	10,839
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				•		
С	Add lines 10a and 10b	4,137	1,931	2,065	1,605	1,101	10,839
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	5,656	5,301	. 27,291	27,984	32,361	98,593
13	Total support. (Add lines 9, 10c, 11, and 12.)	523,252	536,872	564,364	557,660	602,499	2,784,647
14	First five years. If the Form 990 is for the organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Su					-	
15	Public support percentage for 2017 (line 8, co	olumn (f) divided by				15	96.07 %
	Public support percentage from 2016 Schedu			<u>.</u> ′	<u> </u>	16	96.67 %
	ction D. Computation of Investmen				-		
17	Investment income percentage for 2017 (line					17	0.00 %
18	Investment income percentage from 2016 S	•	_			18	1.00 %
19a	33 1/3% support tests - 2017. If the organia 17 is not more than 33 1/3%, check this box						▶ 🏻
b	33 1/3% support tests - 2016. If the organization 18 is not more than 33 1/3%, check this					ganization	
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box	and see instruction	s	<u></u> ▶ 🔲

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 Supporting Organizations

- 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 gualified 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 chantable 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 (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).
- 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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10b		-2014-4-20

P Ra	Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	izations	
	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (explain	n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	zatio	ns must complete Section	s A through E.
			(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income			(A) Prior real	(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	1	
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
CO	llection of gross income or for management, conservation, or	1		
m	aintenance 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		
500	tion B - Minimum Asset Amount		(A) Dries Vees	(B) Current Year
<u> </u>	LIOH B - MINIMUM Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	structions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	100 M		
fa	ctors (explain in detail ın Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
_ 5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
	Recoveries of prior-year distributions	7	_	
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1'	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	-inted	grated Type III supporting	organization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2017 Hylton Point Apartments, Inc. 43-1626161 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Pai	Current Year					
	Section D - Distributions					
1	Amounts paid to supported organizations to accomplish exem Amounts paid to perform activity that directly furthers exempt					
2	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes	of supported organizati	ione			
4	Amounts paid to acquire exempt-use assets	s or supported organizat				
5	Qualified set-aside amounts (prior IRS approval required)	 				
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.			+ ,		
8	Distributions to attentive supported organizations to which the	organization is respons	sive			
·	(provide details in Part VI). See instructions.	organization to respon	.,			
9	Distributable amount for 2017 from Section C, line 6		· · ·			
	Line 8 amount divided by Line 9 amount					
	Elifo d'ambant dividud dy Ente d'ambant		(ii)	(iii)		
5	Section E - Distribution Allocations (see instructions)	[(i)	Underdistributions	Distributable		
		Excess Distributions	Pre-2017	Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6			,		
2	Underdistributions, if any, for years prior to 2017		,			
,	(reasonable cause required - explain in Part VI). See					
	instructions					
3	Excess distributions carryover, if any, to 2017					
a	F0000000000000000000000000000000000000					
b	From 2013					
	From 2014					
	From 2015					
	From 2016			X		
f	Total of lines 3a through e	•				
	Applied to underdistributions of prior years					
	Applied to 2017 distributable amount					
	Carryover from 2012 not applied (see-instructions)					
j;	Remainder Subtract lines 3g, 3h, and 3i from 3f.	, , ,				
4	Distributions for 2017 from					
	Section D, line 7 \$					
а	Applied to underdistributions of prior years					
b	Applied to 2017 distributable amount					
c	Remainder. Subtract lines 4a and 4b from 4					
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.		W. Vander C. Common of the Canada State Common State Comm			
6	Remaining underdistributions for 2017. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.			National Control of the Control of t		
7	Excess distributions carryover to 2018. Add lines 3j					
	and 4c.	THE TANK DOO TOOK TOOK AREA TOOK AREATON AND AND TOOK		CONTROL CONTROL OF THE PARTY OF		
8	Breakdown of line 7:	SCHOOL SHAD STANCE AND	AND A COUNTY AND PROPERTY AND ARRESTS.	2 CONTROL OF THE STATE OF THE S		
	Excess from 2013	Secretary of Application and A	Value of the control			
	Excess from 2014	**************************************	Company of the Compan	0.700 00000000000 s c.u		
	Excess from 2015	2007	In a second of the second of t			
	Excess from 2016	LEDGE ROLLINGS AND	007-27-20-00-00-00-00-00-00-00-00-00-00-00-00-	ANT. A C CAMPIO X 100, N°C, INCOMPAGNON AND THE PARTY		
е	Excess from 2017					

