

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **04-01-2019**, and ending **03-31-2020**

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

**C** Name of organization: HOMES FOR AMERICA INC  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 318 SIXTH STREET STE 2  
 City or town, state or province, country, and ZIP or foreign postal code: ANNAPOLIS, MD 21403

**D** Employer identification number: 52-1901220  
**E** Telephone number: (410) 269-1222  
**G** Gross receipts \$ 6,299,560

**F** Name and address of principal officer:  
 DANA JOHNSON  
 318 SIXTH ST STE 2  
 ANNAPOLIS, MD 21403

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.HOMESFORAMERICA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1994 **M** State of legal domicile: MD

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
 PLEASE SEE SCHEDULE O HOMES FOR AMERICA, INC. WAS INCORPORATED FOR THE PURPOSE OF DEVELOPING AND PRESERVING HOUSING FOR LOW AND MODERATE INCOME HOUSEHOLDS AND SPECIAL NEEDS POPULATIONS.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	13
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	21
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	3,033,388	1,867,127
<b>9</b> Program service revenue (Part VIII, line 2g)	1,837,003	4,208,067
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	248,583	224,366
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,118,974	6,299,560
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,043,998	188,693
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,762,626	2,018,240
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,445,540	1,422,119
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,252,164	3,629,052
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	866,810	2,670,508

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	26,186,520	28,770,085
<b>21</b> Total liabilities (Part X, line 26)	7,590,654	7,624,533
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	18,595,866	21,145,552

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \*\*\*\*\*  
 Date: 2021-02-08

DANA JOHNSON PRESIDENT AND CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: Check  if self-employed PTIN: P00802786

Firm's name ▶ COHNREZNICK LLP Firm's EIN ▶ 22-1478099

Firm's address ▶ 500 EAST PRATT STREET 4TH FLOOR Phone no. (410) 783-4900  
 BALTIMORE, MD 21202

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission:

HOMES FOR AMERICA, INC. WAS INCORPORATED FOR THE PURPOSE OF DEVELOPING AND PRESERVING HOUSING FOR LOW AND MODERATE INCOME HOUSEHOLDS AND SPECIAL NEEDS POPULATIONS.

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 2,702,183 including grants of \$ 188,693 ) (Revenue \$ 3,885,940 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 278,311 including grants of \$ ) (Revenue \$ 424,518 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 104,592 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 3,085,086

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	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		No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</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		No
<b>11c</b>	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		No
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	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	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>12b</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	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	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		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22 Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23 Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b	No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	38	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	32
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state requirements, public inspection, and contact information.

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHY EBNER ..... PRESIDENT & CEO	40.00 ..... 1.00			X				230,517	0	27,833
(2) DIANE CLYDE ..... EXECUTIVE VICE PRESIDENT	40.00 ..... 1.00			X				190,727	0	13,351
(3) JOLLY BURKS ..... VICE PRESIDENT & CFO	40.00 ..... 1.00			X				185,380	0	14,254
(4) DIANA TALIOS ..... DEVELOPMENT DIRECTOR	40.00 ..... 0.00					X		147,022	0	23,928
(5) STEVE MOORE ..... DEVELOPMENT DIRECTOR	40.00 ..... 0.00					X		138,164	0	18,560
(6) FRANK FUDALA ..... VP OF PORTFOLIO MGMT	40.00 ..... 0.00					X		134,556	0	17,083
(7) MARY SMITH ..... CONTROLLER	40.00 ..... 0.00					X		112,095	0	21,014
(8) DAVID BLALOCK ..... CONSTRUCTION MANAGER	40.00 ..... 0.00					X		106,645	0	19,921
(9) TRUDY PARISA MCFALL ..... CHAIRMAN & DIRECTOR	20.00 ..... 0.30	X		X				49,765	0	3,723
(10) MICHAEL BODAKEN ..... VICE CHAIRMAN & DIRECTOR	0.50 ..... 0.30	X		X				0	0	0
(11) ERIC BROWN EFF 2-24-20 ..... DIRECTOR	0.50 ..... 0.00	X						0	0	0
(12) DENNIS M CONTI ..... TREASURER & DIRECTOR	0.50 ..... 0.30	X		X				0	0	0
(13) CHARLES L EDSON ESQUIRE ..... DIRECTOR	0.50 ..... 0.30	X						0	0	0
(14) SUSAN FRANK EFF 11-19-19 ..... DIRECTOR	0.50 ..... 0.00	X						0	0	0
(15) CHICKIE GRAYSON EFF 2-24-20 ..... DIRECTOR	0.50 ..... 0.00	X						0	0	0
(16) MARY GRACE FOLWELL ..... SECRETARY & DIRECTOR	0.50 ..... 0.30	X						0	0	0
(17) JAMES I HUMPHREY JR ..... DIRECTOR	0.50 ..... 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) THOMAS LANTZ ..... DIRECTOR	0.50 ..... 0.00	X						0	0	0
(19) RICHARD L MOSTYN ..... DIRECTOR	0.50 ..... 0.00	X						0	0	0
(20) SHAUNA SORRELLS EFF 10-29-18 ..... DIRECTOR, THRU 9-30-2019	0.50 ..... 0.00	X						0	0	0
(21) JEFFREY R STERN EFF 3-28-19 ..... DIRECTOR	0.50 ..... 0.00	X						0	0	0
(22) DIANE YENTEL ..... DIRECTOR	0.50 ..... 0.00	X						0	0	0
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							1,294,871	0		159,667

