OMB No 1545-0047 **Return of Organization Exempt From Income Tax** 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made publication **Open to Public** Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 2018, and ending For the 2018 calendar year, or tax year beginning Apr 1 2019 31 D Employer identification number C Name of organization ROCKY FORD SENIOR HOUSING CORPORATION Check if applicable Address change Doing business as 74-2240828 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change (719)384-9055 PO BOX 376 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated ROCKY FORD, CO 81050-0376 G Gross receipts \$ 262,469. Amended return Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No DIANE MCATEE, 315 E 5TH ST, LA JUNTA, CO 81050 H(b) Are all subordinates included? Yes No ☐ 4947(a)(1) or ☐ 52 If 'No," attach a list (see instructions) **区** 501(c) (Tax-exempt status 501(c)(3) 4) **◄** (insert no) Website: ▶ H(c) Group exemption number > Form of organization 🔀 Corporation 🔲 Trust 🔲 Association L Year of formation 1986 M State of legal domicile CO Summary Briefly describe the organization's mission or most significant activities HOUSING FOR ELDERLY/HANDICAPPED Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) . 6 0 Total unrelated business revenue from Part VIII, column (C), line 2 CEIVED Net unrelated business taxable income from Form 990-T, line 38 7a 7a 0. 0. Ophor Year Current Year JUL **23** 2018 Contributions and grants (Part VIII, line 1h). . 195,183 8 184,353. 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7 (1) OGDEN. 10 138 179. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 95,057 77,937 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 290,378 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 32,250 28,566. 16a Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 164,326. 153,120. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 196,576. 181,686. 19 Revenue less expenses. Subtract line 18 from line 12 93,802. 80,783. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 274,851. 302,969. 21 Total liabilities (Part X, line 26) . . . 495,492 442,827. 22 Net assets or fund balances. Subtract line 21 from line 20 -220,641. -139,858. Part II Signature Block

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

Sign Here

Preparer

Use Only

Signature of officer

DIANE MCATEE, DIRECTOR

Type or print name and title Print/Type preparer's name **Paid**

DIXON , WALLER & CO.

Firm's name ▶ Dixon Waller & Co.,

For Paperwork Reduction Act Notice, see the separate instructions. BAA

INC

self-employed 1006278

Firm's EIN ► 84-0605728 Phone no (719)846-9241

Firm's address ▶ 164 E Main, Trinidad, CO May the IRS discuss this return with the preparer shown above? (see instructions)

REV 05/20/19 PRO

X Yes \ \ \ No Form 990 (2018)

Part	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:
	HOUSING FOR ELDERLY/HANDICAPPED
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 181, 686. including grants of \$ 0.) (Revenue \$ 262, 469.)
	PROVIDE 30 APARTMENT UNITS FOR ELDERLY AND HANDICAPPED
41-	(Code) (Everyon C) molyding grants of C) (Payanya C)
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code: -) (Expenses \$ including grants of \$) (Revenue \$)
	<u></u>
4d	Other program services (Describe in Schedule O.)
70	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 181, 686.

Page 3

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Form 990 (2018)	\sim
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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			-~
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
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		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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		×
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		×
đ	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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
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		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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		×
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		×
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		×
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		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
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		×
20 a	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? [#E!\/GRains PROPIETE Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		×
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 Schedule J	23		×
24a b	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a 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		
đ	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		×
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		×
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		×
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		×
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):			×
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		├ ^
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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		
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, Part VI	37		×
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	×	
Part				٠
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	提到	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			7
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	 	ــــ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			,
L.	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	FERSE	X X
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			***
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	EPTE	32.49.
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 	 ^
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		 	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).		議議	多語
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		那是	
	and services provided to the payor?	7a		×
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			× EX
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1 7. 41	×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	关 :: 在	TO SE	100
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		100	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b	1200A	X
	Initiation fees and capital contributions included on Part VIII, line 12		1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders		3	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		談	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	100	ATT.	100
	Is the organization licensed to issue qualified health plans in more than one state?	13a	See No.	With Sald
	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			10
	the organization is licensed to issue qualified health plans		7. Y	
	Enter the amount of reserves on hand	O.T.		3 - A
	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	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1	i de la c
	If "Yes," complete Form 4720, Schedule O.		迎班	
	196	Forn	n 990	(2018)

