Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No \$1545-0047

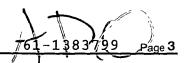
Department of the Treasury Internal Revenue Service

▶ 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

A	For th	e 2017 calendar year, or tax year beginning and end	ding				
В	Check if	C Name of organization		D Employer identif	cation number		
	Addre	e ETL APARTMENTS, INC.					
	Name	Doing business as		61-1	383799		
F	∏Initial ∐retu <i>ri</i> ∏Final	Number and street (or P.O. box if mail is not delivered to street address) 148 DEWEESE STREET	om/suite	E Telephone number 859-254-6212			
	returr_ termı	<u>(</u>			44,599.		
_	ated ∏Amer	City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 40507		G Gross receipts \$			
\ <u></u>	retur⊤ Appli			H(a) Is this a group r			
	Jtion pend	148 DEWEESE STREET, LEXINGTON, KY 40507	, ,	for subordinates			
_	Tov ov	empt status	1 527	H(b) Are all subordinates i			
		te: N/A	321	7	list (see instructions)		
		organization: X Corporation Trust Association Other	Ti Vear	H(c) Group exemption 2001	M State of legal domicile: KY		
	art I	Summary	IL ICAI	or formation. 2001	VI State of legal domicile. It I		
_	1		TELOP	& BUILD A	7-INITY APT		
Activities & Governance	} .	BUILDING FOR THE LOW-INCOME ELDERLY					
era	2	Check this box	of more	than 25% of its net a			
ò	3	Number of voting members of the governing body (Part VI, line 1a)		3	13		
۰×	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11		
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0		
Ĭ₹	6	Total number of volunteers (estimate if necessary)		6	0		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u>	0.		
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
	l		<u> </u>	Prior Year	Current Year		
ne	8	Contributions and grants (Part VIII, line 1h)		0.	0.		
eu	9	Program service revenue (Part VIII, line 2g)	<u> </u>	37,820.	41,586.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	12.	13.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	3,389.	3,000.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		41,221.	44,599.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.		
ē		Professional fundraising fees (Part IX, column (A), line 11e)	·. -		0.		
쯦	•	(),	<u>'</u>	EO 71E	EC 271		
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11-24e) RECEIVED	 -	52,745. 52,745.	56,371. 56,371.		
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<11,524.			
<u>_ \S</u>		Revenue less expenses Subtract line 18 from line 12 C MAR 2 6 2016					
ts or	00	1 1		ginning of Current Year 465,384.	End of Year		
Asse Bak	20	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26) OGDEN, UT	SYS	96,794.	453,568. 96,750.		
Net Assets Fund Balar	21	Total liabilities (Part X, line 26)		368,590.	356,818.		
	22 art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		300,320.	330,010.		
_		lities of perjury. I declare that I have examined this return, including accompanying schedules an	nd etatem	ente, and to the best of m	v knowledge and belief it is		
		it, and complete. Declaration of pregater (other than officer) is based on all information of which			y knowledge and belief, it is		
1100	COITE	is an acomplete period of present of formal than officer) is based on an information of which	preparer	nas any knowledge.			
Sico		Signature of officer		Date , \			
Sign		PORTER G. PEEPLES, PRESIDENT		31	19/11/		
Her	e	Type or print name and title		-	11/18		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid	1	DAVID W. HICKS, CPA, CFF	l	3/19/18 if self-employ			
	- parer	Firm's name HICKS & ASSOCIATES CPAS		Firm's EIN	45-3047226		
	Only	Firm's address 1795 ALYSHEBA WAY, STE 6206					
		LEXINGTON, KY 40509		Phone no (8	59)368-9727		
Mar	/ the li	RS discuss this return with the preparer shown above? (see instructions)		1, 110110 110. (0	X Yes No		
	01 11-2				Form 990 (2017)		

Form	π 990 (2017) ETL APARTMENTS, INC.	61-1383799	Page 2
Pa	art III Statement of Program Service Accomplishments		
	. Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission PROVIDES SAFE, CLEAN, AFFORDABLE HOUSING TO L	OW-INCOME RESIDENTS.	
2	Did the organization undertake any significant program services during the year which were		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	. Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, an	y program services? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest	•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants are	nd allocations to others, the total expenses, a	nd
4a	revenue, if any, for each program service reported (Code) (Expenses \$ 30,827 • including grants of \$) (Revenue \$ 44,5	86.)
44	ORGANIZATION OWNS & MAINTAINS A 7-UNIT APARTM		
	PROVIDES SAFE, CLEAN, AFFORDABLE HOUSING TO L		
		·····	
			
			
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
			
			
			
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
			
		·	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Re	evenue \$	
4e	Total program service expenses ► 30 , 827 .		
		Form 99	0 (2017)