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **9**

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>	1,164,883					
	<b>e</b> Government grants (contributions)	<b>1e</b>	299,768					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	402,476					
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>						
	<b>h Total.</b> Add lines 1a-1f . . . . .			1,867,127				
<b>Program Service Revenue</b>	<b>2a</b> FEE INCOME	Business Code						
		531390	2,765,342	2,765,342				
	<b>b</b> FLOW THROUGH INCOME	531390	1,003,728	1,003,728				
	<b>c</b> RENTAL INCOME	531110	438,997	438,997				
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue.							
<b>g Total.</b> Add lines 2a-2f. . . . .		4,208,067						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		224,366	102,391		121,975		
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
			<b>b</b> Less: rental expenses	<b>6b</b>				
			<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) . . . . .							
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities					
			(ii) Other					
			<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>				
			<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss) . . . . .							
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
			<b>b</b> Less: direct expenses . . . . .	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .							
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
			<b>b</b> Less: direct expenses . . . . .	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .							
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
<b>b</b> Less: cost of goods sold . . . . .			<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
Miscellaneous Revenue	Business Code							
<b>11a</b>								
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .								
<b>12 Total revenue.</b> See instructions . . . . .			6,299,560	4,310,458	0	121,975		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	164,693	164,693		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	24,000	24,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	942,173	775,449	166,724	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	725,604	600,251	125,353	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	107,660	88,609	19,051	
<b>9</b> Other employee benefits . . . . .	131,743	109,919	21,824	
<b>10</b> Payroll taxes . . . . .	111,060	92,044	19,016	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	33,123	33,123		
<b>b</b> Legal . . . . .	6,856	5,276	1,580	
<b>c</b> Accounting . . . . .	73,320	8,320	65,000	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	49,087	37,727	11,360	
<b>12</b> Advertising and promotion . . . . .	2,742	2,742		
<b>13</b> Office expenses . . . . .	125,330	99,914	25,416	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	287,280	237,619	49,661	
<b>17</b> Travel . . . . .	31,714	24,927	6,787	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	15,796	15,796		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	34,487	30,444	4,043	
<b>23</b> Insurance . . . . .	35,406	30,711	4,695	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DEVELOPMENT EXPENSES	415,619	415,619		
<b>b</b> RESIDENT SERVICE EXP.	158,068	158,068		
<b>c</b> REPAIRS	88,470	88,470		
<b>d</b> REAL ESTATE TAXES	27,808	27,084	724	
<b>e</b> All other expenses	37,013	14,281	22,732	
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,629,052	3,085,086	543,966	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	331	<b>1</b>	331
	<b>2</b> Savings and temporary cash investments . . . . .	6,711,070	<b>2</b>	5,802,575
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	12,092,084	<b>4</b>	13,725,576
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	4,326,155	<b>7</b>	6,219,767
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	11,574	<b>9</b>	14,532
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	680,300		
	<b>b</b> Less: accumulated depreciation	301,384		
	<b>11</b> Investments—publicly traded securities . . . . .	916,097	<b>11</b>	865,271
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	900,000	<b>12</b>	900,000
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	834,974	<b>15</b>	863,117
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	26,186,520	<b>16</b>	28,770,085	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	72,848	<b>17</b>	72,351
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	2,068,522	<b>19</b>	1,755,126
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	2,794,494	<b>23</b>	2,411,999
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	2,654,790	<b>25</b>	3,385,057
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	7,590,654	<b>26</b>	7,624,533
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	18,595,866	<b>27</b>	21,145,552
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	18,595,866	<b>32</b>	21,145,552	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	26,186,520	<b>33</b>	28,770,085	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,299,560
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,629,052
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,670,508
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	18,595,866
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-120,822
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	21,145,552

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 52-1901220

**Name:** HOMES FOR AMERICA INC

Form 990 (2019)

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### Form 990, Part III, Line 4a:

SEE SCHEDULE OHOMES FOR AMERICA CARRIED OUT ITS MISSION BY SERVING 7,883 LOW INCOME PERSONS IN ITS RENTAL COMMUNITIES. THE AVERAGE INCOME OF HOUSEHOLDS IN COMMUNITIES THAT ARE AGE RESTRICTED TO SENIORS 62 YEARS AND OLDER WAS \$19,816 AND 35.4% OF ALL THE SENIOR HOUSEHOLDS HAD ANNUAL INCOME BELOW \$15,000. THE AVERAGE INCOME OF HOUSEHOLDS IN GENERAL OCCUPANCY HOUSING WAS \$21,058 AND 46.9% HAD INCOME BELOW \$15,000.HOMES FOR AMERICA DEVELOPMENT ACTIVITIES INCLUDED THE FOLLOWING:1 - CLOSED ON CONSTRUCTION FINANCING AND BEGAN CONSTRUCTION FOR A 72 UNIT NEW CONSTRUCTION FAMILY PROPERTY IN BEL AIR, MARYLAND.2 - CLOSED ON FINANCING FOR A 58 UNIT SCATTERED SITE FAMILY PROJECT LOCATED IN THE BALTIMORE METROPOLITAN AREA AND BEGAN REHABILITATION OF UNITS.3 - REFINANCED TWO PROPERTIES, ONE IN ALEXANDRIA, VIRGINIA AND ONE IN SYKESVILLE, MARYLAND, LOWERING THE INTEREST RATE AND PROVIDED FUNDS TO IMPROVE THE PROPERTIES.HOMES FOR AMERICA ALSO PROVIDED ASSET MANAGEMENT SERVICES FOR 70 COMMUNITIES IN THE ORGANIZATION'S PORTFOLIO; THE ORGANIZATION PERFORMS REGULAR SITE INSPECTIONS, MONITORS INSURANCE POLICIES AND CLOSELY TRACKS ALL FINANCIAL AND OPERATING ASPECTS OF ITS PROPERTIES DURING LEASE UP AND OPERATIONS. KEY ASSET MANAGEMENT ACCOMPLISHMENTS DURING THE YEAR INCLUDED:1 - CONTINUED THE PRACTICE OF MAKING THE PORTFOLIO MORE ENERGY EFFICIENT AND EXECUTED GRANT AGREEMENTS AND BEGAN ENERGY CONSERVATION IMPROVEMENTS FOR TWO PROPERTIES. ALSO EXECUTED ONE GRANT AGREEMENT FOR A PROPERTY IN ANNAPOLIS, MARYLAND TO IMPROVE THE INTERIOR LIGHTING AT THE PROPERTY USING LOCAL GRANT FUNDS.2 - SOLD 10 HOMES TO COMMUNITY RESIDENTS OF A 56 UNIT LEASE PURCHASE PROPERTY IN ANNAPOLIS, MARYLAND.HFA ALSO MANAGED RESIDENT SERVICE PROGRAMS AND ACTIVITIES AT 63 MULTIFAMILY COMMUNITIES - 25 SERVING FAMILIES, AND 38 SERVING SENIOR COMMUNITIES. IT LEVERAGED GRANT FUNDS RECEIVED BY THE ORGANIZATION TO SUPPLEMENT PROPERTY BUDGETS TO SUPPORT SERVICE COSTS AT THE COMMUNITIES. TOTAL EXPENDITURES FOR RESIDENT SERVICES FROM HFA RESOURCES, PROPERTY BUDGETS, GRANTS AND CONTRIBUTIONS WERE APPROXIMATELY \$750,000. OVER 250 ORGANIZATIONS PARTNERED WITH HFA COMMUNITIES TO PROVIDE SERVICES. HFA CONTINUED TO MONITOR, EVALUATE AND SUPPORT RESIDENT SERVICES ACROSS THE PORTFOLIO ACCORDING TO INTERNAL SERVICE STANDARDS ADDRESSING THE NEEDS OF HEALTH AND WELLNESS, NUTRITION, SOCIALIZATION, EDUCATION, FINANCIAL ASSISTANCE, COMMUNITY ENGAGEMENT, SAFETY AND SECURITY, ACCESS TO COMPUTERS AND HIGH SPEED INTERNET AND TRANSPORTATION.

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**Form 990, Part III, Line 4b:**

SEE SCHEDULE O HOMES FOR AMERICA, IS THE SOLE MEMBER OF HOMES FOR BRIDGEVILLE, LLC, WHICH IS INCLUDED HEREIN. HOMES FOR BRIDGEVILLE, LLC, A 50-UNIT APARTMENT COMMUNITY, HAS SERVICE AND PROGRAM ACTIVITIES SERVING ITS FAMILIES THAT INCLUDE AN AFTERSCHOOL HOMEWORK CLUB, A MOBILE HEALTH CLINIC, BACK TO SCHOOL GIVE-A-WAY, SOCIAL AND RECREATIONAL PROGRAMS, WEEKLY SUMMER CAMP OPPORTUNITIES WITH TRANSPORTATION, REFERRALS FOR HEALTH RESOURCES, NUTRITION AND RENTAL ASSISTANCE AND A MONTHLY MOBILE FOOD PANTRY. ADDITIONALLY, A COMPUTER LAB IS OPEN FOR ALL RESIDENTS AND PUBLIC TRANSPORTATION IS AVAILABLE NEAR THE ENTRANCE OF THE COMMUNITY.