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`	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sch	edule O. S	ee ins	structi	
	Check if Schedule O contains a response or note to any line in this Part VI	· · · · · · · · · · · · · · · · · · ·	· · ·		X
Secti	ion A. Governing Body and Management				·
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5	i Hit	2.3	l
	If there are material differences in voting rights among members of the governing body, or			4.4.4	4 , 7
	if the governing body delegated broad authority to an executive committee or similar		1	£ 1,42	
	committee, explain in Schedule O.		は世	3 34	- ~
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	5	25 Med.		ľ ·
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with	** X **		١,
	any other officer, director, trustee, or key employee?		2		×
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person		3	×	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		4		×
5	Did the organization become aware during the year of a significant diversion of the organization's ass		5		×
6	Did the organization have members or stockholders?	0.0.	6		
	-				X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or one or more members of the governing body?	appoint	7a		×_
b	Are any governance decisions of the organization reserved to (or subject to approval by) m	embers,		.	
	stockholders, or persons other than the governing body?		7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during		25	10.74
	the year by the following			C	7.74
а	The governing body?		8a	_×	
ь	Each committee with authority to act on behalf of the governing body?	[8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Intern	al Reveni	Je Co	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	[10a		×
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such caffiliates, and branches to ensure their operations are consistent with the organization's exempt purpose.		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t	T	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	ľ	12a	Name of Street	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to disclose annually interests that disclose annually interests that could give rise to disclose annually interests that disclose annually interests the disclose annually interests that disclose annually interests the disclose annually intere	<u> </u>	12b		
	· · · · · · · · · · · · · · · · · · ·	-	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? I describe in Schedule O how this was done.		120		
13	Did the organization have a written whistleblower policy?	- F	12c		
					×
14	Did the organization have a written document retention and destruction policy?	l .	14	مدو	×
15	Did the process for determining compensation of the following persons include a review and apprinted independent persons, comparability data, and contemporaneous substantiation of the deliberation and deliberat				
a	The organization's CEO, Executive Director, or top management official		15a		×
b	Other officers or key employees of the organization	[15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	Ī		البيز	ÿ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	ngement			
	with a taxable entity during the year?	[16a		×
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to eval	luate its	53	7	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safegu		7.7	200	2
	organization's exempt status with respect to such arrangements?	<u> </u>	16b		
Section	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	and 990-T	(Sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		•		. ,
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule C))			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con-	-	rest r	olicv	, and
-	financial statements available to the public during the tax year.			/ 1	,
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and rec	ords l	>	
	OTERO COUNTY HOUSING AUTHORITY I.A. TUNTA HOUSING AUTHORITY I.A. TUNTA CO 81050				ลกัรร

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	Highest Com	pensated 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 employees."
- 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 no	r any relate	d org	anız	atio	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an per officer and a director/trustee) (D) (E) Reportable compensation compensation for the per officer and a director/trustee)								(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DARREN GARCIA BOARD MEMBER	2.00	×								
(2) OMAR ESTRADA BOARD MEMBER	2.00	×						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
(3) AMY WHITE TANABE BOARD MEMBER	2.00	×								
(4) JEFF ROHDE BOARD MEMBER	2.00	×								
(5) EVA LEYVA BOARD MEMBER	2.00	×								
(6)										
(7)		_								
(8)						_				
(9)					-					
(10)										
(11)										
(12)										
(13)										
(14)										