Form 990 (2017) ETL APARTMEN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	x
2	Is the organization required to complete Schedule B, Schedule of Contributors	_2_		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u>X</u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	, -	` ,,	4
	as applicable.	, °,	* -	 _*
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>x</u>
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	x	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
A	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	\mathbf{x}	<u></u>
	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	116	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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,	Ţ	Γ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		- 1	37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	İ	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	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	}	1	
	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	.	1	x
	complete conduite o, r ait in	19 Form	990 %	

Form 990 (2017) ETL APARTMENTS, IN Part IV Checklist of Required Schedules (continued)

	•		Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	21		X
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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a	, ,	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	, ,	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
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	{	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	3 5	» °,	27
	instructions for applicable filing thresholds, conditions, and exceptions)	,		b
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1 1	İ	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1	1	
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	j j		
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 1		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and] i		
	Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b]	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	[]	1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	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	38	X	
		Form	990 <i>(</i>	20171

Statements Regarding Other IRS Filings and Tax Compliance Check Schedule Contains a response or note to any fine in this Part V	Form	990 (2017) ETL APARTMENTS, INC. 61-1383	799	Р	age 5
Is Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable Erner the number of Forms W2G included in line 1a Enter-0 if not applicable Defrate the number of Forms W2G included in line 1a Enter-0 if not applicable C Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) winnings to price writines? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendary year and rang with or within the year covered by this roturn b If I at least one is reported on line 2a, did the organization feel all required federal employment tax returns? 2b If Yes I have sum of lines 1 and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a Dd the organization have an abrik account; \$1,000 or more during the year? 3b If Yes, a state fifted a Form 950 or for the year? 5c If Yes, to line 5a or \$5, did the organization have an interest in, or a signature or other authority over, a financial Accounts (FBAR) 5b Was the organization aparty to a prohibited tax sheller transaction? 5c I Yes, to line 5a or \$5, did the organization file Form 8888-17 5c Dd any statelle party ordy the organization file Form 8888-17 5c Dd say statelle party ordy the organization file Form 888-17 5c Do set the organization and gross receipts that are normally greater than \$100,000, and did the organization soletic and the organization file and the organization soletic and the organization file and the organization soleti					
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1a Enter the number reported in Box 3 of Form 1096. Enter 0-1 finite applicable be Enter the number of Forms W2C included in the 1a Enter-0-1 finit applicable (above 10 the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withing withing the vendors and reportable gaming (gambling) withing withing the vendors and reportable gaming (gambling) withing withing the vendors and reportable payments to vendors and reportable gaming (gambling) withing gambling) withing the vendors and reportable payments to vendors and reportable gaming (gambling) withing the vendors of the vendors o				Yes	No
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to price winners? 2a. Either the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lead for the calendar year and ending with or within the year covered by the return. b If at least one is reported on fine 12 and 22 is greater than 250, you may be required to e-file (see natinations). Did the organization have unreliated business gives secone of \$10.000 or more during the year? So If Yes, *hai it filed a Form 900-Troit this year? If *ho.* 10 line 3b, provide an explanation in Schedule O. 3b If Yes, *hai it filed a Form 900-Troit this year? If *ho.* 10 line 3b, provide an explanation in Schedule O. 3c A At any time during the calendary year, did the organization have an interest in, or a significant explanation of the report of the properties of the properties of the responsibility of the properties	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distribution under section 4966? 9a Did the sponsoring organization make any taxable distribution under section 4966? b Did the sponsoring organization make any taxable distribution under section 4966? b Did the sponsoring organization make any taxable distribution of advisor, or related person? 9b Did the sponsoring organization section make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organization section make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organization section section section 4966? 9b Did the sponsoring organizations. Enter a Intiation fees and capital contributions included on Part VIII, line 12 f Gross receipts, included on Form 990, Part VIII, line 12 f Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Did Tid Did					1
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	<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	/OC 17:

Form 990 (2017) ETL APARTMENTS, INC. 61–1383799 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					LX
Sec	tion A. Governing Body and Management					
					Yes	No
ta	Enter the number of voting members of the governing body at the end of the tax year	1a	1	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			7		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	1		1	1	ļ
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	1	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other	7		
	officer, director, trustee, or key employee?		•	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		•	3	ļ	X
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?		•	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	tnioad	one or			
	more members of the governing body?	•		7a		х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or	——	-	
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e followina:	\ \		
	The governing body?			8a	^ × -	$\tilde{\mathbf{x}}$
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched :	at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code)	<u> </u>		
-					Yes	No
10a	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 ch	apter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		•	1	* `,	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	. *	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	licts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	es, " de	scribe			
	ın Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva	ıl by ın	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1		Sa
а	The organization's CEO, Executive Director, or top management official			15a		X
þ	Other officers or key employees of the organization			15b		<u> </u>
	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	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nzatio	า'ร			an an
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►KY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	on 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply	_				
	Own website Another's website X Upon request Other (explain		•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	iflict o	f interest policy, ar	id finan	cıal	
00	statements available to the public during the tax year.	.1.	d • •			
20	State the name, address, and telephone number of the person who possesses the organization's box BEACON PROPERTY MANAGEMENT $-(502)634-9830$	oks an	a records -			
	1244 SOUTH 4TH STREET, LOUISVILLE, KY 40203					
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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Check if Schedule O contains a response or note to any line in this Part VII	1 1
Check if Contradic C Contains a response of face to any mile in a lie face in	