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**Form 990, Part III, Line 4c:**

HOMES FOR AMERICA, INC. IS THE SOLE MEMBER OF SEVERAL LLC'S WHICH ARE INCLUDED HEREIN. CORNER HOUSE HFA, LLC HOLDS AN INVESTMENT IN FOUNTAIN PLACE ASSOCIATES LIMITED PARTNERSHIP, BAY FOREST HFA LLC HOLDS AN INVESTMENT IN HOMES FOR ANNAPOLIS LIMITED PARTNERSHIP, GATEWAY VILLAGE I HFA, LLC HOLDS AN INVESTMENT IN SALISBURY SENIOR HOUSING LIMITED PARTNERSHIP, AND HFA Y15LP LLC HOLDS AN INVESTMENT IN CHESTNUT SQUARE LIMITED PARTNERSHIP AND GLENBURN ASSOCIATES LIMITED PARTNERSHIP.

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**SCHEDULE A**  
(Form 990 or 990-EZ)

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

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
HOMES FOR AMERICA INC

**Employer identification number**  
52-1901220

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	238,038	241,597	1,181,562	3,033,388	1,867,127	6,561,712
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	3,099,149	3,565,022	3,719,722	1,837,003	4,208,067	16,428,963
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	3,337,187	3,806,619	4,901,284	4,870,391	6,075,194	22,990,675
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .					6,000	6,000
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						0
<b>c</b> Add lines 7a and 7b. . . . .					6,000	6,000
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						22,984,675

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . . . .	3,337,187	3,806,619	4,901,284	4,870,391	6,075,194	22,990,675
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	157,060	267,745	241,467	248,583	224,366	1,139,221
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .	157,060	267,745	241,467	248,583	224,366	1,139,221
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .		963,198				963,198
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	3,494,247	5,037,562	5,142,751	5,118,974	6,299,560	25,093,094

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	91.600 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	93.510 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	4.540 %
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	3.460 %

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART III, SECTION B, LINE 12	DURING THE YEAR ENDED MARCH 31, 2017 AS PART OF THE AUDIT OF THE FINANCIAL STATEMENTS, MANAGEMENT'S ANALYSES OF THREE LOANS AND RELATED ACCRUED INTEREST LED MANAGEMENT TO REMOVE ITS LOAN LOSS ALLOWANCE. THE ORGANIZATION COLLECTED ON THOSE LOANS IN FULL DURING THE YEAR ENDED MARCH 31, 2018. ADDITIONALLY, DURING THE YEAR ENDED MARCH 31, 2017, ONE LOAN AND RELATED ACCRUED INTEREST OF \$1,653,955 WAS DEEMED PERMANENTLY IMPAIRED AND NO FUTURE COLLECTION IS EXPECTED. THE ADJUSTMENT TO LOANS RECEIVABLE AND THE ALLOWANCE FOR LOAN LOSSES RESULTED IN A NET LOAN LOSS RECOVERY OF \$963,198 THAT IS RECORDED AS OTHER INCOME IN THE CONSOLIDATED AND COMBINED STATEMENT OF ACTIVITIES FOR THE YEAR ENDED MARCH 31, 2017.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization HOMES FOR AMERICA INC

Employer identification number 52-1901220

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for conservation details (2a-2d), and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting on revenue and assets.



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

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

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

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

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

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

- a** Board designated or quasi-endowment ▶ .....
- b** Permanent endowment ▶ .....
- c** Temporarily restricted endowment ▶ .....

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

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		44,500		44,500
<b>b</b> Buildings . . . . .		349,584	69,191	280,393
<b>c</b> Leasehold improvements		64,938	50,608	14,330
<b>d</b> Equipment . . . . .		168,939	137,994	30,945
<b>e</b> Other . . . . .		52,339	43,591	8,748
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				378,916

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	3,385,057

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	49,049,925
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		-120,821
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		42,871,186
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	42,750,365
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	6,299,560
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	6,299,560

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	55,475,269
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		51,846,217
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	51,846,217
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	3,629,052
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	3,629,052

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 52-1901220

**Name:** HOMES FOR AMERICA INC

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	HFA, HFA COMMUNITY HOUSING DEVELOPMENT, INC., HOMES FOR ARUNDEL, INC., HOMES FOR LAUREL, I NC., HOMES FOR LAUREL II, INC., HOMES FOR MCCONNELLSBURG, INC., AND HOMES FOR SHIPPENSBURG , INC. (COLLECTIVELY, THE "CORPORATIONS") HAVE APPLIED FOR AND RECEIVED A DETERMINATION LE TTER FROM THE INTERNAL REVENUE SERVICE ("IRS") TO BE TREATED AS A TAX-EXEMPT ENTITY PURSUA NT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THERE WAS NO SIGNIFICANT UNRELATED B USINESS INCOME FOR THE YEARS ENDED MARCH 31, 2020 AND 2019. DUE TO THEIR TAX-EXEMPT STATUS , THE CORPORATIONS ARE NOT SUBJECT TO INCOME TAXES. THE CORPORATIONS ARE REQUIRED TO FILE AND DO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. TAX YEARS STILL OPEN FO R IRS EXAMINATION FOR THE CORPORATIONS ARE THE YEARS ENDED MARCH 31, 2017, 2018 AND 2019.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	INCOME FROM ENTITIES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS.

