Form **990**

Return of Organization Exempt From Income Tax

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

2017

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public ▶ Go to www irs.gov/Form990 for instructions and the latest information.

Open to Public . Inspection

Α	For	r the	2017 calend	ar year, or tax year beginning		, 2017, and er	nding		20
В	Che	ck ıf a	pplicable	C Name of organization BEATTYVILLE	HOUSING DEVELOPMENT C	ORPORATION	ON INC	D Emplo	oyer identification no
Ē.			hange	Doing business as				61-1	254002
				Number and street (or PO box if mail is not di	olygonad to stront address)		Room/suite		none number
		ne cha	_	·	envered to sireet address)		Roomisake	l l) 464-5031
(2) 紀		al retur		813 Hwy 52 West		·	l		
	Fina	il retur	n/terminated	City or town, state or province, country, and ZI	P or foreign postal code			G Gross	
	Ame	ended	return	BEATTYVILLE, KY 41311					1,031,012
Ž.	Appl	licatio	n pending	F Name and address of principal officer		11	H(a) Is this a group re	urn for subordinal	es? Yes X No
							H(b) Are all subord	inates included	17 Yes No
I	Tax-	exem	ot status 🛚 🗓	501(c)(3)	o) 4947(a)(1) or 527	()'	If No att	ach a list (see	instructions)
ok.	Web	site		.cchousing.org		•	H(c) Group exem	otion number	•
	Forn	n of or			Other L Year	of formation 1	993 M State o	legal domicile	KY
	art	_	Summar						
#	1			pe the organization's mission or most s	ignificant activities Poattype	ullo Hous	sing and Dev	ol opmen	+
Ø		•	•	~	· — ·				
Governance			Corporat	ion, Inc. strives to dev	elop affordable nousin	ig in Lee	and Surrour	ding co	uncies.
Jan	ŀ								
ē							<u> </u>		
Ş		2	Check this b	$\mathbf{x} \blacktriangleright \bigsqcup$ if the organization discontinue	d its operations or disposed of mor	re than 25% o	fits net assets	1	
∞ ∞		3	Number of v	ting members of the governing body (F	Part VI, line 1a)			3	
SS		4	Number of in	dependent voting members of the gove	rning body (Part VI, line 1b)			4	7
Ť		5	Total number	of individuals employed in calendar ye	ar 2017 (Part V, line 2a)			5	8
Activities &		6	Total number	of volunteers (estimate if necessary)				6	
٩		7a	Total unrelate	d business revenue from Part VIII, coli	ımn (C), line 12			7a	0
	1			business taxable income from Form 9				7b	0
-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			T	Prior Year		Current Year
		8	Contributions	and grants (Part VIII, line 1h)			1,309,		934,199
<u>a</u>	1	9		rice revenue (Part VIII, line 2g) · · ·		<u> </u>		, , ,	0
Revenue	.			come (Part VIII, column (A), lines 3, 4,			20	419	51,976
ě									
œ		11		e (Part VIII, column (A), lines 5, 6d, 8c				895	44,837
		12	-	- add lines 8 through 11 (must equal F	······································		1,381,	062	1,031,012
		13		milar amounts paid (Part IX, column (A					0
	'	14	Benefits paid	to or for members (Part IX, column (A	line 4)	:			0
Ś		15	Salaries, oth	er compensation, employee benefits (P	art IX reolunin (A) (mes 5-10)	} · · · ·	161,	389	184,463
Expenses	.	16a	Professional	fundraising fees (Part IX, column (A), I	ne file)	• • • • • [_			0
per		b	Total fundras	ing expenses (Part IX, column (D), line		0		12 6 5 6	
×		17	Other expen	es (Part IX, column (A), lines 11a-11de	1.4 2018. JOI	[_	969,	320	811,323
		18	Total expens	es Add lines 13-17 (must equal Parti)	(,column (A), line 25)		1,130,	709	995,786
				expenses Subtract line 18 from line	12 OCD CALL		250,		35,226
	-				LOGUEN, UT		Beginning of Current Y		End of Year
ts	Balances	20	Total accets	Part X, line 16)			3,442,		3,459,733
SSe	Bal	21		(Part X, line 26)			1,467,		1,448,953
et A	2			fund balances Subtract line 21 from	ino 20		1,975,		
_	<u>□ '</u> art	22 11:1		re Block	ille 20 · · · · · · · · · · · · · · · · · ·		1,975,	334	2,010,780
				lare that I have examined this return including ac	companying schedules and statements, and	to the best of my	knowledge and belief it	15	
				laration of preparer (other than officer) is based o					
					\mathcal{O}			9/1	110
Sig	าก			LE KINCAID CONTROL OF	e Concour				70
			,					0010	
He	re	İ		LE KINCAID, PRESIDENT					
			Type or	rint name and title				· · T · · · · · ·	
_			Print/Type pre	parer s name Prepaler's rig	nature	1 11	Check 🔀	if PTIN	
Pa			Chris C	ooch Chris G	ooch 8	<u>-7/12</u>	self-employed	P01	202304
	•	arer		Chris Sooch CrA	5 F	·	Firm's EIN		
Us	e C	Only	Firm's addres	▶ PO BOX 1536			Phone no		
_				Hazard KY 41702			60	6-436-5	700
May	/ the	IRS	discuss this	eturn with the preparer shown above?	(see instructions) · · ·			[X Yes No
For	Pa	perw	ork Reducti	on Act Notice, see the separate instr	uctions.		2/-		Form 990 (2017)