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

Name and Title	X Check this box if neither the organizatio	(B)	l	11 1122			преі	isat			/E)
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Week	Name and Title	1 -		not c	heck	more	than		•	•	
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S	(7) DON BALL	2.00				1					
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Part VII Section A. Officers, Director	rs, Trustees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
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Name and title	Average	(do		Pos		than	one	Reportable	Reportable	,	Est	imate	ed
	hours per	box.	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	on	am	ount	of
	week	offic	cer an	id a d	lirecto	or/trus	itee)	from	from related	j l	,	other	
	(list any	director			1	ł	1	the	organization	ıs	comp	ensa	tion
	hours for	l e		l :	1	8	ļ	organization	(W-2/1099-MIS	SC)	fro	om the	e
	related	tee or	ustee		ĺ	usat	Ì	(W-2/1099-MISC)	•		orga	anızatı	ion
	organizations	E E	ם	1	활	Ē.	1		'		and	relate	ed
	below	Individual trustee	institutional trustee	E	Key employee	est of se	Je J	}			orga	nızatı	ons
	line)	fug	Inst	Officer	Key	Highest compensated employee	Former	<u> </u>	<u>. </u>				
	<u> </u>												
							-						
		-	├	-	├-	<u> </u>	├-				<u> </u>		
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		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$											
1b Sub-total						_		0.		0.			0.
c Total from continuation sheets to	Part VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							•	0.		0.			0.
2 Total number of individuals (including	ng but not limited to th	nose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	,000 of reportab	le			
compensation from the organization	-							·	· •				0
										r		Yes	No
3 Did the organization list any former			e, ke	ey er	nplo	yee	, or	highest compensated e	mplayee on	1			
line 1a? If "Yes," complete Schedule	e J for such individual			_						ļ	3		X
4 For any individual listed on line 1a, i									the organization				. ~
and related organizations greater th	an \$150,000? <i>If "Yes</i>	" co	mple	ete S	Sche	edule	e J f	for such individual		ļ	4		X
5 Did any person listed on line 1a rece	eive or accrue compe	nsat	ion f	from	any	uni	relat	ted organization or indivi	dual for services	, I			
rendered to the organization? If "Ye	s," complete Schedu	e J f	or s	uch	pers	son					5	1	Х
Section B. Independent Contractors													
 Complete this table for your five hig the organization Report compensa 	· ·	•								npensa	ation fr	om	
	(A)	ear e	eriai	ng v	viui	Or w	AUTIN	(B)	/ear		(C)		
	usiness address	NO	INC	Ξ			- {	Description of s	ervices	С	ompen:		า
						_							
							\dashv						
							4						
													
				-			7						
2 Total number of independent contra	actors (including but r	not lu	mite	d to	tho	se li	stec	d above) who received m	ore than				
\$100,000 of compensation from the						0							
											Form 9	90 (2	2017)

P	art \	/III Statement of Reve	ODUIO	ID, INC.			61-138	3799 Page
<u> </u>								
	•	Check if Schedule O co	ntains a respons	e or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclude from tax under sections 512 - 514
ice Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contribut f All other contributions, gifts, grasimilar amounts not included ab Noncash contributions included in line Total. Add lines 1a-1f a RENT INCOME	ints, and ove 1f	Business Code 532000	41,586.	41,586.	revenue	512-514
Program Service Revenue	ļ	b				11,300.		
E S	'	c						
gra Re	1 '	d						
Pro	1 :	e						
	1 :	f All other program service rev g Total. Add lines 2a-2f	enue		41,586.			
	3	Investment income (including	dividends inter	est and	41,300.			
		other similar amounts)	g dividende, inter	est, and	13.			1 , ,
	4	Income from investment of ta	ax-exempt bond i	oroceeds			·————	13.
	5	Royalties		•				<u> </u>
			(ı) Real	(II) Personal			· · · · · · · · · · · · · · · · · · ·	
		Gross rents				`		,
		Less rental expenses			*	:	:	· `
		Rental income or (loss)			•			
İ		Net rental income or (loss)		_ _				
	/ 2	Gross amount from sales of	(i) Securities	(II) Other				
	ŀ	assets other than inventory Less cost or other basis						
j		and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						• •
/enue	8 a	Gross income from fundraisin including \$						
Other Revenue	b	contributions reported on line Part IV, line 18 Less direct expenses	1c). See a b					
0		Net income or (loss) from func						
ł	9 a	Gross income from gaming ac	tivities. See					
I		Part IV, line 19	а				ı	
		Less direct expenses	. b					
- 1		Net income or (loss) from gam			*	* ** * * * * * * * * * * * * * * * * * *		e e =
ĺ	10 a	Gross sales of inventory, less	returns					
I		and allowances	а			1	!	
		Less cost of goods sold	b		_			
⊦	<u>c</u>	Net income or (loss) from sales						
H	 11 a	Miscellaneous Revenue CANCELLATION OF	e DED.	Business Code			_	
- 1	וו a b	CTTICEDEDITION OF		532000	3,000.	3,000.		
	C							
	d	All other revenue						
		Total. Add lines 11a-11d	· L		3,000.			
	12	Total revenue. See instructions.			44.599	44 586		