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EXPENSES FROM ENTITIES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization HOMES FOR AMERICA INC

Employer identification number 52-1901220

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) LOAN FORGIVENESS	1	24,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	GRANT FUNDS FOR ENERGY AND OTHER PROPERTY IMPROVEMENTS: GRANT FUNDS ARE DISBURSED TO THE GRANTEE AS ENERGY OR THE OTHER PROPERTY IMPROVEMENTS ARE COMPLETED. VENDOR INVOICES ARE SUBMITTED WITH REQUESTS FOR DISBURSEMENTS AND THEY ARE REVIEWED BY HOMES FOR AMERICA TO ENSURE DISBURSEMENTS ARE APPROPRIATE WITHIN THE GRANT GUIDELINES. PART III: GRANTS & OTHER ASSISTANCE TO INDIVIDUALS IN THE U.S.: THE ORGANIZATION PROVIDED LOANS TO INDIVIDUAL HOMEOWNERS WHO PURCHASED HOMES IN THE LEASE-PURCHASE COMMUNITY, HOMES AT THE GLEN. NO INTEREST ACCRUES ON THE LOANS AND THE LOANS ARE FORGIVEN OVER A PERIOD OF 5 TO 20 YEARS DEPENDING ON THE LENGTH OF TIME THE HOMEOWNER HAD PREVIOUSLY LIVED IN THE COMMUNITY. AS OF MARCH 31, 2020, A PORTION OF ONE LOAN HAD BEEN FORGIVEN IN THE AMOUNT OF \$24,000.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 52-1901220  
**Name:** HOMES FOR AMERICA INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOMES FOR OLDE TOWNE GAITHERSBURG LP 318 SIXTH STREET ANNAPOLIS, MD 21403	54-1954745		101,457				ENERGY IMPROVEMENT
HOMES FOR ANNAPOLIS LP 318 SIXTH STREET ANNAPOLIS, MD 21403	54-1820786		45,000				ENERGY IMPROVEMENT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOMES FOR MCCONNELLSBURG INC 318 SIXTH STREET ANNAPOLIS, MD 21403	52-2335700	501(C)(3)	8,222				PROPERTY IMPROVEMENTS
HOMES FOR SHIPPENSBURG INC 318 SIXTH STREET ANNAPOLIS, MD 21403	52-2148579	501(C)(3)	10,014				PROPERTY IMPROVEMENTS

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HOMES FOR AMERICA INC

Employer identification number  
52-1901220

**Part I Questions Regarding Compensation**

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> KATHY EBNER PRESIDENT & CEO	(i)	205,182	25,000	335	16,136	11,697	258,350	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> DIANE CLYDE EXECUTIVE VICE PRESIDENT	(i)	184,312	5,900	515	13,351	0	204,078	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> JOLLY BURKS VICE PRESIDENT & CFO	(i)	184,301	900	179	12,977	1,277	199,634	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> DIANA TALIOS DEVELOPMENT DIRECTOR	(i)	140,607	5,900	515	10,292	13,636	170,950	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> STEVE MOORE DEVELOPMENT DIRECTOR	(i)	137,186	900	78	9,671	8,889	156,724	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> FRANK FUDALA VP OF PORTFOLIO MGMT	(i)	133,578	900	78	9,419	7,664	151,639	0
	(ii)	0	0	0	0	0	0	0

**Part III**    **Supplemental Information**

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

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization  
HOMES FOR AMERICA INC

Employer identification number

52-1901220

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF FORM 990 IS REVIEWED IN DETAIL BY THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND AUTHORIZED BY THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE WRITTEN CONFLICT OF INTEREST POLICY IS DISCUSSED AS NEEDED AND ALL OFFICERS AND DIRECTORS SIGN ANNUALLY A STATEMENT ACKNOWLEDGING THE POLICY AND RECUSING THEMSELVES WHEN ITEMS WITH POTENTIAL CONFLICTS ARE DISCUSSED AND AUTHORIZED BY THE BOARD.



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE PRESIDENT IS APPROVED BY BOARD USING COMPARABILITY DATA. COMPENSATION OF OTHERS IS APPROVED BY THE BOARD THROUGH THE ANNUAL BUDGET PROCESS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE FOR PUBLIC INSPECTION AT THE ORGANIZATION'S OFFICE DURING REGULAR BUSINESS HOURS UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, 168(H) ELECTION STATEMENT	HOMES DEVELOPMENT CORPORATION (EIN: 52-1940646), A WHOLLY-OWNED CORPORATE ENTITY UNDER HOMES FOR AMERICA, INC., HAS MADE A 168(H)(6)(F)(II) ELECTION TO NOT TO BE TREATED AS A TAX-EXEMPT CONTROLLED ENTITY. A COPY OF THE 168(H)(6)(F)(II) ELECTION IS ATTACHED IN HOMES FOR AMERICA, INC. TAX RETURN AS AN EVIDENCE.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HOMES FOR AMERICA INC