ras	Section A. Officers, Directors, Trust		mploy	yees	(0	na F C) sition	lighe	St C			(contin	
	(A) Name and title	(B) Average hours per	box, i	unles	s pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportal compensation	n from	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-	ons	other compensation from the organization and related organizations
(15)												
(16)												
(17)									\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
(18)												
(19)												1
(20)												
(21)												
(22)								ļ				
(23)												
(24)				_								
(25)												
1b c d	Sub-total	VII, Sectio	n A			 	· ·	A A				
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) wl	ho received mo	ore than \$1	00,00	O of /
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							mp	loyee, or high	est compe	ensate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc	dıvıdua 	5 ×
Section 1	on B. Independent Contractors Complete this table for your five highest of						~ ~ ~ 4		46		610	0.000 -4
	compensation from the organization. Rep year.											
	(A) Name and business addi	ress							(B) Description of se	ervices		(C) Compensation
							_					
							-		-			
2	Total number of independent contractor received more than \$100,000 of compensations.							the	ose listed abo	ve) who		

Part	VIII	Statement of Reve									
DANGE .	ENPRAY	Check if Schedule O	contains a res	ponse or note t							
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections , 512-514			
nts	1a	Federated campaigns	s 1a					学 的一个学生			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b		第2347第 章						
s, C Am	С	Fundraising events .									
Gifts, ilar Ar	d	Related organizations									
ns,	е	Government grants (con		184,353.							
er S	f	All other contributions, gi									
현환		and similar amounts not inc									
Contributions, and Other Sim	g	Noncash contributions includ			104 353						
	h	Total. Add lines 1a-1	<u>†</u>	Business Code	184,353.						
Program Service Revenue	0-			Business Code	人名英西拉拉斯斯斯斯斯斯	CONTRACTOR AND A SECOND	AHWER HINGH WAR	ARTHUR PROPERTY AND			
ev.	2a b			<u> </u>							
9	D C										
ezi	d						· · · · · · · · · · · · · · · · · · ·				
S L	u P				•						
grai	f	All other program ser	vice revenue .			-					
S.	g	Total. Add lines 2a-2		. ▶							
	3	Investment income		ends, interest,							
,		and other similar amo	ounts) .	▶	~ 179.	179.	0.	0.			
	`4	Income from investmen	t of tax-exempt be	ond proceeds ▶							
	5	Royalties ' .	<u> </u>	<u>.</u> .							
		,	(ı) Real	(ii) Personal							
	6a	Gross rents	73,200.								
	b	Less. rental expensès	1								
	С	Rental income or (loss)	73,200.	L							
	d	Net rental income or (` 	>	73,200.	73,200.	0.	U.			
,	,7a	Gross amount from sales of	(i) Securities	(II) Other							
		assets other than inventory									
٠. ا	b	Less cost or other basis and sales expenses .					张烈力走 着在				
١	С	Gain or (loss)									
	ď	Net gain or (loss)		•	Section State of the Section of the	274,524,3146,53,000,001	ON DESCRIPTION OF THE PARTY OF	NEW SERVICE OF THE PROPERTY OF THE PARTY OF			
	_	, , , , , , , , , , , , , , , , , , ,									
ne	8a	Gross income from fu	ındraısıng	`							
le le		events (not including \$	-	,			**				
Other Revenue		of contributions reporte									
ē		See Part IV, line 18 .	a								
₹	b	Less: direct expenses		<u> </u>		TO A COLUMN		计算程序 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图			
	С	Net income or (loss) fi		events . 🕨	Contraction in Alexandra		water the state of	Control De San Control Control De San Control De Sa			
	9a	Gross income from ga	aming activities.								
		See Part IV, line 19	· · · · a								
	b	Less: direct expenses			NATIONAL PROPERTY.		COMPRESE CONTRACT				
	C 10c	Net income or (lòss) fi		vities >			A THE STATE OF THE STATE OF				
	Tua	Gross sales of in returns and allowance		,		10 m					
	h		_								
	b b	Less: cost of goods s Net income or (loss) for		entory ▶	OR THE STREET WAS NOT	AND REAL PROPERTY OF THE PARTY	(学人) 斯斯特斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯	PRODUCE CONTRACTOR OF STREET			
}		Miscellaneous R		Business Code	THE STATE OF THE S						
}	11a	LAUNRY, VENDING		812300	1,553.	1,553.	0.	0.			
	b	DAMAGES, FEES, M		531110	3,184.	3,184.	0.	0.			
	c					-,					
	d	All other revenue .		, ,			-				
	e	Total. Add lines 11a-		>	4,737.	通過過程		图3000000000000000000000000000000000000			
I	40	T		,	262 462	70 116					