732009 11-28-17

Form **990** (2017)

Form 990 (2017) ETL APARTMENTS, INC.
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
~	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees			İ	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	8,150.	2,985. 50.	5,165.	
b	Legal .	50.	50.	2 020	<u> </u>
С	Accounting	2,028.		2,028.	<u> </u>
đ	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	3,929.		3,929.	
14	Information technology				
15	Royalties				
16	Occupancy	13,693.	13,693.		
17	Travel				
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .	<u></u>			
21	Payments to affiliates	14,422.	ļ		
22	Depreciation, depletion, and amortization	3,186.	3,186.		
23	Insurance Other expenses. Itemize expenses not covered	3,100.	3,100.		
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CONTRACTS	8,165.	8,165.		
b	GARBAGE COLLECTION	987.	987.		
c	SUPPLIES	941.	941.		
d	MISCELLANEOUS	820.	820.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	56,371.	30,827.	11,122.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	L	<u></u>	L	E 000 (004 T)

Par	tΧ	Balance Sheet					
	<u> </u>	Check if Schedule O contains a response or not	e to ar	y line in this Part X			,
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,120.	1	531
	2	Savings and temporary cash investments			1,414.	2	1,594
- 1	3	Pledges and grants receivable, net		Ţ		3	
	4	Accounts receivable, net			4	4	
	5	Loans and other receivables from current and fo	rmer c	officers, directors.			
		trustees, key employees, and highest compensation					
		Part II of Schedule L			* PA	5	The residence of the second on the second
•	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
1		section 4958(f)(1)), persons described in section					
1		employers and sponsoring organizations of sections		ļ			
1		employees' beneficiary organizations (see instr).		ŀ		6	
	7	Notes and loans receivable, net				7	
:	8	Inventories for sale or use		Ţ		8	
	9	Prepaid expenses and deferred charges	Ţ	256.	9	255	
	10a		i			3	
	.00	basis. Complete Part VI of Schedule D	10a	642,870.	*		,
- 1	h	Less accumulated depreciation	10b	216,201.	441,091.	10c	426,669
i	11	Investments - publicly traded securities			11		
Ì	12	Investments - other securities See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	21,503.	13	24,515		
- 1	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	al line :	34)	465,384.	16	453,568
\dashv	17	Accounts payable and accrued expenses	ai iii ic i	<u></u>	18,743.	17	21,935
	18	Grants payable			18		
	19	Deferred revenue	439.	19	25		
	20	Tax-exempt bond liabilities	•	•		20	 -
	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
	22	Loans and other payables to current and former		7	7,73,4	 -	
	22	key employees, highest compensated employees			* v*		3 * , ",
		Complete Part II of Schedule L	, and	disqualifica porcorio.	800 de d 16	22	an and he can ame a
	23	Secured mortgages and notes payable to unrela	ated th	ird narties	76,250.	23	73,250.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa		T		 :-	
	23	parties, and other liabilities not included on lines					
		Schedule D	, ,, ,,) complete rare x or	1,362.	25	1,540.
	26	Total liabilities. Add lines 17 through 25	•	•	96,794.	26	96,750.
		Organizations that follow SFAS 117 (ASC 958), che	ck here X and			
,		complete lines 27 through 29, and lines 33 ar					
	27	Unrestricted net assets			368,590.	27	356,818.
	28	Temporarily restricted net assets	•	·		28	
	29	Permanently restricted net assets		•		29	
		Organizations that do not follow SFAS 117 (A	SC 95	8), check here			
		and complete lines 30 through 34.		-,,			
	30	Capital stock or trust principal, or current funds			to the common name of the same of the same	30	2.00 A APPA CA TANK THE A
ļ	31	Paid-in or capital surplus, or land, building, or ed	מממו וו	nt fund		31	
	32	Retained earnings, endowment, accumulated in				32	
	33	Total net assets or fund balances	Jonne,	or outer failus	368,590.	33	356,818.
ļ	34	Total liabilities and net assets/fund balances		•	465,384.	34	453,568.
لب		Total liabilities and her assets/jund balances					Form 990 (2017