**Employer identification number**

52-1901220

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> BAY FOREST HFA LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 52-1901220	REAL ESTATE INVESTMENTS	MD	-62,947	-141,162	HOMES FOR AMERICA
<b>(2)</b> CORNER HOUSE HFA LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 47-1390836	REAL ESTATE INVESTMENTS	MD	-42,424	-97,430	HOMES FOR AMERICA
<b>(3)</b> GATEWAY VILLAGE I HFA LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 47-4638348	REAL ESTATE INVESTMENTS	MD	-11,287	333,395	HOMES FOR AMERICA
<b>(4)</b> HOMES FOR BRIDGEVILLE LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 45-4588298	REAL ESTATE RENTALS	MD	428,577	863,296	HOMES FOR AMERICA
<b>(5)</b> HFA Y15LP LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 47-5357125	REAL ESTATE INVESTMENTS	MD	36,414	97,476	HOMES FOR AMERICA

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> ESSEX HOUSE NEIGHBORHOOD CORP 318 SIXTH STREET ANNAPOLIS, MD 21403 54-1815666	R/E INVESTMENT	VA	501(C)(3)	LINE 11	HOMES FOR AMERICA		No
<b>(2)</b> HFA COMMUNITY HOUSING DEVELOPMENT INC 318 SIXTH STREET ANNAPOLIS, MD 21403 26-2155870	R/E DEVELOPMENT-CHDO	MD	501(C)(3)	LINE 11	HOMES FOR AMERICA		No
<b>(3)</b> HOMES FOR ARUNDEL INC 318 SIXTH STREET ANNAPOLIS, MD 21403 54-2119728	REAL ESTATE RENTALS	MD	501(C)(3)	LINE 11	HOMES FOR AMERICA		No
<b>(4)</b> HOMES FOR LAUREL II INC 318 SIXTH STREET ANNAPOLIS, MD 21403 36-4569310	REAL ESTATE RENTALS	MD	501(C)(3)	LINE 11	HOMES FOR AMERICA		No
<b>(5)</b> HOMES FOR LAUREL INC 318 SIXTH STREET ANNAPOLIS, MD 21403 52-2258299	REAL ESTATE RENTALS	MD	501(C)(3)	LINE 11	HOMES FOR AMERICA		No
<b>(6)</b> HOMES FOR MCCONNELLSBURG INC 318 SIXTH STREET ANNAPOLIS, MD 21403 52-2335700	REAL ESTATE RENTALS	MD	501(C)(3)	LINE 11	HOMES FOR AMERICA		No
<b>(7)</b> HOMES FOR SHIPPENSBURG INC 318 SIXTH STREET ANNAPOLIS, MD 21403 52-2148579	REAL ESTATE RENTALS	MD	501(C)(3)	LINE 11	HOMES FOR AMERICA		No