	t IX , Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must co			ns must complete c	olumn (A).
	Check if Schedule O contains a respon			· · · · · ·	· · · · □
	ot include amounts reported on lines 6b, 7b, o, 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				THE THE THE THE
2	Grants and other assistance to domestic individuals See Part IV, line 22			ا وسره کا پر ا	19 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			50 -21	a the same
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			Harris Marine	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,673.	22,673.	0.	0.
9	Other employee benefits	4,128.	4,128.	0.	0.
10	Payroll taxes	1,765.	1,765.	0.	0.
11 a	Fees for services (non-employees). Management	1,,00	17,000.		
b	Legal	473.	473.	0.	0.
c	Accounting	3,800.	0.	3,800.	0.
ď	Lobbying	3,000.	<u> </u>	3,000.	
e	Professional fundraising services. See Part IV, line 17		The state of the s	大海南岛北京公司	
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	<u> </u>	 		
13	Office expenses		 		
14	Information technology				
15	Royalties				
16	Occupancy	26,194.	26,194.	0.	0.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	41,395.	41,395.	0.	0.
21	Payments to affiliates		<u> </u>		
22	Depreciation, depletion, and amortization .	12,803.	12,803.	0.	0.
23	Insurance	8,806.	8,806.	0.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	The second second	S charter		
а	MANAGEMENT FEES	16,312.	0`.	16,312.	0.
b	MISC ADMIN	3,696.	0.	3,696.	0.
c	UTILITIES	39,641.	39,641.	0.	0.
d	All ather are page				
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	101 606	157.070	22 200	
25	Joint costs. Complete this line only if the	181,686.	157,878.	23,808.	0.
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If				

25

26

27

28

29

30

31

32

33

Net Assets or Fund Balances

of Schedule D

Total liabilities. Add lines 17 through 25

complete lines 30 through 34.

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

Permanently restricted net assets

Total liabilities and net assets/fund balances .

Capital stock or trust principal, or current funds

Form 990 (2018) Page 11 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 100. 1 100. Cash-non-interest-bearing 2 Savings and temporary cash investments 101,602. 135,480. 3 3 4 Accounts receivable, net 691. 919. 5 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 Assets 7 7 Notes and loans receivable, net inventories for sale or use 8 569. 9 Prepaid expenses and deferred charges . . 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 1,251,021. 10a 10b 171,889. Less. accumulated depreciation 1,085,551. 10c b 11 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 274,851. 16 302,969. 16 19,266. 10,126. 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 470,793. 427,199. 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . .

> 302,969. Form 990 (2018)

-139,858.

5,502.

442,827.

54 mill.

-139,858.

5,433.

M. W. Ate.

26

- 4

27 28

29

30 31

32

33

495,492.

-220,641.

-220,641.

274,851.

Other liabilities (including federal income tax, payables to related third

parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗵 and

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

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

Retained earnings, endowment, accumulated income, or other funds.

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	62,4	69.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	81,6	386.
3	Revenue less expenses. Subtract line 2 from line 1	3		80,7	83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-2	20,6	41.
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			٠
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	-1	39,8	58.
Part	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 🗌 Cash 🔀 Accrual 🔲 Other				1 T
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ır			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled oi			1.
	reviewed on a separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			1.
	separate basis, consolidated basis, or both.				
	⊠ Separate basis □ Consolidated basis □ Both consolidated and separate basis				أحصا
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		X
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ir	, 1		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				
	the Single Audit Act and OMB Circular A-133?			\vdash	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ergo the	3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.		n 990	(0010)
			r-∩rr	กรรป	コノロエおし