Form	990 (2017) ETL APARTMENTS, INC.	61-13	<u>83799</u>	Pag	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,3	
3	Revenue less expenses Subtract line 2 from line 1	3			<u>72.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36	8,5	90.
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	35	6,8	18.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990. Lash LX Accrual LOther			, }	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	.		> >
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			, ŠŠ
	separate basis, consolidated basis, or both		1 1	*	\(\frac{\pi}{2}\)
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,		*	
	consolidated basis, or both		37		4
	Separate basis Consolidated basis Both consolidated and separate basis		, ,	-	*
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audıt,			<u>.</u>
	review, or compilation of its financial statements and selection of an independent accountant?		2c	\longrightarrow	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			ار بر د	14.
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			};;
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	لـــــ	
			Form 5	മമറ 🖊	2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

		ETL 2	APARTMENTS	, INC.			1	6	1-1383799
Pai	đΠ	Reason for Public C	Charity Status (A	di organizations must co	mplete th	s part) Se	e instructions	3	
The	organi	zation is not a private found	ation because it is (f	For lines 1 through 12, c	heck only	one box)			
1		A church, convention of chu	-	=				1-1	À
2	一	A school described in secti	•				. 1 1. 1.		
3	一	A hospital or a cooperative					ii)		
4	H	A medical research organiza					•	/iii\ Enter	the hespital's name
4			ation operated in cor	ijunction with a nospital	described	i ii i Sectio	11 170(0)(1)(A)	(III). Litter	the hospital's haine,
_		city, and state		1		۔ ۔ برجا امری			
5		An organization operated for		lege or university owner	or operat	ted by a go	overnmentai u	ınıt descrit	pea in
_		section 170(b)(1)(A)(iv). (C							
6	닏	A federal, state, or local gov	_						
7		An organization that normal	•	ntial part of its support f	rom a gov	ernmental	unit or from the	ne general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II)				
9	$ldsymbol{\sqcup}$	An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a	land-gra n t	college
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or
		university							
10	X	An organization that normal	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, members	hip fees, a	and gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ured by the or	ganızatıon	after June 30, 1975
		See section 509(a)(2). (Cor	mplete Part III)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	the functio	ons of, or to ca	arry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2)	See <mark>section</mark> 5	i09(a)(3). C	Check the box in
		lines 12a through 12d that of	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and	i 12g	
а		Type I. A supporting orga	inization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving
		the supported organization	•	•	-		-		
		organization You must c							
b		Type II. A supporting orga	•		tion with it	s support	ed organizatio	n(s), by ha	avina
		control or management o	•				_		-
		organization(s) You mus						3 (· F - · · · ·
С		Type III functionally inte	•		ın connec	tion with.	and functional	lly integrate	ed with.
_		its supported organization						,	,
d		Type III non-functionally		•				ted organi	ization(s)
_		that is not functionally int							
		requirement (see instruct		•	-			a arractoric	
е		Check this box if the orga	,	•				II Type III	
-		functionally integrated, or					a type i, type	ii, Type iii	
f	Ente	er the number of supported of		rially integrated support	ing organia	zation.			
		vide the following information	=	nd organization(s)					<u> </u>
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
	•	organization		(described on lines 1-10	Yes	No No	support (see in	structions)	support (see instructions)
	_			above (see instructions))					
					J	}			}
					 				
			 -			 	 		
					 		 		
					 	 	 		 -
					1				
Tota	.1				 	 	 		

13

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support **(e)**′2017 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar 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 similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see, instructions) 13 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 14 Public support percentage for 2017 (line,6, column (f) divided by line 11, column (f)) % 15 15 Public support percentage from 2016 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. 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 stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly supported organization. b 10% -facts-and-circumstances test - 2016. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13 16a, 16b, 17a or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

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)

Se	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	31,728.	35,358.	36,590.	37,820.	41,586.	183,082.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	31,728.	35,358.	36,590.	37,820.	41,586.	183,082.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons				li		0.
t	no 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.
•	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)	· · · · · · · · · · · · · · · · · · ·	* `	* ** * }			183,082.
	ction B. Total Support					r	
	endar year (or fiscal year beginning in)	(a) 2013 31,728.	(b) 2014 35,358.	(c) 2015 36, 590.	(d) 2016 37,820.	(e) 2017 41,586.	(f) Total 183,082.
	Amounts from line 6 Gross income from interest,	31,720.	33,338.	30,330.	37,020.	41,300.	183,082.
100	dividends, payments received on securities loans, rents, royalties, and income from similar sources	4.	4.	10.	12.	13.	43.
t	Unrelated business taxable income)		·			
	(less section 511 taxes) from businesses acquired after June 30, 1975		 				
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	4.	4.	10.	12.	13.	43.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	3,000.	3,000.	3,222.	3,389.	3,000.	15,611.
13	Total support. (Add lines 9, 10c, 11, and 12)	34,732.	38,362.	39,822.	41,221.	44,599.	198,736.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here		 				
_	ction C. Computation of Publ						00 10
	Public support percentage for 2017 (-	column (f))		15	92.12 % 91.66 %
16 Se	Public support percentage from 2016 ction D. Computation of Inve-					16	91.66 %
17	Investment income percentage for 20			ne 13 column (fi)	 -	17	.02 %
18		•	• • • • • • • • • • • • • • • • • • • •	ie 15, coldinii (i))		18	.02 %
	33 1/3% support tests - 2017. If the			on line 14. and line	: 15 is more than 3		
	more than 33 1/3%, check this box a 33 1/3% support tests - 2016. If the	nd stop here. The	organization qual	fies as a publicly s	supported organiza	ation	ightharpoons X
	line 18 is not more than 33 1/3%, che	-					▶
20	Private foundation. If the organization		-	•		•	