	m 990 (2017) BEATTYVILLE HOUSING	C DEVELOPMENT CORPORATION INC	61-1 <i>2</i> 54002 Page 2
	artilla Statement of Program Sei	rvice Accomplishments	61-1254002 Tage 2
		sponse or note to any line in this Part III	
1	Briefly describe the organization's mission		· · · · · · · · · · · · · · · · · · ·
	Beattyville Housing and Deve	elopment Corporation, Inc strives to d	evelop affordable housing
	in Lee and surrounding count	ies	
2	Did the organization undertake any significan	nt program services during the year which were not listed on th	ne
3	services?	ake significant changes in how it conducts, any program	· · · · · · · · · · · · · · · · Yes X No
4		accomplishments for each of its three largest program service	
	the total expenses, and revenue, if any, for each	rganizations are required to report the amount of grants and al ach program service reported	llocations to others,
4a		936,689 including grants of \$	
	Assist low income families w	ith rehousing, housing repairs and ren	t
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Everyone f	polydra graph of C	V/Davasas
46	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d		le O) uding grants of \$) (Revenue \$)
	Total program service expenses	_ 936,689	

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1. 4	A Company of the damen of the d			
4			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	X	<u> </u>
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		١,,
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h)			,
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		1,7
6	Part III · · · · · · · · · · · · · · · · ·	5		X
Ū	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			.,
7	"Yes," complete Schedule D, Part I	6		X
'	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1,7
9	Complete Schedule D, Part III	8		X
3	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			
				\ \ <u>\</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	,	X
• •	VII, VIII, IX, or X as applicable			
а			*	لمت
_	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	114	- /1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	!	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15 000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
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Checklist of Required Schedules (continued) Part_IV Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II Χ 21 22 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? If "Yes," complete Schedule I, Parts I and III Χ 22 23 Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a 24a Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c ď Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Χ 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Χ 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee. substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Χ 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Χ 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable 36 Χ 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note All Form 990 filers are required to complete Schedule O

Form 990 (2017)

Form, 990 (2017) BEATTYVILLE HOUSING DEVELOPMENT CORPORATION INC 61 - 1254002Part 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 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax * 1 Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Χ If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds Did the sponsoring organization make any taxable distributions under section 4966? 9a Χ Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations Enter а Gross income from members or shareholders . . . Gross income from other sources (Do not net amounts due or paid to other sources b 12a Section 4947(a)(1) non-exempt charitable trusts Is the organization filing Form 990 in lieu of Form 1041? 12a b Section 501(c)(29) qualified nonprofit health insurance issuers 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form-990 (2017) BEATTYVILLE HOUSING DEVELOPMENT CORPORATION INC Page 6 61-1254002 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct Χ supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Χ Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Each committee with authority to act on behalf of the governing body? a8 Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Χ 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Χ Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? Χ Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b Χ If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ... 16a Χ If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Kentucky Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply (X) Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records Wilma Kelley (606) 464-5031, 1172 Dry Ridge Road, Irvine, KY 40336

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BEATTYVILLE HOUSING DEVELOPMENT CORPORATION INC

51-1254002

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Form 990 (2017)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