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name (of the organization	1	Employer identification number
ROC	KY FORD SENIOR HOUSING CORPORATION		74-2240828
Pai	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	
	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 he	eld in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal contro	l? 🔲 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that gran	t funds can be used
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?	<u> </u>	Yes 🗌 No
Par	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., recreat	tion 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 he	eld a qualified conservation contributio	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
С	Number of conservation easements on a certified h		
ď	Number of conservation easements included in		
	_		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or term	inated by the organization during the
	tax year ►		
4	Number of states where property subject to conser		·····
5	Does the organization have a written policy regulations, and enforcement of the conservation east		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting \$ \begin{align*} \text{*}	g, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	· · ·	
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easeme	f the footnote to the organization's fina	
Part		of Art, Historical Treasures, or	Other Similar Assets.
1a	If the organization elected, as permitted under SFA		revenue statement and balance sheet
	works of art, historical treasures, or other similar	assets held for public exhibition, edu	ucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the fo	ootnote to its financial statements that	describes these items.
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar public service, provide the following amounts relating	assets held for public exhibition, edung to these items:	ucation, or research in furtherance of
	(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, following amounts required to be reported under SF	FAS 116 (ASC 958) relating to these ite	ems.
а	***		> \$
h	Assets included in Form 990, Part X		> ¢

Par	IIII Organizations Maintaining	Collections of	Art, His	itoricai	reasures	, or O	iner Similar As	sets (co	ritinue	ed) -
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	ords, che	ck any of th	ne follov	wing that are a s	gnificant	use o	of its
а	☐ Public exhibition		d	☐ Loar	or exchan	ge prog	rams			
b	Scholarly research		е	☐ Othe	er					
С	Preservation for future generation:									
4	Provide a description of the organiza XIII.								se in	Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							s 🗌	No
Par	IV Escrow and Custodial Arra					•			_	
	Complete if the organization 990, Part X, line 21.							_	Form	1
1a	Is the organization an agent, trustee included on Form 990, Part X?							t □ Ye	s 🗆	No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the f	ollowing t	able:		Ar	nount		
С	Beginning balance					10				
d	Additions during the year					1d			,	
е	Distributions during the year .					1e				
f	3					1f				
2a	Did the organization include an amou	nt on Form 990, P	art X, line	e 21, for e	escrow or co	ustodia	l account liability	? 🗌 Ye	s 🗌	No
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanatio	n has been	provide	ed on Part XIII			
_Par	t V Endowment Funds.									
	Complete if the organization	answered "Yes	" on Fo	m 990, l	Part IV, line	e 10.				
		(a) Current year	(b) Pr	or year	(c) Two year	rs back	(d) Three years back	(e) Four	years ba	ack
1a	Beginning of year balance]		
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	**								
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	he current vear er	nd baland	e (line 1c	ı. column (a)) held a	as.	-		
а	Board designated or quasi-endowmer	•	%	, ,	,	"				
b	Permanent endowment ▶	%								
C	Temporarily restricted endowment ▶	%		-						
_	The percentages on lines 2a, 2b, and		00%.							
За	Are there endowment funds not in the			zation th	at are held	and ad	ministered for the	9		
	organization by.	•	•						Yes 1	No
	(i) unrelated organizations							3a(i)		
								3a(ii)	$\neg \vdash$	
b	If "Yes" on line 3a(ii), are the related o							`3b	-+	
4	Describe in Part XIII the intended uses									
Part										
	Complete if the organization		" on For	m 990 l	Part IV line	11a 9	See Form 990 I	Part X li	ne 10	1
	Description of property	(a) Cost or ot	her basis	(b) Cost of	or other basis other)	(c) A	Accumulated epreciation	(d) Book		-
	Land		0.	 	47,887.			1	7,88	7
_		·			97,977.		,080,394.		7,58	
b	Buildings	·		1,1	51, 511.		,000,334.	11	,,50	<u> </u>
C	Leasehold improvements	·		 	5 157		E 167			
d	Equipment	·			5,157.		5,157.			0.
e Fotol		·	00 0==	V 001:	· /D) /:= - 10	10.1		1.0	<u> </u>	
otal.	Add lines 1a through 1e. (Column (d) n	iust equal Form 9:	yu, ran .	r, column	ו (ס), ווחפ 10,	c_{J}	<u> </u>	16	5,47	<u>v.</u>