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)

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
_			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1	<u> </u>	<u> </u>
2	Did the organization have any supported organization that does not have an IRS determination of status		l	
	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)	2	<u> </u>	L
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a_	<u> </u>	<u> </u>
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		l	
	organization made the determination	3b	ļ	Ļ
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			l
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	<u> </u>	<u> </u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		1	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			l
	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	4b	<u> </u>	<u> </u>
С	Did the organization support any foreign supported organization that does not have an IRS determination	ļ		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		1	ł
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	<u> </u>	
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			٠. ا
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			Ι.
	designated in the organization's organizing document?	5b		<u> </u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	ļ		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	ì		
	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.	6_	<u>L.</u> .	<u>L</u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	<u> </u>	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			١
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	<u> </u>	<u> </u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	-	1	l
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		١.	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		1	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<u>L</u> _	
С	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.	9c	<u> </u>	
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] .		1
	supporting organizations)? If "Yes," answer 10b below	10a	<u> </u>	1
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		\	1

determine whether the organization had excess business holdings)

	rt IV Supporting Organizations (continued)	61-138379	19 p	Ť
	Continued		Yes	Ī
11	Has the organization accepted a gift or contribution from any of the following persons?		1	-
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ĺ		
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	\vdash	-
			+-	-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		-
sec	tion B. Type I Supporting Organizations		Yes	-
	Dilling the standard programme to the programme to		res	-
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	Į		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
	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		1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	11		
2	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? If "Yes," explain in		Į	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	į		
	or management of the supporting organization was vested in the same persons that controlled or managed	/	İ	
		"1"	}	
	the supported organization(s)			-
<u>sec</u>	tion b. All Type in Supporting Organizations		Yes	-
	District the second of the sec		res	_
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	*		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1	ĺ	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	32.		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	├ ─	_
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	. "	\	٠
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ير	1.	
	the organization maintained a close and continuous working relationship with the supported organization(s)	_ 2	<u> </u>	_
3	By reason of the relationship described in (2), did the organization's supported organizations have a		j	
	significant voice in the organization's investment policies and in directing the use of the organization's	*	1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			,
	supported organizations played in this regard	~~ ₃	^ ^ `	۸
Sec	tion E. Type III Functionally Integrated Supporting Organizations			-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below	,		
b				
c	The organization is the parent of cash of its supported organization to supported a government entity. Describe in Part VI how you supported a government entity.	tv (see instruction	is)	
	Activities Test. Answer (a) and (b) below.	., (000 //.00.000.00	Yes	-
2		Г	+ 163	-
а	,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ĺ	ĺ	
	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	2a	ļ	_
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the]	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	1	
	•		1	-
2		1	1	
3	Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to requirely appoint or elect a majority of the officers, directors or	į	1	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	32	-	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		_
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			_

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			1 1303733 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E	1 100
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1	<u> </u>	
2	Recoveries of prior-year distributions	2	<u></u>	
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	1		Ì
	maintenance of property held for production of income (see instructions)	6		l
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	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		
	Fair market value of other non-exempt-use assets	1c	· · · · · · · · · · · · · · · · · · ·	
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	4 7	6 % % S v x *	* *
	factors (explain in detail in Part VI)	* 0		
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	·	
2	Enter 85% of line 1	2	· , · · · · · · · · · · · · · · · · · ·	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	, `, *	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	5 4 4 1	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1	,	
	emergency temporary reduction (see instructions)	6	, ,	
7	Check here if the current year is the organization's first as a non-functional	lly intear	ated Type III supporting orga	anızatıon (see
-	instructions)	. 5	j. 11 3 - 3	`