Check this box if heither the organization not any related	- Organization	Comp	CHS			Carrer	11 011	licer, director, or tre	13100	
	}	ļ		1	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					han one is both a		Reportable	Reportable	Estimated
	hours per					r/trustee		compensation	compensation from	amount of
	week (list any	ļ						from	related	other
	hours for related	2 5	=	0	x	οт	77	the organization	organizations (W 2/1099 MISC)	compensation from the
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	m gre	Forme	(W 2/1099-MISC)	(VV 2/1099 WISC)	organization
	below dotted	dual	ition	Ä	mpl	st c	e	,		and related
	line)	ੋ ੜੂ	al tr		oye	릙				organizations
		fee	uste		(D	ens				
	-		e			Highest compensated employee				
		İ								
(1) Carole Kincaid	5.00									
- ·	- 5.00	Х		Х				o	o	0
(2) - 1 - 1	1 00	- 71								
(2) John Smith	1.00	Х								•
Board Member	1 22	_^						. 0	0	0_
(3) George McCarter	1.00	3.7								
Board Member	-	X						0	0	0
(4) Shirley Halcomb	1.00		İ							
Board member		X						0	0	00
(5) Teresa Combs	1.00									
Board Member	1	Χ						0	0	00
(6) Ewan Thompson	1.00									
Board Member		Χ						О	o	0
(7) Wilma Kelley	40.00									
Secretary		1			Χ	Х		o	О	0
(8)	<u> </u>									
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	90 (2017) BEATTYVILLE HOUSIN	G DEVELO	PMEN	IT (COR	POR	ATIC	M.	INC	61-12540	002	Pa	ge 8
Part	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd F	ligh	est (Comp	ensa	ated Employees (continued)	,		
	(A) Name and title	(B) Average hours per week (list any	box	unles	s pers	tion ore the	an one both an		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fro orga and	ensatior om the inization related nizations	ı
(15)							V						
(16)					-								
(17)													
(18)													
(19)													
(20)												_	
(21)					-								
(22)													
(23)													-
(24)	·												
(25)													
1b c	Sub-total							*					
d	Total (add lines 1b and 1c)			-				>	0	0	<u> </u>		0
2	Total number of individuals (including but not limited reportable compensation from the organization	to those liste	ed abo	ve) v	vho r	ecei	ived m	ore	than \$100,000 of	0			
	reportable compensation from the organization											Yes	No
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J				e, o	hıg	hest c	omp	ensated		3		X
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than	ortable comp	ensat	ion a							4.00	, -	<u></u> -
	individual · · · · · · · · · · · · · · · · · · ·										4		X
5	Did any person listed on line 1a receive or accrue co		from a	any u	ınreli	ated	organ	uzatı	on or individual				,
	for services rendered to the organization? If "Yes," of	omplete Sch	edule	J for	suc	h pe	rson			· · · · · · · · · · · · · · · · · · ·	5		X
Secti	on B. Independent Contractors								<u>.</u>				
1	Complete this table for your five highest compensation from the organization. Report compensation year.												
	(A)								(B)		(0	>)	
	Name and business address								Description of	services	Compe	nsation	-
									-				_
2	Total number of independent contractors (including I			_	listed	abo	ove) w	ho					
EEA	received more than \$100,000 of compensation from	tne organiza	tion		-						Form 9	90 /20	171
													-1-1-

Form, 99	0 (20	17) BEATTYVILLE HOUSIN	G DEVELOPMENT	CORPORATION	INC	61-12540	02 Page 9
Part \	AIII.	Statement of Revenue					
		Check if Schedule O contains a response or	note to any line in thi	s Part VIII			<u> </u>
land of the state			; ;	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
8 8	1a	Federated campaigns · · · · · 1a	1			ı	. 1
ran	b	Membership dues · · · 11)	,	•		,
s, G	С	Fundraising events 10					- ;
Green Part	d	Related organizations 10	i	,		(· · · · · · · · · · · · · · · · · · ·
ns,	е	Government grants (contributions) - 16	692,557				,
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,		1 1 2			â.
		and similar amounts not included above 11					• •
and	g	Noncash contributions included in lines 1a-1f \$			-		1
	h	Total Add lines 1a-1f · · · · · ·	· · · · · · · · · · · · · · · · · · ·	934,199			
e	20		Business Code	* in the state of	<u> </u>		أد - ســ ــــــ أ
Revenue	2a b						<u> </u>
Service Re	c						
	d						
Š	e						
Program	f	All other program service revenue		· · · · · · · · · · · · · · · · · · ·			
ď	!	· •			· 1000年中央	-	,
	3	Investment income (including dividends, interes					
		and other similar amounts) · · · · · ·		6,606	6,606		
	4	Income from investment of tax-exempt bond pro	ceeds · · · Þ		-		
	5	Royalties · · · · · · · · · · · · · · · · · · ·	· · · · · · · •				
		(i) Real	(II) Personal				
		Gross rents	37				
		Less rental expenses · · ·			Mark Services		
	l	Rental income or (loss) · · · 44,83	▶	44 927	44 037	<u> </u>	
		` ′	(II) Other	44,837	44,837	6. 6.	1985 JANES
		Gross amount from sales of assets other than inventory	45,370				
		Less cost or other basis	15/5:0			基金 组 2000 100	
		and sales expenses				1	
	С	Gain or (loss)	45,370				- '
	d	Net gain or (loss) · · · · · · · · · · · · · · · · · ·		45,370	45,370		
Other Revenue	8a	Gross income from fundraising		李明3897	基础设计		+
Ş.		events (not including \$					-]
æ		of contributions reported on line 1c)		A 12 - 3 1			
the		See Part IV, line 18 · · · · · · · · a					(
Ö	!	Less direct expenses					
		Net income or (loss) from fundraising events					
	l	Gross income from gaming activities See Part IV, line 19 · · · · · · a		:			,
		Less direct expenses		-			ı
	1	Net income or (loss) from gaming activities	· · · · · · >				'
	ĺ	Gross sales of inventory, less					
	100	returns and allowances · · · · · · · · · · · · · · · · · · ·	ı				
	ь	Less cost of goods sold					
	С	Net income or (loss) from sales of inventory		1			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С				ļ		<u> </u>
	ļ	All other revenue · · ·					
	Į.	Total Add lines 11a-11d · · · · · ·					
	12	Total revenue See instructions .	<u>··</u>	1,031,012	96,813	0	0