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

See Additional Data Table

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

See Additional Data Table

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



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 52-1901220  
**Name:** HOMES FOR AMERICA INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BOOTH STREET LP 318 SIXTH STREET ANNAPOLIS, MD 21403 46-2545164	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
CHAPLINE ASSOCIATES II LP 180 ADMIRAL COCHRANE DR ANNAPOLIS, MD 21401 13-4223277	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
CHAPLINE ASSOCIATES LP 180 ADMIRAL COCHRANE DR ANNAPOLIS, MD 21401 52-2226874	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
CHESTNUT SQUARE LP 318 SIXTH STREET ANNAPOLIS, MD 21403 54-1905922	REAL ESTATE RENTALS	VA	HFA Y15LP LLC	N/A	36,414	97,476		No		Yes		99.000 %
CITY ARTS II LP 318 SIXTH STREET ANNAPOLIS, MD 21403 46-3446465	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
CITY ARTS LP 318 SIXTH STREET ANNAPOLIS, MD 21403 27-0442796	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
CLARE COURT LP 318 SIXTH STREET ANNAPOLIS, MD 21403 33-1006669	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
DARBYTOWN MEADOWS LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 26-0093958	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
ESSEX HOUSE LP 318 SIXTH STREET ANNAPOLIS, MD 21403 52-2098186	REAL ESTATE RENTALS	VA	N/A	N/A				No		Yes		
FOUNTAIN PLACE ASSOC LP 318 SIXTH STREET ANNAPOLIS, MD 21403 52-1946936	REAL ESTATE RENTALS	MD	CORNER HOUSE HFA LLC	N/A	-42,424	-86,318		No			No	99.000 %
FOXTAIL CROSSING II LP 318 SIXTH STREET ANNAPOLIS, MD 21403 45-4533116	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
FRED I LP 318 SIXTH STREET ANNAPOLIS, MD 21403 04-3675548	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
FRED II LP 318 SIXTH STREET ANNAPOLIS, MD 21403 04-3675554	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
GATEWAY VILLAGE II LP 318 SIXTH STREET ANNAPOLIS, MD 21403 52-2116418	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
GATEWAY VILLAGE III LP 318 SIXTH STREET ANNAPOLIS, MD 21403 52-2272632	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GLENBURN ASSOCIATES LP 318 SIXTH STREET ANNAPOLIS, MD 21403 52-2052708	REAL ESTATE RENTALS	MD	HFA Y15LP LLC	N/A	-24,348	1,059,448		No		Yes		99.000 %
HDCHDI SHIPPENSBURG LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 52-2298688	REAL ESTATE INVESTMENTS	MD	N/A	N/A				No		Yes		
HDCTRFJUBILEE LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 27-1080070	REAL ESTATE INVESTMENTS	MD	N/A	N/A				No		Yes		
HDC-HRH VIRGINIA LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 04-3675538	REAL ESTATE INVESTMENTS	MD	N/A	N/A				No		Yes		
HOMES AT BERLIN LP 318 SIXTH STREET ANNAPOLIS, MD 21403 52-2298681	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES AT FOUNTAIN GREEN GP LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 84-1807286	REAL ESTATE INVESTMENTS	MD	N/A	N/A				No			No	
HOMES AT FOUNTAIN GREEN LP 318 SIXTH STREET ANNAPOLIS, MD 21403 83-2866756	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR ABERDEEN LP 318 SIXTH STREET ANNAPOLIS, MD 21403 47-1430657	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR ANNAPOLIS LP 318 SIXTH STREET ANNAPOLIS, MD 21403 54-1820786	REAL ESTATE RENTALS	MD	BAY FOREST HFA LLC	N/A	-62,947	-141,162		No		Yes		99.000 %
HOMES FOR CAMBRIDGE LP 318 SIXTH STREET ANNAPOLIS, MD 21403 77-0630206	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR CHAMBERSBURG LP 318 SIXTH STREET ANNAPOLIS, MD 21403 20-3724027	REAL ESTATE RENTALS	PA	N/A	N/A				No		Yes		
HOMES FOR CUMBERLAND LP 318 SIXTH STREET ANNAPOLIS, MD 21403 26-0422796	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR DOWNTOWN ANNAPOLIS LP 318 SIXTH STREET ANNAPOLIS, MD 21403 47-3972832	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR ELKTON GP LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 45-3070049	R/E INVESTMENT	MD	N/A	N/A				No		Yes		
HOMES FOR ELKTON LP 318 SIXTH STREET ANNAPOLIS, MD 21403 27-5102436	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HOMES FOR EMMITSBURG LP 318 SIXTH STREET ANNAPOLIS, MD 21403 51-1679635	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR FREDERICK LP 318 SIXTH STREET ANNAPOLIS, MD 21403 47-3106999	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR GLEN BURNIE LP 318 SIXTH STREET ANNAPOLIS, MD 21403 54-1863874	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR GREATER BALTIMORE LP 318 SIXTH STREET ANNAPOLIS, MD 21403 82-2077399	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR GREENSPRING LP 318 SIXTH STREET ANNAPOLIS, MD 21403 20-3625674	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR HAGERSTOWN GP LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 47-2754537	R/E INVESTMENT	MD	N/A	N/A				No		Yes		
HOMES FOR HAGERSTOWN LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 47-2754738	REAL ESTATE RENTALS	DE	N/A	N/A				No		Yes		
HOMES FOR HAMILTON HILLS LP 318 SIXTH STREET ANNAPOLIS, MD 21403 26-2597023	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR HURLOCK LP 318 SIXTH STREET ANNAPOLIS, MD 21403 20-4795670	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR MARYLAND GP LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 47-1430591	R/E INVESTMENT	MD	N/A	N/A				No			No	
HOMES FOR MOUNT VERNON GP LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 30-0893928	R/E INVESTMENT	MD	N/A	N/A				No		Yes		
HOMES FOR MOUNT VERNON LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 81-1136390	R/E INVESTMENT	MD	N/A	N/A				No		Yes		
HOMES FOR MOUNT VERNON LP 318 SIXTH STREET ANNAPOLIS, MD 21403 81-1248474	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR ODENTON LP 318 SIXTH STREET ANNAPOLIS, MD 21403 46-5645499	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR OLDE TOWNE GAIT LP 318 SIXTH STREET ANNAPOLIS, MD 21403 54-1954745	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HOMES FOR PERRYVILLE LP  318 SIXTH STREET ANNAPOLIS, MD 21403 27-0550700	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR POCOMOKE CITY LP  318 SIXTH STREET ANNAPOLIS, MD 21403 46-4242708	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR REISTERSTOWN II LP  318 SIXTH STREET ANNAPOLIS, MD 21403 68-0541880	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR REISTERSTOWN LP  318 SIXTH STREET ANNAPOLIS, MD 21403 54-1922766	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR SALISBURY LP  318 SIXTH STREET ANNAPOLIS, MD 21403 75-3031936	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES FOR WALBROOK LP  318 SIXTH STREET ANNAPOLIS, MD 21403 20-5385299	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES ON JOHNSONS POND LP  318 SIXTH STREET ANNAPOLIS, MD 21403 36-4847573	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
HOMES ON QUAKER LANE GP LLC  318 SIXTH STREET ANNAPOLIS, MD 21403 83-2100587	R/E INVESTMENT	MD	N/A	N/A				No			No	
HOMES ON QUAKER LANE LP  318 SIXTH STREET ANNAPOLIS, MD 21403 83-0730509	REAL ESTATE RENTALS	MD	N/A	N/A				No			No	
HOMES ON THE GLEN LP  318 SIXTH STREET ANNAPOLIS, MD 21403 52-2261784	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
JENKINS HOUSE LP  318 SIXTH STREET ANNAPOLIS, MD 21403 20-5791654	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
MANOR EAST LP  318 SIXTH STREET ANNAPOLIS, MD 21403 26-2561429	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
MARIAN HOUSE II LP  318 SIXTH STREET ANNAPOLIS, MD 21403 75-3200262	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
MITCHELL POND LP  318 SIXTH STREET ANNAPOLIS, MD 21403 42-1605503	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
PINEY RIDGE VILLAGE ASSOC LP  318 SIXTH STREET ANNAPOLIS, MD 21403 52-1440040	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
RESTORATION GARDENS LLC  318 SIXTH STREET ANNAPOLIS, MD 21403 26-4794713	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
RUFFIN ROAD LLC  318 SIXTH STREET ANNAPOLIS, MD 21403 26-0093955	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		
SALISBURY SENIOR HOUSING LP  318 SIXTH STREET ANNAPOLIS, MD 21403 52-1940295	REAL ESTATE RENTALS	MD	GATEWAY VILLAGE I HFA LLC	N/A	-11,287	330,549		No			No	49.500 %
SENIOR COTTAGES OF SHIPPENSBURG LTD  318 SIXTH STREET ANNAPOLIS, MD 21403 41-1855600	REAL ESTATE RENTALS	PA	N/A	N/A				No		Yes		
VILLAGE HOUSE ASSOC LP  318 SIXTH STREET ANNAPOLIS, MD 21403 52-2098194	REAL ESTATE RENTALS	MD	N/A	N/A				No		Yes		