Page 8 17b; Part , Section s 1c, 2a, 2b,	3
Section E,	<u>.</u>
	•

	n 990 of 990-E2 2017
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,
	D, lines I and Z, Fart IV, Section C, line I, Fart IV, Section D, lines Z and S, Fart IV, Section E, lines TC, Za, Zb,
	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.)
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EEA	Schedule A (Form 990 or 990-EZ) 201

SCHEDULE D (Form 990) ·

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

Hy:	lton Point Apartments, Inc.	43-16 <u>261</u> 61
	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (dunng year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	important land area
	Protection of natural habitat Preservation of a certified his	
		solic structure
•	Preservation of open space	onvation
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	Held at the End of the Tax Year
_	easement on the last day of the tax year	2a
a	Total number of conservation easements	2b
Ð		2b 2c
	Number of conservation easements on a certified historic structure included in (a)	20
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	24
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	ation during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	
	violations, and enforcement of the conservation easements it holds?	
6	Start and volunteer nours devoted to monitoring, inspecting, handling or violations, and emorcing conservation of	easements during the year
-	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	emonts during the year
7	Amount of expenses incurred in mornioning, inspecting, francing of violations, and emorcing conservation ease. • \$	ineris during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	Vi)
0		ш. ш.
0	and section 170(h)(4)(B)(ii)?	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that d	
	organization's accounting for conservation easements	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	or onimal Addition
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	halance sheet
Ia	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
L		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	rierance or
	public service, provide the following amounts relating to these items	. •
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·
b	Assets included in Form 990, Part X	▶ \$

Sched	ule D (Form 990) 2017 Hylton Point Ag	artments,	Inc.		43-162	
Pai	rt III Organizations Maintaining C	ollections of	of Art, Histo	rical Treasures,	or Other Similar Ass	sets (continued)
3						
	collection items (check all that apply)					
а	Public exhibition	d□	Loan or excha	inge programs		
b	Scholarly research	e 🗌	Other			
С	Preservation for future generations	_				
4	Provide a description of the organization's collection	ctions and expla	in how they fur	ther the organization's	exempt purpose in Part	
	XIII	·	•	•		
5	During the year, did the organization solicit or re-	ceive donations	of art, historica	I treasures, or other sin	nılar	
	assets to be sold to raise funds rather than to be					Yes No
Pai	rt IV Escrow and Custodial Arrang				<u> </u>	
	Complete if the organization an	swered "Yes	s" on Form 9	990, Part IV, line 9	, or reported an amoi	unt on Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custodian of	r other intermed	lary for contrib	utions or other assets r	oot	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII and					
	· · · · · ·				Ar	nount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Form	990, Part X, line	e 21, for escrov	v or custodial account li	ability?	🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII Ch	neck here if the i	explanation has	been provided on Part	XIII	<u> </u>
Pai	t V Endowment Funds.					
	Complete if the organization an	swered "Yes	s" on Form 9	990, Part IV, line 1	0.	
		(a) Current yea	r (b) Pr	or year (c) Two year	s back (d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains, and			ľ		
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the current			ımn (a)) held as	•	
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ▶ %					
С	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2c should	equal 100%.				,
3a	Are there endowment funds not in the possession	on of the organi	zation that are l	neld and administered for	or the	
	organization by					Yes No
	(i) unrelated organizations					. 3a(i)
	`,					. 3a(ıi)
b	If "Yes" on 3a(II), are the related organizations li	sted as required	on Schedule	₹?		. 3b
4	Describe in Part XIII the intended uses of the or		dowment funds			
Part VI Land, Buildings, and Equipment.						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.						
	Description of property	1 '''	or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(In	vestment)	(other)	depreciation	"
1a	Land	• • •		75,892		75,892
b	Buildings	• • •		4,106,863	2,207,016	1,899,847
С	Leasehold improvements	• • •				
d	Equipment	• • •				
e	Other STMD1			210,572	166,390	44,182
Total	 Add lines 1a through 1e (Column (d) must eq 	ual Form 990. I	Part X. column	(B), line 10c)		2,019,921