Form,990 (2017) BEATTYVILLE HOUSING DEVELOPMENT CORPORATION INC 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	T			
	nclude amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	and 10b of Part VIII	 	expenses	general expenses	expenses
	rants and other assistance to domestic organizations			1.7	
	d domestic governments See Part IV, line 21 · · ·		<u> </u>	*	STATE HAR STATE OF BUILDING
	ants and other assistance to domestic				
				1	Comment of the state
-	rants and other assistance to foreign			1	
	ganizations, foreign governments, and foreign				
	dividuals See Part IV, lines 15 and 16			The same of the sa	A THE RESIDENCE OF THE PARTY OF
	enefits paid to or for members			1, ve 1, -1, -	CARTE CONTROL STATE OF CONTROL OF
	empensation of current officers, directors,				
	istees, and key employees		 	 	
	empensation not included above, to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
•	rsons described in section 4958(c)(3)(B) · · · · ·	<u> </u>			
	her salaries and wages	144,842	123,117	21,725	
	ension plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions) · ·				
	her employee benefits	39,621	33,678	5,943	
10 Pa	yroll taxes		<u></u>		
	es for services (non-employees)				
a Ma	anagement				
b Le	gal·····	23,973	20,377	3,596	
c Ac	counting	5,100	4,335	765	
d Lo	bbying				
e Pr	ofessional fundraising services See Part IV, line 17 .		被否则是在证明 等	THE ALL PROPERTY.	
f Inv	vestment management fees · · · · · · · · · · · · · · · · · ·				
g Ot	her (If line 11g amount exceeds 10% of line 25, column				
(A)) amount, list line 11g expenses on Schedule O)	27,156	23,082	4,074	
12 Ad	vertising and promotion	195	195		
13 Of	fice expenses	9,225		9,225	
14 Inf	ormation technology	1,112	1,112		
15 Ro	oyalties				
16 Oc	ccupancy	14,753	12,540	2,213	
17 Tra	avel	5,406	4,595	811	
18 Pa	yments of travel or entertainment expenses				
	any federal, state, or local public officials				
	onferences, conventions, and meetings	3,125	2,656	469	
	erest	13,301	13,301		
21 Pa	yments to affiliates				
	epreciation, depletion, and amortization	43,506	36,980	6,526	
	surance · · · · · · · · · · · · · · · · · · ·	13,591	11,552	2,039	
	her expenses Itemize expenses not covered	3	, , , , , , , , , , , , , , , , , , , ,		不经验证据的证据
	ove (List miscellaneous expenses in line 24e If				
	e 24e amount exceeds 10% of line 25, column	7/8- 0,			AL CARENTAL PLAN
) amount, list line 24e expenses on Schedule O)			1 A. F.	A STATE OF THE PARTY OF THE PAR
	rinting	. 3,177	2,700	477	
		651	553	98	
===	estage des and Subscriptions	800	680	120	
		6,775	5,759	1,016	
===	elephone other expenses			1,016	
	tal functional expenses Add lines 1 through 24e	639,477	639,477	FO 007	
	int costs Complete this line only if the	995,786	936,689	59,097	0
	ganization reported in column (B) joint costs				
fro	m a combined educational campaign and				
	ndraising solicitation. Check here		1		
fol	owing SOP 98-2 (ASC 958-720)		<u> </u>	<u> </u>	Form 990 (2017)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 20,781 82,092 2 Savings and temporary cash investments 2 143,772 199,869 3 Pledges and grants receivable, net 38,790 27,705 5,876 2,411 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 762,432 632,435 Assets 113,281 87,391 Prepaid expenses and deferred charges 1 . 551 8,069 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 2,377,629 Less accumulated depreciation 10b 2,059,357 10c 2,078,333 11 11 12 Investments - other securities See Part IV, line 11 12 248,730 282,803 13 Investments - program-related See Part IV, line 11 13 14 14 15 Other assets See Part IV, line 11 - -15 48,395 58,625 16 3,442,965 16 3,459,733 17 Accounts payable and accrued expenses 7,713 17 13,616 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, -iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 1,448,711 1,425,900 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 10,987 9,437 26 26 1,467,411 1,448,953 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34 27 1,786,712 27 1,744,533 28 28 188,842 266,247 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 1,975,554 2,010,780 34 Total liabilities and net assets/fund balances 3,442,965 3,459,733