Ochodie D (i o					
Part VII	Investments—Other Securities. Complete if the organization answ		000 Part IV line	11h Soc Form	000 Part V line 12
	(a) Description of security or category (including name of security)		(b) Book value	(c) Meth	nod of valuation of-year market value
(1) Financial	derivatives		_		<u> </u>
• •	neld equity interests			···	
(2) Other	. ,				
(A)					
(B)					
(C)					
(D)					
(E)				- 	
(F)					
(G) (H)					
	h) must agual form 000. Part V and /D line 12.1 h				
Part VIII	b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related				
r art VIII	Complete if the organization answ		990. Part IV. line	11c See Form	990 Part X line 13
	(a) Description of investment	70.00 100 0111 0111	(b) Book value	(c) Meth	nod of valuation of-year market value
(1)					
(2)			•		-
(3)					······································
(4)					
(5)					
(6)					<u>. </u>
(7)					
(8)					· · · · · · · · · · · · · · · · · · ·
(9)	him to the second form of the second		•	A DE WAR PORTAGE THE COMME	Constitution to the second control of the second
	b) must equal Form 990, Part X, col (B) line 13) Other Assets.	<u></u>			
Part IX	Complete if the organization answ	vered "Ves" on Form	990 Part IV line	11d See Form	000 Part Y line 15
		Description	000,1 41114, 11110	174. 000 1 01111	(b) Book value
(1)	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
(2)					
(3)					
(4)					
(5)					
(6)		 _			
			·—————		
(8)					
(9)	mn (b) must equal Form 990, Part X, co	1 (P) Ino 15)			
Part X	Other Liabilities.	i. (b) iirie 15.)			
I dit X	Complete if the organization answ line 25.	vered "Yes" on Form	990, Part IV, line	11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value 、			100 miles
(1) Federal in		.,	The same of	n o	是多多的特殊
	SECURITY DEPOSITS	5,028	3.	19 全国	这种人,这种人们的
	D REVENUE	474		· 100 多人表	A September
(4)					
(5)				14. "人"	A STANDARD OF STANDARD
(6)			4.75	19 19 18 29 18	4
(7)					an Tark
(8)	1		The state of the s		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 5,502.

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 (Form 990) 2018

BAA

Pari	Reconciliation of Revenue per Audited Financial Statem	•	Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		1	262,469.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	····
3	Subtract line 2e from line 1		3	262,469.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	262,469.
Part			er Return.	,
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	181,686.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c	<u>;</u> .54	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	,	3	181,686.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	ii a	
_	Other (Describe in Part XIII.)	4b		
ь				
C	Add lines 4a and 4b		4c	
_	Add lines 4a and 4b		4c 5	181,686.
c 5 Part	Add lines 4a and 4b	ne 18.)	5	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
5 Part Provid	Add lines 4a and 4b	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
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5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
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5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
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5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	
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5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1)	ne 18.) nd 4; Part IV, lines 1b and 2l	5 b; Part V, line	

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Schedule D (Form 990) 2018 Page 5					
Part XIII	Supplemental Information (continued)				
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SCHEDULE O (Form 990, or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number				
ROCKY FORD SENIOR HOUSING CORPORATION	74-2240828				
Pt VI, Line 3: Otero County Housing Authority Acts As A Management Agent					
Pt VI, Line 18: INFORMATION CAN BE OBTAINED UPON REQUEST					
Pt VI, Line 19: INFORMATION IS ON FILE AT THE ENITY					
Pt VI, Line 11b: MANAGEMENT AGENT REVIEWS , APPROVES FOR SIGNING					
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