Schedule D (For	m 990) 2017 Hylton Point Ap	artments, Inc.	43-1626	161 Page
Part VII	Investments - Other Securities.			
,	Complete if the organization answered	d "Yes" on Form 990, Pa	rt IV, line 11b. See Form 990, F	art 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 valu	-
(1) Financial	derivatives	,		
(2) Closely-h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)			-	
(D)				
(E)		-	,	
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col (B) line 12)			#45555
Part VIII	Investments - Program Related.		,	
~ ~	Complete if the organization answered	d "Yes" on Form 990, Pa	rt IV, line 11c. See Form 990, P	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	
(1) Repla	acement reserve	141,655	Cost	
	lual receipts	18,059	Cost	
(3)	1		-	
(4)				
(5)				
(6)				
(7)	+			
(8)			_	
(9)	0	-		
Total. (Column (b	o) must equal Form 990, Part X, col (B) line 13)	159,714		
Part IX	Other Assets.			ant Villa . 15 "
	Complete if the organization answered		n IV, line i id See Form 990, F	
		escription		(b) Book value
	sits held in trust		-	18,47
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)				
(4)		<u> </u>		
(5)	<u> </u>			
<u>(6)</u>				,
(7)				
(8)	 -			
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15	<u>)</u>		18,47
Part X	Other Liabilities.	1 "Vaa" on Farm 000 Da	+ IV line 11e or 11f Coe Form	000 Port V
	Complete if the organization answered line 25.		ILLIV, HILE THE OF THE SEE FORM	990, Fall A,
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2) Depos	sit liabilities	18,477		
(3)		<u></u>		
(4)	1			
(5)		·		
_(6)		· · · · · · · · · · · · · · · · · · ·		
_(7)				
(8)				

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

▶

18,477

(9)

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Keturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.1	
1	Total revenue, gains, and other support per audited financial statements	1	602,499
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	*	
а		_	
b		_	
C	Recovenes of pnor year grants	_	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	\ 3	602,499
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIII)		
C		4c	<u> </u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		602,499
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retui	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	698,041
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	 *	
а	Donated services and use of facilities	_]	
b	Prior year adjustments	_]	
С	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	698,041
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)]	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	698,041
Pa	rt XIII Supplemental Information.		
Prov	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; P	art X, line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
01	. Footnote for uncertain tax position under FIN 48 (Part)	K)	4
ían.	agement of the Project has not identified any unrecognized tax positions tha	t would	be
nat	erial to the Project's financial statements, and has not recorded any amount	s within	L
:he	se financial statements to account for the effects of any such unrecognized	tax	
os	itions.		
		•	
	•		
			<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.

OMB No 1545-0047

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.

43-1626161 Hylton Point Apartments, Inc. 01. Management duties delegation (Part VI, line 3) The Project has delegated all of its operations to a HUD-approved managing agent, Lutheran Senior Services. 02. Committee meeting documentation (Part VI, line 8b) The Project has no committee with authority to act on behalf of the Board of Directors. 03. Form 990 governing body review (Part VI, line 11) The Form 990 is provided to members of the Board of Directors for their review prior to being signed and submitted to the Internal Revenue Service. 04. Conflict of interest policy compliance (Part VI, line 12c) Members of the Board of Directors are required to disclose any conflicts of interest annually. Board Members are not permitted to vote on issues for which they may have a conflict of interest 05. Governing documents, etc, available to public (Part VI, line 19) Certain documents will be provided upon written request to the Project's managing agent, Lutheran Senior Services. 06. General explanation attachment Form 990, Part XII, Line 2C: The Board of Directors assumes responsibility for the oversight of the organization's audit, and selects the firm to conduct its audit, in concert with the Project's managing agent Luthern Senior Services. The Board of Directors has no committees and no changes in

Name of the organization		Employer identification number
Hylton Point Apartments, Inc.		43-1626161
myrcon round aparements, and		
the related processes occurred during the tax year.		
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