		<u>61-125</u>	34 0 02	P	age 12
Pa	Reconciliation of Net Assets				
	Check'ıf Schedule O contains a response or note to any line in this Part XI	· · · _ ·			- 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		1,031,	012
2	Total expenses (must equal Part IX, column (A), line 25)	2		995,	786
3	Revenue less expenses Subtract line 2 from line 1	. 3		35,	226
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,975,	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				.
	33, column (B))	. 10		2,010,	780
Pa	rtXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. []
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🐰 Accrual 🔲 Other				13
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		- 1		
	Schedule O				1,5
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		7	808	199
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				5233
b	Were the organization's financial statements audited by an independent accountant?	<i></i> .]	2b X	13.40.
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		[-		45 0
	separate basis, consolidated basis, or both] '		7.5
	Separate basis Consolidated basis Both consolidated and separate basis		শ্ৰ	1 T	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		2		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c X	383441434
	If the organization changed either its oversight process or selection process during the tax year, explain in		7		
	Schedule O		5	- 1 全部	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		-		17-100-1-100-2
	the Single Audit Act and OMB Circular A-133?		:	3a	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	
EEA			F	orm 990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

➤ Attach to Form 990 or Form 990-EZ

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

2017 Open to Public 4 Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization Employer identification number BEATTYVILLE HOUSING DEVELOPMENT CORPORATION INC 61-1254002 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) A school described in section 170(b)(1)(A)(ii) (Attach Schedule E (Form 990 or 990-EZ)) П 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). XAn 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 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) 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 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. 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 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 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. 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 Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (n) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E) Total

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 Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A Public Support

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	913,583	687,120	755,959	1,309,748	934,199	4,600,609
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · · ·	913,583	687,120	755,959	1,309,748	934,199	4,600,609
5	The portion of total contributions by		المنا فرائية		TO THE RESERVE OF THE PERSON O		-
	each person (other than a			المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع	43.34.44	200 A 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	governmental unit or publicly		, ,		ALCOHOL:		
	supported organization) included on	5		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			
	line 1 that exceeds 2% of the amount		1-		- 40 (44)		
	shown on line 11, column (f)		,	\$ \$400 Sec. 1888		The second secon	
6	Public support Subtract line 5 from line 4 · · tion B. Total Support	[, , , , , , , , , , , , , , , , , , ,		330.30	ELECTRIC SECTION	Mark Control of the C	4,600,609
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4 · · · · · · · · · ·					*****	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	913,583					4,600,609
	similar sources	9,726	8,400	8,543	8,107	6,606	41,382
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	63,776	287,395	251,661	50,895		698,564
11	Total support. Add lines 7 through 10 .	, ,			· / (1) [10] [10] [10]	でおんび音楽器	5,340,555
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	<u> </u>	<u> </u>				
	tion C. Computation of Public Su						
14	Public support percentage for 2017 (line 6, c))			86.14 %
15	Public support percentage from 2016 Sched				(00/		86.64 %
16a	33 1/3% support test - 2017 If the organization qualific						▶ ⊠
b	box and stop here The organization qualified 33 1/3% support test - 2016 If the organization		•				
	this box and stop here. The organization qu					· · · · · · · · · ·	▶ □
17a	10%-facts-and-circumstances test - 2017						
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact				•		
	organization · · · · · · · · · ·		-				🕨 🗍
b	10%-facts-and-circumstances test - 2016						
_	15 is 10% or more, and if the organization m	-				-	
	Explain in Part VI how the organization mee			•	•	y	
	•				· ·	, 	▶ 🗍
18	Private foundation If the organization did r						
	instructions						· · · <u>· ·</u> ▶ 📋