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BOOTH STREET LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 45-4588298	REAL ESTATE INVESTMENT	MD	NONE	C	-9	116,991	100.000 %		No
CLARE COURT CORPORATION 318 SIXTH STREET ANNAPOLIS, MD 21403 42-2035312	REAL ESTATE INVESTMENT	MD	NONE	C			100.000 %		No
ESSEX HOUSES CORPORATION 318 SIXTH STREET ANNAPOLIS, MD 21403 52-2098283	REAL ESTATE INVESTMENT	VA	NONE	C	428	-23,144	100.000 %		No
HDCCHAI LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 26-2561554	REAL ESTATE INVESTMENT	MD	NONE	C	-7	564,418	51.000 %		No
HDC-DCS LLC 318 SIXTH STREET ANNAPOLIS, MD 21403 20-4804201	REAL ESTATE INVESTMENT	MD	NONE	C			51.000 %		No
HOMES DEVELOPMENT CORP 318 SIXTH STREET ANNAPOLIS, MD 21403 52-1940646	REAL ESTATE INVESTMENT	MD	NONE	C	-578,923	5,989,144	100.000 %		No
HOMES FOR EMMITSBURG INC 318 SIXTH STREET ANNAPOLIS, MD 21403 45-4855535	REAL ESTATE INVESTMENT	MD	NONE	C	-39	132,094	100.000 %		No
HOMES FOR GREENSPRING DEVELOPMENT CORP 318 SIXTH STREET ANNAPOLIS, MD 21403 20-3625769	REAL ESTATE INVESTMENT	MD	NONE	C			100.000 %		No
HOMES FOR GREENSPRING INC 318 SIXTH STREET ANNAPOLIS, MD 21403 20-3763885	REAL ESTATE INVESTMENT	MD	NONE	C	-9	97,025	79.000 %		No
CHESTNUT SQUARE EQUITY CORPORATION 318 SIXTH STREET ANNAPOLIS, MD 21403 54-1905922	REAL ESTATE INVESTMENT	MD	HOMES DEVELOPMENT CORPORATION	C			90.000 %		No

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
HOMES DEVELOPMENT CORPORATION	Q	776,176	
HOMES FOR PERRYVILLE LP	D	284,343	
CITY ARTS LP	D	115,756	
MANOR EAST LP	D	966,269	
HOMES FOR EMMITSBURG LP	D	1,100,000	
HOMES FOR FREDERICK LP	D	100,000	
CITY ARTS II LP	D	210,344	
HOMES FOR GREATER BALTIMORE LP	D	500,000	
HOMES ON QUAKER LANE LP	D	400,000	
HOMES DEVELOPMENT CORPORATION	C	481,326	
OAKS AT OLDE TOWNE GATHERSBURG LP	B	101,457	
HOMES FOR ANNAPOLIS LP	B	45,000	
HFA COMMUNITY HOUSING DEVELOPMENT INC	C	1,164,883	
HOMES FOR MCCONNELLSBURG INC	B	8,222	
HOMES FOR SHIPPENSBURG INC	B	10,014	