Schedule A (Form 990 or 990-EZ) 2017

	7370		1303733 (age)
nedule A (Form 990 or 990-EZ) 2017 ETL APARTMENTS, art V Type III Non-Functionally Integrated 509(a)(INC.	ations (continued)	Current Year
nedule A (Form 990 or 990-EZ) Zottionally Integrated 509(a)(3) Supporting		Carene
art v Type III Ivo.			
ction D - Distributions Amounts paid to supported organizations to accomplish exempt Amounts paid to supported organizations to accomplish exempt p	t purposes		
Amounts paid to supported organizations to accomplish exempt p Amounts paid to perform activity that directly furthers exempt p	urposes of supported		
Amounts paid to perform activity that directly			
Amounts paid to perform activity organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of the accomplish exempt purposes or activity exempt or accomplish exempt purposes or activity exempt or accomplish exempt purposes or activity exempt or accomplish exempt or accomplish exempt or accomplish exempt or accomplish exempt or accomplish exempt or activity or accomplish exempt or accomplish exemp	of supported organizations		
Administrative expenses paid to accomplish exempt page			
Administrative expenses per 4 Amounts paid to acquire exempt-use assets Amounts paid to acquire exempt-use assets			
Amounts paid to acquire exempted to approval required) Qualified set-aside amounts (prior IRS approval required) Ratt VI) See instructions			
 Other distributions (describe in the control of the c	organization is responsive	ł	
	- Organization		
8 Distributions to attentive open (provide details in Part VI) See instructions (provide details in Part VI) See instructions (provide details in Part VI) See instructions			
(provide details in Part VI) Section Section C, line 6 9 Distributable amount for 2017 from Section C, line 6			(iii)
9 Distributable amount for 2017 is amount		(ii)	nietributable
9 Distributable amount 10 Line 8 amount divided by line 9 amount	(i)	Underdistributions	Amount for 2017
	Excess Distributions	Pre-2017	
Section E - Distribution Allocations (see instructions)			
Section C line 6			
Distributable amount for 2017 from Section C, line 6			
Distributable amount for 2017 from Geometric 2017 (reason- Underdistributions, if any, for years prior to 2017 (reason- Distributable amount for 2017 from Geometric 2017 (reason- Distributable amount for 2017 from Geometric 2017		*	,
	`		` ` <u> </u>
- distributions carryover, it diff	*	` `	
3 Excess distributions	*: * * *	_ 	14 3 6 5
<u>a</u>			3 37 3 3
b From 2013			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
c From 2014	1-	, , , , , , , , , , , , , , , , , , , ,	
d From 2015			*
e From 2016	1 3 3 3 3 3		
f Total of lines 3a through e	1	` <u>``</u>	
g Applied to underdistributions of prior years	1	* * *	* * * * *
h Applied to Uniterates h Applied to 2017 distributable amount specified (see instructions)	12		
	1	1	
- der Suhfract III es og, o		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Hemainder Substitutions for 2017 from Section D, Distributions for 2017 from Section D,		<u> </u>	
Ψ	,	1	T
to underdistributions of prior years			
b Applied to 2017 distributions c Remainder Subtract lines 4a and 4b from 4. c Remainder Subtract lines for years prior to 2017, if	- 		
c Remainder Subtract lines 4a and 45 from line 2. For result great		1	,
	er		
any Subtract lines 39 and 40 months and Subtract lines 39 and 40 months and 50 months		1 (1)	`
than zero, explain in Part VI. See institutions 6 Remaining underdistributions for 2017. Subtract lines 3h	ı (*	1
6 Remaining underdistributions for 2017. and 4b from line 1. For result greater than zero, explain in	n '		
and 4b from line 1. For result grown			l l
Part VI. See instructions			
Part VI. See instructions 7 Excess distributions carryover to 2018. Add lines 3			
and 4c.			
8 Breakdown of line 7			
a Excess from 2013			
	· · · · · · · · · · · · · · · · · · ·		
a Excess from 2014			
b Excess from 2014			
b Excess from 2014 c Excess from 2015 d Excess from 2016			lule A (Form 990 or 990-EZ) 2

Schedule A	(Form 990 or 990-EZ) 2017 ETL	APARTMENTS,	INC.	61-1383799	Page 8
Part VI	Supplemental Information Part IV. Section A. lines 1, 2, 3b.	n. Provide the explanate 3c. 4b. 4c. 5a. 6. 9a. 9b.	ions required by Part II, line 10, F 9c, 11a, 11b, and 11c, Part IV, 9	Part II, line 17a or 17b, Part III, line 12, Section B, lines 1 and 2, Part IV, Section t V, line 1, Part V, Section B, line 1e, Pai rt for any additional information	. C
	Gee manachens,				
					
					
					
					-
					
					
					
					
					
					
					

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 Open to Public Inspection

Name of the organization

ETL APARTMENTS, INC.