BEATTYVILLE HOUSING DEVELOPMENT CORPORATION INC Support Schedule for Organizations Described in Section 509(a)(2) Part III-

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

Sec	ction A. Public Support	,					
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose			1			
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf · · · · ·						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5 · · · · · · ·						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·	6.75					
500	ction B. Total Support	, ex 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[36.9] M. A. 2.4.1.	<u> </u>	<u> </u>	<u> </u>
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 · · · · · · · ·	(a) 2013	(6) 2014	(6) 2015	(4) 2010	(e) 2017	(1) 10(a)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		/	, , , , , , , , , , , , , , , , , , ,			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · · · · · · · · · · ·			1			
11	Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on			\			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	<i>f</i> .		\			
13	Total support (Add lines 9, 10c, 11, and 12) · · · · ·				\ <u>\</u>		
14	First five years If the Form 990 is for the org organization, check this box and stop here	<u> </u>	<u>.</u>	or fifth tax year as	\ ' ' ' '		▶ 🗍
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2017 (line 8, co					15	%
16	Public support percentage from 2016 Schedu			· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · · 	16	<u> </u>
	ction D. Computation of Investme					47	
17	Investment income percentage for 2017 (line		•	lumn (t))		17	<u>%</u>
18	Investment income percentage from 2016 Sc					18	<u>%</u>
	33 1/3% support tests - 2017 If the organization in the organizati	and stop here. The	organization quali	fies as a publicly su	pported organizati	on .	▶ 🗌
	33 1/3% support tests - 2016 If the organization 18 is not more than 33 1/3% check this b	oox and stop here	The organization of	qualifies as a public	ly supported organ		• 🛚
20	Private foundation If the organization did no	ot check a box on li	ne 14, 19a, or 19b	, check this box and	see instructions	· · · · · ·	<u>· ··▶ ∐</u>
EEA						Schedule A (Fo	orm`980 or 990-EZ) 2017

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

			,
		Yes	No
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61-1254002

Raite V. Type in Non-runctionany integrated 309(a)(3) Supporting Organization			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organi	zatio	ons must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			1. 11 1. 11 1. 11 1. 11 1. 11 1. 11 1. 11 1. 11 1. 11 1. 11 1. 11 1. 11 1. 11 1. 11 1. 11 1. 11 1. 11 1. 11 1.
instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	200		in a section of the s
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	A STORY OF THE STORY	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		The state of the s	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	inte	grated Type III supporting	g organization (see
instructions)			•

	it.V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)					
Sec	ction D - Distributions ·			Current Year				
_1	1 Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the	e organization is respons	sive					
	(provide details in Part VI) See instructions	3						
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
			(ii)	(iii)				
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6	2.55	. १ दुन्					
2	Underdistributions, if any, for years prior to 2017							
	(reasonable cause required - explain in Part VI) See							
	instructions			75				
3	Excess distributions carryover, if any, to 2017	, : , :						
а				T.				
b	From 2013	1.5						
	From 2014	7,**	100					
	From 2015	1		X/XX/2548-4848-4848-4848-4848-4848-4848-4848-				
	From 2016	A STATE OF THE STA						
	Total of lines 3a through e	.,						
	Applied to underdistributions of prior years		5. 8 354 354 ACC	AND CONTRACTOR OF THE PARTY OF				
	Applied to 2017 distributable amount			25 to research to the second s				
	Carryover from 2012 not applied (see instructions)							
i	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2017 from	No. of the second	2000					
	Section D, line 7 \$	(\$ 45) 4 · ·						
а	Applied to underdistributions of prior years	• • • • • • • • • • • • • • • • • • • •	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
	Applied to 2017 distributable amount	 						
	Remainder Subtract lines 4a and 4b from 4		T39					
	Remaining underdistributions for years prior to 2017, if							
-	any Subtract lines 3g and 4a from line 2. For result	[· · ·]						
	greater than zero, explain in Part VI See instructions							
6	Remaining underdistributions for 2017 Subtract lines 3h	,		SECRETARY STABLES AND SECRETARY				
•	and 4b from line 1. For result greater than zero, explain in		े हैं है। ११ क					
	Part VI See instructions	·	1.33					
7	Excess distributions carryover to 2018 Add lines 3	· · · · · · · · · · · · · · · · · · ·		the standard of the second				
•	and 4c		<i>;</i>					
8	Breakdown of line 7		·					
	Evene from 2014			# 1 WW 184				
	Evene from 2015			37, 345 46 37				
								
u	Excess from 2016	1		,				

e Excess from 2017

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990

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

OMB No 1545-0047

2017

Open to Public

Schedule D (Form 990) 2017

	of the organization Employer identification number
	ATTYVILLE HOUSING DEVELOPMENT CORPORATION INC 61-1254002
Pa	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6
	(a) Donor advised funds (b) Funds and other accounts
1	Total number at end of year · · · · · · · ·
2	Aggregate value of contributions to (during year) ·
3	Aggregate value of grants from (during year) · ·
4	Aggregate value at end of year
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose
	conferring impermissible private benefit?
Pa	till Conservation Easements.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)
	Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
	Protection of natural habitat Preservation of a certified historic structure
	Preservation of open space
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation
	easement on the last day of the lax year Held at the End of the Tax Year
а	Total number of conservation easements
b	Total acreage restricted by conservation easements
С	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a
	historic structure listed in the National Register
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the
	tax year 🕨
4	Number of states where property subject to conservation easement is located
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
	violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	•
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)? [] Yes [] N
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
	organization's accounting for conservation easements
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of
	public service, provide the following amounts relating to these items
	(i) Revenue included on Form 990, Part VIII, line 1
	(ii) Assets included in Form 990, Part X
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
а	Revenue included on Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·
b	Assets included in Form 990, Part X

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

Pa	rt:III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, or	Othe	er Similar Asse	ets (contin	ued)
3	Using the organization's acquisition, accession, a	nd other records, cl	heck any of	f the follow	ing that are a sig	nıficar	nt use of its		
	collection items (check all that apply)								
а	Public exhibition	d 🗌 Loa	n or excha	nge progra	ams				
b	Scholarly research	e \bigcap Oth		• , ,					
С	Preservation for future generations								
4	Provide a description of the organization's collecti	ons and explain ho	w they furth	er the ora	anization's eveni	nt nur	nose in Part		
•	XIII	ons and explain no	w they lart	ici ilic orgi	dinzanori s exem	pi pai	pose in rain		
5	During the year, did the organization solicit or reci	awa danations of ar	t historical	troncuros	or other similar				
J			•		•			□ v	Пыс
Da	assets to be sold to raise funds rather than to be rt IV: Escrow and Custodial Arrang		or the organ	nizations	collection	<u>· · · · · </u>		· [] Yes	∐ No
Га			n Farm (000 Desi	+ IV Juna O		and an amazin	+ a.a. Farm	
	Complete if the organization and	swered res o	n Form s	990, Pan	t IV, line 9, or	repo	orted an amoun	t on Form	
	990, Part X, line 21								
1a	Is the organization an agent, trustee, custodian or							_	_
	included on Form 990, Part X?		• • • • •					∐ Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ng table						
							Amou	ınt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		_	
2a	Did the organization include an amount on Form 9					└─ tv?		· Yes	No
b	If "Yes," explain the arrangement in Part XIII Che					-			
_	t.V. Endowment Funds.	ok nere ii the expidi	idion nas	been provi	ded on i dit itim				<u>- L.</u>
P	Complete if the organization and	swered "Yes" o	n Form 9	900 Parl	t IV line 10				
	Complete in the organization and				T				
4-	Paris and a few substances	(a) Current year	(b) Prid	or year	(c) Two years bac	ik	(d) Three years back	(e) Four year	s back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and					İ			
	losses		ļ						
d	Grants or scholarships · · · · · · · ·								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses							_	
g	End of year balance								
2	Provide the estimated percentage of the current y	ear end balance (lir	ne 1g, colui	mn (a)) hel	ld as				
а	Board designated or quasi-endowment	%							
b	Permanent endowment > %								
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should e	_							
3a	Are there endowment funds not in the possession		that are he	eld and adı	ministered for the				
•••	organization by	or the organization	mat are m	sia aria aai	inimatered for the	•		Yes	No
	(i) unrelated organizations							3a(ı)	- 110
	.,,					•			
	(ii) related organizations · · · · · · · · · · · · · · · · · · ·							3a(II)	
b	If "Yes" on 3a(ii), are the related organizations liste	•				•		3b	
4	Describe in Part XIII the intended uses of the orga		ent funds						
Pai				D	. 10 / 1 / 4 /	_			
	Complete if the organization and	swered "Yes" o	n Form S	990, Part	t IV, line 11a	See	Form 990, Par	x, line 10	J
	Description of property	(a) Cost or other		(b) Cost or	r other basis	(c) A	cumulated	(d) Book valu	е
		(investme	ent)	(0	other)	dep	reciation		
1a	Land			6	45,257			645	,257
b	Buildings			1,6	39,799		215,067	1,424	,732
С	Leasehold improvements								
d	Equipment				92,573		84,229	8	, 344
е	Other				, =			 	
Total	Add lines 1a through 1e (Column (d) must equal	Form 990, Part X,	column (B)), line 10c)	,		•	2,078	, 333

BEATTYVILLE HOUSING DEVELOPMENT CORPORATION INC

Schedule D (Form 990) 2017

61-1254002

Page 2

Pärt VII	Investments -	Other S	ecurities.

 -						
Complete if the organic	anization answered	"Voc" on Form	OOO Doct IV line	11h Con Earn	a GOO Bart Y I	ma 12
Complete if the old	anization answered	162 011 0111	i 990, rait iv, iiile	5 110 366 7011	II 990, Fail A, II	1116 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-ye ar market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CertificateS of Deposit	282,803	Cost
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)	282,803	

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) Homes for Sale		Cost
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (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) KHC Reserve for Replacement	58,625
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) · · · · · · · · · · · · · · · · · · ·	58,625

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		
(2) Deposits Held	9,	,437
(3)		
(4)		
(5)		
(6)		
(7)		,
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 9,	.437

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.

Schedule D (Fori	m 990) 2017 BEATTYVILLE HOUSING DEVELOPMENT CORPORATION INC	61-12540	002 Page 4
Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue		
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•	
1 Total re	evenue, gains, and other support per audited financial statements	. 1	1,031,012
2 Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12	1, 1	
a Net un	realized gains (losses) on investments		
b Donate	ed services and use of facilities · · · · · · · · · · · 2b	• •	
c Recove	eries of prior year grants		
d Other (Describe in Part XIII)		
	es 2a through 2d · · · · · · · · · · · · · · · · · ·	· · 2e	
3 Subtra	ct line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	1,031,012
	ts included on Form 990, Part VIII, line 12, but not on line 1	·	
	nent expenses not included on Form 990, Part VIII, line 7b 4a		
	Describe in Part XIII) · · · · · · · · · · · · · · · · ·		
	es 4a and 4b · · · · · · · · · · · · · · · · · ·	· · 4c	
	evenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)		1,031,012
Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ses per Ketu	1111.
1 Total ex		1	205 706
	kpenses and losses per audited financial statements		995,786
	d services and use of facilities · · · · · · · · · · · · · · · · · · ·	. '	
	ear adjustments		
	osses · · · · · · · · · · · · · · · · · ·		
	Describe in Part XIII)		
	es 2a through 2d · · · · · · · · · · · · · · · · · ·	. 2e	
	ct line 2e from line 1	3	995,786
	ts included on Form 990, Part IX, line 25, but not on line 1		
a Investn	nent expenses not included on Form 990, Part VIII, line 7b 4a	, , , l	
b Other (Describe in Part XIII)		
c Add line	es 4a and 4b	· · 4c	
5 Total e	xpenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	995,786
Part XIII	Supplemental Information.		
	escriptions 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	
!, Part XI, line	es 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
			-
17			
			•

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

OMB No 1545-0047

2017

Open to Public Inspection-

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ ▶ Go to www.irs gov/Form990 for the latest information.

Name of the organization Employer identification number BEATTYVILLE HOUSING DEVELOPMENT CORPORATION INC 61-1254002 Form 990 governing body review (Part VI, line 11) Form 990 is reviewed by management prior to submission. 02. Conflict of interest policy compliance (Part VI, line 12c) Entity maintains a conflict of interest policy 03. CEO, executive director, top management comp (Part VI, line 15a) Compensation for this position is determined by the board of directors 04. Other officer or key employee compensation (Part VI, line 15b Compensation for this position is determined by the board of directors. 05. Governing documents, etc, available to public (Part VI, line 19) Documents are available to the public upon request. 06. List of other expenses (Part IX, line 24e) OTHER PROGRAM SERVICE EXPENSES ARE PRIMARILY EXPENSES RELATED TO INDIVIDUAL GRANTS RECEIVED FOR HOUSING RELATED NEW HOME CONSTRUCTION, REPAIRS AND REHAB. REFERENCE 990 OVERFLOW STATEMENT - OTHER PROGRAM SERVICE EXPENSES FOR DETAIL