Employer identification number 61-1383799

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		·
		(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 advi-	sed funds
Ū	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	of donor advisor, or for any other purpose	Yes No
Par		ganization answered "Yes" on Form 990	
1			Tarry, mio 7.
,	Purpose(s) of conservation easements held by the organizat Preservation of land for public use (e.g., recreation or e.g.)		torically important land area
	Protection of natural habitat		tified historic structure
	F	Freservation of a cer	tilled Historic structure
_	Preservation of open space	de al a a a a a a a a a a a a a a a a a a	. of a name of the last
2	Complete lines 2a through 2d if the organization held a quali	med conservation contribution in the form	Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements	•	2a
	Total acreage restricted by conservation easements	·	2b
	Number of conservation easements on a certified historic st		_2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	1
	listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for
	conservation easements		
Pai	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pi	ublic 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 tro	easures, or other similar assets for financi	
-	the following amounts required to be reported under SFAS		3 , F 1
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X	•	\$

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

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 ETL APA	RTMENTS, I	NC.				_	<u>61-13</u>	83799) Pa	ıge 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tre	easures,	or Othe	er Simil	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi (check all that apply)	on, and other record	ds, chec	k any of the	following tha	at are a si	gnıficant	use of its	collection	tem	S
а	Public exhibition	d			hange progra	ams					
b	Scholarly research	e	• []	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	•		=	-			ose in Par	t XIII.		
5	During the year, did the organization solicit of		-		· ·	er sımılar	assets	_	7		1
<u> </u>	to be sold to raise funds rather than to be m								☐ Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 990	D, Part IV,	line 9, or		
	reported an amount on Form 990, Pa						المحاد والمسا				
18	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	is or other as	ssets not	included		Yes		No
_	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	and complete the fe	Movena	table				L	⊔ tes		NO
ь	in res, explain the arrangement in Fart Alli	and complete the ic	liowing	Lable					Amount		
_	Beginning balance						1c		Allount		
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodiał acco	ount liabili	ıty?	L.	Yes		No
	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	rm 990, Par	t IV, line 1	10				
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years t	ack
1a	Beginning of year balance		<u> </u>								
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships									_	
е	Other expenditures for facilities]			1					
	and programs										
f	Administrative expenses		ļ								
g	End of year balance	L	<u> </u>		L						
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as						
a	Board designated or quasi-endowment		%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
32	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation the	at are held a	nd administa	ared for th	ae organi	zation			
Ja	by	sasion of the organiz	ation the	at are rield a	na administr	516G 101 H	ie organii	cation	F.	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		—
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the										_
Pai	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a S	See Form 990	D, Part X,	line 10				
	Description of property	(a) Cost or o basis (investi		basis	or other (other)		ccumulate preciation	ı	(d) Book		
1a	Land				4,136.				114		
b	Buildings			47	9,840.	1	169,9	46.	309	, 89	4.
С	Leasehold improvements	<u> </u>									
d	Equipment				0 001						_
	Other				8,894.	L	46,2	55.		,63	
Tota	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	t X, colui	mn (B), line 1	0c)				426	,66	<u>, y .</u>

Schedule D (Form 990) 2017

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 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 (Form 990) 2017

(7)(8)

1,540.

Schedule D (Form 990) 2017 ETL APARTMENTS, INC.		61-1383799 F
Part XI Reconciliation of Revenue per Audited Financial S	tatements With Revenue	per Return.
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	1 1
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
	L-29 L	2e
		3
·		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	الما	1 1
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	i
b Other (Describe in Part XIII.)	_4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5
Part XII Reconciliation of Expenses per Audited Financial S	•	s per Return.
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		1 1
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	^^
c Other losses	2c	
d Other (Describe in Part XIII)	2d	1, 1
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		` .
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	 `{
c Add lines 4a and 4b	1	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	14 Part IV lines 1h and 2h Part \	/ line / Part Y line 2 Part YI
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide		, mio a, rate X, mio E, rate Xi,
into 24 and 45, and 1 are An, into 24 and 45 1 400 50 inplote and part to provide	ary additional information.	
		
PART X, LINE 2:		
TAKI A, DINE Z:		
AS OF DECEMBER 31, 2017, THE ORGANIZATIO	N HAC NO INCEPRAT	NI TAY DOCTTONG
AS OF DECEMBER 31, 2017, THE ORGANIZATIO	N IMB NO UNCERTAL	N TAX POSITIONS
מנואת הנואו דפט פרט הדפרו הפווסט דאו שעם בדאואאו	CINI CHAMPMENING	
THAT QUALIFY FOR DISCLOSURE IN THE FINAN	CIAL SIATEMENTS.	
		
		
		
		
		
		
732054 10-09-17		Schadula D (Form 990)

SCHEDULE O

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(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.

201/

OMB No 1545-0047

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 ETL APARTMENTS, INC. 61-1383799 FORM 990, PART VI, SECTION A, LINE 8A: THERE ARE NO SEPARATE BOARD MINUTES FOR ETL APARTMENTS SINCE BOTH ETL APARTMENTS AND FCLDC HAVE THE SAME BOARD, AND DISCUSSION BY THE BOARD IS DONE AT THE REGULAR MEETING OF FCLDC. FORM 990, PART VI, SECTION B, LINE 11B: REVIEW ELECTRONICALLY FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST