efile	e Pu	ublic Visu	al Render	ObjectId	20243127934	19301863 - Su	bmissio	n: 2024-05	5-06	T)	IN: 61-0715630
	0		Re	eturn of (Organizatio	on Exempt	From	Income	Tax	(OMB No. 1545-0047
Form	9:	90	Under section	n 501(c), 527,	or 4947(a)(1) of social security nu	the Internal Reve	nue Code	e (except priv	ate foundat	ions)	2022
		f the Treasury nue Service	•	Go to <u>www.ir</u>	<u>s.gov/Form990</u> 1	for instructions a	and the I	atest inform	ation.		Open to Public Inspection
A F	or th	ne 2022 ca	alendar year,	or tax year be	eginning 07-01-2	2022 , and endi	ng 06-30	-2023			
		applicable:	C Name of organ	nization ONS HOUSING CO	ORPORATION				D Employe	r identif	fication number
_		change							61-0715	630	
		hange eturn	Doing busines	s as							
O Fina	al retu	rn/terminated							E Telephone	numher	
		ed return ion pending	Number and st 1617 MAPLE S		if mail is not delivere	ed to street address)	Room/suit	te	(502) 58		
			City or town, s LOUISVILLE, k		country, and ZIP or f	oreign postal code			G Gross rec	eipts \$ 2	5,404,495
				address of prin	cipal officer:			H(a) Is this	a group ret	urn for	
			LORI FLANER 1617 MAPLE S LOUISVILLE, F	STREET				H(b) Are al		es	□Yes ☑No □Yes □No
I Tax	k-exer	mpt status:	✓ 501(c)(3)) 🖣 (insert no.)) 4947(a)(1) or	527	includ If "No		st See	instructions.
J W	ebsi	te:▶ WW	W.NDHC.ORG				- 527	H(c) Group			
K Form	n of o	organization:	Corporation	Trust	Association 🗌 Othe	er 🕨		L Year of forma	tion: 1971	M State	of legal domicile: KY
Pa	art I	Sum	mary								
					on or most signific						
Ce					TON DEVELOPS AN	ND MAINTAINS AF		E HOUSING.			
nar											
Governance	2	Check thi	s box 🕨 🗌								
	3			ers of the gove	erning body (Part V	/l, line 1a)				3	20
× S	4	Number o	of independent	voting member	rs of the governing) body (Part VI, line	e1b) .		•	4	20
Activities &	5	Total num	ber of individu	als employed in	n calendar year 20	22 (Part V, line 2a)			5	105
ctiv	6	Total num	ber of voluntee	ers (estimate if	necessary) .		• • •		•	6	1,075
Ā					Part VIII, column (7a	0
	b	Net unrel	ated business t	axable income	from Form 990-T,	Part I, line 11 .	• •	<u></u>	• •	7b	0
	-							Pric	or Year	_	Current Year
en			-	-	1h)		•		2,975,9		3,164,163
Revenue	9	5	service revenue	, , , , , , , , , , , , , , , , , , ,	2g) • • • A), lines 3, 4, and	· · · · ·			6,622,2		6,369,287
ĥ			•		nes 5, 6d, 8c, 9c, 1	2	•		82,1		11,413,751 57,568
	12		. ,		(must equal Part V		e 12)		9,717,8		21,004,769
				5	X, column (A), line	, (),	,			0	0
					X, column (A), line	-				0	0
ŝ					e benefits (Part IX,				3,905,2	36	4,797,601
Exp enses	16a	a Professio	nal fundraising	fees (Part IX, o	column (A), line 11	le)	•			0	0
рe	b	Total fundra	draising expenses (Part IX, column (D), line 25) ►373,431								
ă	17	Other exp	enses (Part IX,	column (A), lii	nes 11a-11d, 11f-	24e)			7,479,7	82	7,540,504
	18	Total expe	enses. Add line	s 13–17 (must	equal Part IX, colu	ımn (A), line 25)			11,385,0	18	12,338,105
	19	Revenue	less expenses.	Subtract line 1	8 from line 12 .	<u></u> .	•		-1,667,1	21	8,666,664
Net Assets or Fund Balances								Beginning (of Current Ye	ar	End of Year
Bal	20	Total asse	ets (Part X, line	16)					26,198,5	96	33,651,135
et /				-					13,994,63		12,780,500
Zĩ	22	Net asset	s or fund balan	ces. Subtract li	ine 21 from line 20)			12,203,9	71	20,870,635
Pa	rt II	Signa	ature 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.

								2024-04-25				
Sign Here		gnature of officer						Date				
пеге	- Cr	HRISTOPHER ROSZMAN CFO pe or print name and title										
	/	Print/Type preparer's name		Preparer's	signature		Date	Check 🗌 if	PTIN P002264	461		
Paie Pre	d parer	Firm's name Firm's name	AERT ADVISC	ORY LLC				self-employed Firm's EIN F 8	38-273087	7		
	Only	Firm's address ▶ 101 SOUTH 5	TH STREET S	STE 2100				Phone no. (888	2) 587-17	10		
	-	LOUISVILLE, F		JIE 2100					5) 507-171	. 9		
Mav t	he IRS disc	cuss this return with the prepa		above? S	See Instructions					Yes		
		Reduction Act Notice, see					Cat.	No. 11282Y				0 (2022
					Page 2							
Form	990 (2022											Page 2
Pa		atement of Program Sei		-								
1		eck if Schedule O contains a re scribe the organization's mission		note to a	any line in this F	Part III .			• •			
- NEW	DIRECTION	IS HOUSING CORPORATION D	EVELOPS A		NTAINS AFFORD	ABLE HOUS	SING AND H	ELPS TO CREA	TE VITAL	COMM	IUNITIE	ES IN
PART	NERSHIP W	ITH NEIGHBORS AND OTHER	STAKEHOL	DERS.								
2	Did the or	ganization undertake any sign	nificant prog	gram serv	vices during the	year which	n were not lis	sted on				
		Form 990 or 990-EZ?								□ γ	es 🗹	No
3		escribe these new services on ganization cease conducting, o			changes in how	it conducts	any progra	ım				
5	services?		• •	• • •	• • • • •	• •					Yes	🗹 No
		escribe these changes on Sch	edule O.									
4	Section 50	the organization's program ser D1(c)(3) and 5D1(c)(4) organiz ue, if any, for each program s	zations are	required								
4a	(Code:) (Expenses \$	5	,689,679	including grants	of \$) (Revenue \$		5,153,	277)	
	CONNECTS	OPERTIES - PROVIDE SHELTER AND RESIDENTS TO THE RESOURCES T ORMATIONAL SESSIONS.										G, AND
4b	(Code:) (Expenses \$,793,250	including grants) (Revenue \$		1,216,		
) PROPERTY MANAGEMENT - MAINT)RDABLE, QUALITY HOUSING FOR 1										
	COMMUNIT	Y'S MOST ECONOMICALLY DISADV	ANTAGED NE	EIGHBORH	OODS.							
4c	(Code:) (Expenses \$	2	,051,718	including grants	of \$) (Revenue \$)	
	DIRECTION DISABLED	IERSHIP PRESERVATION - INCREAS IS MOBILIZES COMMUNITY-WIDE R HOMEOWNERS WITH ESSENTIAL H ITIES THROUGH LOW-INTEREST OF Y.	RESOURCES A	AND HAD 1 RS. IN ADD	1041 VOLUNTEERS ITION, WE PROVII	THIS FISCAL	L YEAR TO ASS 10DERATE INC	SIST LOW TO MO	DERATE II ERS WITH	NCOME LARGE	SENIOR R HOME	REPAIR
	(Code: RESIDENT) (Expenses \$ SERVICES, REAL ESTATE DEVELOP!	MENT, COMM	575,935 IUNITY BUI	including grants ILDING AND ENGA		D EARLY CHILI) (Revenue \$ DHOOD DEVELOP		1,303,	983)	
4d	Other pro	gram services (Describe in Scl	hedule ())									
	(Expense		including	grants of	\$) (Revenue	\$	11,303,9	983)		
4e	Total pro	gram service expenses 🕨		11,110,5	82							
										F	orm 99	0 (2022)
					— Page 3 -							
Form	990 (2022											Page 3
Pa	rt IV Ch	necklist of Required Sch	edules								Yes	No
1	Is the org	anization described in section	501(c)(3)	or 4947(;	a)(1) (other tha	n a private	foundation)	? If "Yes." com	plete		Yes	
-	Schedule	A 🗐	• • •			• • •		, com	,	1		

2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
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		No
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		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
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? <i>If "Yes," complete Schedule D</i> , Part I S .	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🔞	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i> 🔞	9		No
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		No
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, 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	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i> 🗐	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c		No
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? <i>If "Yes," complete Schedule D, Part IX</i> 😼	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🚳	12a		No
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	Yes	110
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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	Yes	
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		No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No
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		No
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Form 990 (2	2022)		
Part IV	Checklist of Required Schedules (continued)		

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	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	~~		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete Schedule K. If</i> " <i>No</i> ," <i>go to line 25a</i>	24a		No
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L</i> , Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	204		Ne
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28b 28c		No No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 69		165	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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Form 990 (2022)

Part V

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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 sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Section 501(c)(7) organizations. Enter:	50		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	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		No
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes." complete Form 6069.	17		

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Form	990 (2022)			Page 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-	onse to	 Image: A start of the start of
Se	ction 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 20			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\ .$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		V	
		16b	Yes	
	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed			
	List the states with which a copy of this form 990 is required to be filed			

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18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

✓ Own website □ Another's website ✓ Upon request □ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

CHRIS ROSZMAN 1617 MAPLE S	TREET LOUISVILLE, KY 40210 (502) 58	9-22/2
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Form 990	(2022) Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII \ldots
Sectio	n A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
year. • List a	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax Il of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount sation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
an Link of	l of the evention of a surrough loss enclosed if any. Cas the instructions for definition of "loss enclosed "

List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations
(1) TRICIA BURKE	0.25	х						0	0	0
DIRECTOR	0.50	~						,	,	•
(2) STACHELLE BUSSEY	0.25									
DIRECTOR	0.50	Х						0	0	0
(3) HEATHER M DEARING	0.25									
DIRECTOR		Х						0	0	0
(4) KEISHA DORSEY	0.25									
DIRECTOR		Х						0	0	0
(5) GORDON C DUKE	0.25									
DIRECTOR	0.50	Х						0	0	0
(6) DARRELL FULLER	0.25									
DIRECTOR		Х						0	0	0
(7) KATHRYN GILES	0.25									
DIRECTOR		Х						0	0	0
(8) ZAN GLOVER	0.25									
DIRECTOR		х						0	0	0
(9) ADAM HALL	0.25									
DIRECTOR		х						0	0	0
(10) ANDREW PLEASANT	0.25									
DIRECTOR		х						0	0	0
(11) JENNIFER RECKTENWALD	0.25								-	
DIRECTOR	0 50	Х						0	0	0

	0.00	1	I			I	I	
(12) SHERI ROSE	0.25	х					0	0
DIRECTOR	0.50					0	0	0
(13) W ALFRED SMITH	0.25	v					0	0
DIRECTOR	0.50	Х				0	U	0
(14) CHRISTOPHER TOMPKINS	0.25						0	0
DIRECTOR	0.50	Х				0	0	0
(15) RITA WARD DIRECTOR	0.25	х				0	0	0
(16) FAITH WEEKLY IMMEDIATE PAST CHAIR	0.50	х				0	0	0
(17) ZACH WEDDING	0.25	х		х		0	0	0
CHAIR	0.50					Ŭ	0	Ŭ

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

(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	neck erso ecto	n is r/tru	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(18) KURT MASON	0.25	x		х				0	0	0
VICE CHAIR	0.50			^				0	0	0
(19) TONYA MONTGOMERY TREASURER	0.25	x		х				0	0	0
(20) ELIZABETH RAUCH	0.25									
SECRETARY	0.50	Х		х				0	0	0
(21) LORI FLANERY	40.00				Ì					
PRESIDENT/CEO	0.75			х				182,631	0	8,311
(22) BRIDGETTE JOHNSON	40.00									
 COO	0.75			х				156,822	0	11,184
(23) KATHLEEN MCKUNE				х				142,639	0	0
CRO (24) GEORGE SANDERS	0.75									
				х				89,917	0	9,028
CIO (25) DAVID SNYDER	0.75									
CD0				х				97,914	0	12,852
(26) JOHN BERAN	40.00									
CSO	0.75			х				27,397	0	1,843
(27) CHRISTOPHER ROSZMAN	40.00			х				117,292	0	7,253
CFO	0.75									
				L				l		L
1b Sub-Total					•					
d Total (add lines 1b and 1c)				i				814,612	0	50,471

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000
	of reportable compensation from the organization 🏲 4

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
LIFESTONE DYNAMIC LLC	CONSTRUCTION SERVICES	1,019,975
8503 BAYOU WAY LOUISVILLE, KY 40242		
LOUISVILLE MECHANICAL SERVICES INC	CONSTRUCTION SERVICES	333,937
11121 PLANTSIDE DRIVE LOUISVILLE, KY 40299		
J M FLETCHER DESIGN SERVICES	CONSTRUCTION SERVICES	213,575
8104 CRIS DRIVE LOUISVILLE, KY 40291		
DIXIE PLUMBING INC	PLUMBING SERVICES	178,547
4225 CORAL RIDGE RD BROOKS, KY 40109		
MCM CPAS & ADVISORS LLP	AUDIT AND TAX SERVICES	148,950
101 S FIFTH STREET2100 LOUISVILLE, KY 40202		
2 Total number of independent contractors (including but not limited to compensation from the organization \blacktriangleright 8	those listed above) who received more than \$100,000 of	
		Form 990 (2022)

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Part VIII	Statement of Rev	venue					
	Check if Schedule O	contains a res	ponse or note to any	y line in this Part VIII			🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federate Contributions	ed campaigns s,	1a					
Gifts, Grants an d Member DtherAmt	śhip dues	1b					
	sing events	1c					
d Related	organizations	1d					
_	ent grants (contributions)	1e					
	contributions, gifts, grants, ar amounts not included	1f					
2,09	9,701						
g Noncash o lines 1a -	contributions included in 1f:\$	1g					
h Total. A	dd lines 1a-1f		3,164,163				
			Business Code				
2= PROP	ERTY MANAGEMENT		I	6,080,542	6,080,542		

0 0		236000				
, HOUSING DEVELOPM	1ENT	531110	288,745	288,745		
HOUSING DEVELOPM		_ +				
vice						
Program		_				
, 		_ +				
f All other program	service revenue.					
9 Total. Add lines	2a-2f 🕨	6,369,287				
3 Investment income similar amounts)		, interest, and other	109,768			109,768
4 Income from invest		bond proceeds				
5 Royalties						
	(i) Real	(ii) Personal				
6a Gross rents	6a					
b Less: rental expenses	6b					
c Rental income	6c					
or (loss) d Net rental income						
	(i) Securities	-				
7a Gross amount from sales of assets other	7a	15,620,000				
Less: cost or						
Less: cost or other basis and sales expenses	7b	4,316,017				
Gain or (loss) d Net gain or (loss)	7c	11,303,983				
d Net gain or (loss))	<u>· · · · ▶</u>	11,303,983	11,303,983		
(not including \$	32,562 of					
contributions reporte See Part IV, line 18		a 44,750				
b Less: direct exper						
c Net income or (los	ss) from fundraising e	events	-38,959			-38,959
9a Gross income from See Part IV, line 19	gaming activities.	a				
b Less: direct exper	nses 9	b				
c Net income or (los	ss) from gaming activ	vities				
10a Gross sales of inverse of inverse of inverse of the set of th	entory, less ances	Da				
b Less: cost of good						
c Net income or (los	ss) from sales of inve					
112.000511.005010		Business Code 900099	76,769			76,769
11a _{MISCELLANEOUS}	INCOME	500055	70,709			70,709
b DEBT FORGIVENE	ESS	900099	19,758			19,758
tter f evenueMiscAmt						
d All other revenue		-↓↓				
e Total. Add lines 1						
12 Total revenue. S			96,527			
			21,004,769	17,673,270	0	167,336

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatio	ns must complete col	umn (A).
Check if Schedule O contains a response or note to any	y line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 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 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	865,083	724,938	94,694	45,451
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	3,389,851	2,851,905	359,144	178,802
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,591	23,122	3,020	1,449
9 Other employee benefits	208,664	174,860	22,841	10,963
10 Payroll taxes	306,412	256,772	33,541	16,099
11 Fees for services (non-employees):				
a Management				
b Legal	5,429	2,782	2,108	539
c Accounting	121,368	62,189	47,127	12,052
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	149,641	117,063	28,669	3,909
12 Advertising and promotion	17,886	9,736	473	7,677
13 Office expenses	154,457	115,485	35,188	3,784
14 Information technology				
15 Royalties				
16 Occupancy	1,005,969	974,673	30,348	948
17 Travel	6,949	6,949		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	49,382	32,623	13,222	3,537
20 Interest	449,436	400,287	49,149	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,137,315	1,096,821	40,376	118
23 Insurance	245,896	228,504	17,392	
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 0.)				
a GRANT EXPENSES	1,751,392	1,751,392		
b MAINTENANCE AND REPAIRS	1,679,291	1,650,185	28,671	435
c BAD DEBTS	274,049	274,049		
d EVENTS/VOLUNTEERS	90,500	12,648	2,674	75,178
e All other expenses	401,544	343,599	45,455	12,490

25	Total functional expenses. Add lines 1 through 24e	12,338,105	11,110,582	854,092	373,431
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).				

		(2022)				Page 11
Pa	art X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part IX .			<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		637,505	1	3,184,983
	2	Savings and temporary cash investments		2,708,825	2	519,211
	3	Pledges and grants receivable, net		658,339	3	26,169
	4	Accounts receivable, net		577,472	4	1,427,280
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section $4958(f)(1)$, a	fied persons (as defined under ection 4958(c)(3)(B) .		6	
\$	7	Notes and loans receivable, net		3,008,941	7	14,606,007
ssets	8	Inventories for sale or use			8	
Ass	9	Prepaid expenses and deferred charges		212,677	9	201,469
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,744,238			
	b	Less: accumulated depreciation	10b 16,324,978	16,999,031	10c	12,419,260
	11	Investments—publicly traded securities .			11	
	12	Investments-other securities. See Part IV, line	11		12	
	13	Investments-program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	am-related. See Part IV, line 11 1 am-related. See Part IV, line 13 1 <td< td=""><td>15</td><td>1,266,756</td></td<>	15	1,266,756	
_	16	Total assets. Add lines 1 through 15 (must equ	ual line 33) • • •	26,198,596	16	33,651,135
	17	Accounts payable and accrued expenses		1,844,829	17	1,545,950
	18	Grants payable			18	
	19	Deferred revenue		190,810	19	88,903
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete F	art IV of Schedule D		21	
iabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons	outor, or 35% controlled entity		22	
Ë	23	Secured mortgages and notes payable to unrela	ted third parties	11,855,364	23	11.034.853
	24	Unsecured notes and loans payable to unrelated	•		24	,
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables to related third parties,	103,622		110,794
	26	Total liabilities. Add lines 17 through 25 .		13,994,625	26	12,780,500
Balances	-	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	_	10,627,891	27	20,040,269
Bal	27					830,366
р	28	Net assets with donor restrictions		1,576,080	28	030,300
r Fund	20	Organizations that do not follow FASB ASC complete lines 29 through 33.	958, check here 🕨 🗌 and		20	
s or	29	Capital stock or trust principal, or current funds			29	<u> </u>
Assets	30	Paid-in or capital surplus, or land, building or eq			30	
As	31	Retained earnings, endowment, accumulated inc	come, or other funds		31	00.000
	32 33	Total net assets or fund balances		12,203,971	32	20,870,635
z	33	Total liabilities and net assets/fund balances .		26,198,596	33	33,651,135

Pa	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,004,769
2	Total expenses (must equal Part IX, column (A), line 25)	2			,338,105
3	Revenue less expenses. Subtract line 2 from line 1	3			,666,664
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		12	,203,971
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 32, column (B))	10		20	,870,635
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	•		\Box
				Yes	No
1	Accounting method used to prepare the Form 990: Cash 🗹 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed e separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	□ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Ur Guidance, 2 C.F.R. Part 200, Subpart F?	niform	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	Зb	Yes	
			F	orm 99	0 (2022)

Form 990 (2022)

Additional Data

Return to Form

Software ID.

CHEDULE A orm 990) orm 990 Public Charity Status and Public Support 2022 Demographication is a section 501(c)(2) organization or a section 20470(1) nonecompt charitable organization 20470(1) nonecompt charitable organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) Image: Charitable organization and churches, or association of churches described in section 170(b)(1)(A)(i). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i)(i). A chord described in section 170(b)(1)(A)(ii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V)(V). (Comptee Part II.) A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V)(V). A community trust described in section 170(b)(1)(A)(K)(K), perated in conjunction with a land-grant college or university or non-inding and college or agaricutures. Even instructions. Enter the name, city, an	efil	e Pul	olic Visual	Render	ObjectId: 2	20243127934930	1863 - Subr	nission: 2024-	05-06	TIN: 61-0715630
ame of the organization Employer identification number (a1-071503) Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part 1 Reason for Public Charity Status (All organization spectrate organization is not a private foundation because it is: (for lines 1 brough 12, their single for more back) 1 A third, convention of durches, or association of durches described in section 170(b)(1)(A)(II). 2 A school described in section operated in conjunction with a hapital described in section 170(b)(1)(A)(II). 3 A hospital or a cooperative hospital service organization operated for the benefit of a college or university womed or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part IL) 6 A organization partication described in 320(b)(1)(A)(V). (Complete Part IL) 7 An organization that normally receives: a substanial part of its support form a governmental unit described in section 320(b)(1)(A)(V). (Complete Part IL) 8 A community trust described in section 170(b)(1)(A)(V). (Complete Part IL) 9 An arganization describer Part IL). 9 An arganization describer Part IL). 9 An arganization describer Part IL). 9 An organization anganized and operated exclusively to test for publ	SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service			nplete if the o	rganization is a sect 4947(a)(1) nonexe Attach to Form 9	a section	Open to Public			
Part I Reason for Public Charity Status (All organizations must complete this part). See instructions. a comparitation is a private foundation because it is (For lines 1 through 12, check only one box.) a A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 900).) A hongital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's mame, UX, and State: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). Complete Part II.) A norganization described in section 170(b)(1)(A)(iv). Complete Part II.) A norganization described in section 170(b)(1)(A)(iv). Readiant in the normality receiver; (1) more than 33: iv/# of its support from contributions, membership (es., and grass receipts from activities related to its eveport from constructions. How the hand (2) no more than 3: iv/# of its support from controbio (its.), section 3: 3: iv/# of its support from contributions					N					
ee organization is not a private foundation because it is: (for lines 1 through 12, check only one box.) A medical matching of the section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A comparised research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's and exclused in section 170(b)(1)(A)(iii). Complete Part II.) A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) A norganization that normally receives a substahel part of its support form a governmental unit of form the general public described i section 170(b)(1)(A)(V). (Complete Part II.) A norganization that normally receives a substahel part of its support form a governmental unit of result of the organization described in section 170(b)(1)(A)(V). (Complete Part II.) A norganization that normally receives a substahel part of its support form a governmental unit of results described in section 170(b)(1)(A)(V). (Complete Part II.) A norganization that normally receives a substahel part of its support form a governmental unit of results of the organization described in s20(b)(1)(A)(V). (Complete Part II.) A norganization that normally receives a substahel part of its support form a governmental unit of results of the organization and operated exclusively to results of the organization organized and operated exclusively to results and part college of particulture. See section 590(c)(2) see section 590(c)(2). A norganization organized and operated exclusively to results safety of the supporting organization and complete Part V). A norganization organized and operated exclusively to results and particultures. See section 590(c)(2). A norganization organized and operated exclusively to results and particultures. See section 590(c)(2). A norganization organized and operate	Pa	rt I	Reason	for Public	Charity Stat	us (All organization	s must comp	lete this part.) S		
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	3		A hospital	or a cooperat	tive hospital serv	vice organization descr	ibed in sectio	n 170(b)(1)(A)(iii).	
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organization organization in your governing document? monetary support (see instructions) other support (see instructions) Yes No yes Schedule A (Form 990) 202 Page 2 Page yes Page yes No yes Page 2 yes No yes Yes yes Yes yes Yes <td>g</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>una pizzation listed</td> <td>(a) Amount of</td> <td>(ui) Amount of</td>	g							una pizzation listed	(a) Amount of	(ui) Amount of
otal Image 2 Page 2 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support		(1)				organization (described on lines 1- 10 above (see			monetary support	other support (see
or Paperwork Reduction Act Notice, see the Instructions for pressure of the set							Yes	No		
or Paperwork Reduction Act Notice, see the Instructions for pressure of the set										
Page 2 Pa	ota	I								
Page Page Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support				tion Act No	tice, see the Iı	nstructions for	Cat. No. 112	85F	Schedule	A (Form 990) 202
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support						Pag	ge 2			
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support	Sche	dule A	(Form 990)	2022						D '
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support			. ,		e for Organiz	ations Described	in Sections	170(b)(1)(A)	(iv) and 170(b)(-
Section A. Public Support			(Compl	ete only if y	ou checked th	ne box on line 5, 7,	or 8 of Part 1	l or if the organi	zation failed to qua	
			A. Public							
	∵ale	ndar	VASP		I	•	•	I	•	ı

	ficed year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	fiscal year beginning in) b Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.").						
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						
	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)						
	Public support. Subtract line 5 from line 4.						
S	ection B. Total Support						
	lendar year • fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 instructio	ns)			12	
13	First 5 years. If the Form 990 is for the						ization, check
	this box and stop here					▶∪	
	ection C. Computation of Public Public support percentage for 2022 (lir		-	column (f))			
	Public support percentage for 2022 (in Public support percentage for 2021 Sci					14 15	
	33 1/3% support test—2022. If the						oox
104	and stop here. The organization quali						
b	33 1/3% support test—2021. If the	e organization did i	not check a box or	n line 13 or 16a, a	nd line 15 is 33 1/	3% or more, check	c this
17a	box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "fact	:—2022. If the org	anization did not	check a box on lin	e 13, 16a, or 16b	, and line 14 is 10	% or more,
	meets the "facts-and-circumstances" t						
b	10%-facts-and-circumstances tes more, and if the organization meets t	t-2021. If the or	ganization did not	check a box on li	ne 13, 16a, 16b, d	or 17a, and line 15	5 is 10% or
	meets the "facts-and-circumstances"						► 🗆
18			box on line 13, 16	ba, 16b, 17a, or 1			
	instructions						
	instructions		<u></u>	<u></u>			orm 990) 2022
	instructions		Page 3		<u> </u>		
	instructions				<u></u>		
Sche	edule A (Form 990) 2022				<u> </u>		
	edule A (Form 990) 2022 Part III Support Schedule fo	or Organization	Page 3 Page 3	1 Section 509(a)(2)	Schedule A (F	Form 990) 2022
	edule A (Form 990) 2022 Part III Support Schedule for (Complete only if you	or Organization checked the box	Page 3 TS Described in t on line 10 of P	1 Section 509(art I or if the or	a)(2) ganization faile	Schedule A (F	Form 990) 2022
F	edule A (Form 990) 2022 Part III Support Schedule for (Complete only if you the organization fails	or Organization checked the box	Page 3 TS Described in t on line 10 of P	1 Section 509(art I or if the or	a)(2) ganization faile	Schedule A (F	Form 990) 2022
F	edule A (Form 990) 2022 Part III Support Schedule for (Complete only if you	or Organization checked the box to qualify under	Page 3 ns Described in (on line 10 of P the tests listed	n Section 509(Part I or if the or below, please c	a)(2) ganization faile omplete Part II.	Schedule A (F d to qualify und)	Form 990) 2022 Page 3 er Part II. If
S Cal (or	edule A (Form 990) 2022 Part III Support Schedule for (Complete only if you the organization fails ection A. Public Support lendar year fiscal year beginning in)	or Organization checked the box	Page 3 TS Described in t on line 10 of P	1 Section 509(art I or if the or	a)(2) ganization faile	Schedule A (F	Form 990) 2022
F S Cal	edule A (Form 990) 2022 Part III Support Schedule for (Complete only if you the organization fails ection A. Public Support lendar year fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not	or Organization checked the box to qualify under	Page 3 ns Described in k on line 10 of P the tests listed (b) 2019	n Section 509(Part I or if the or below, please c	a)(2) ganization faile omplete Part II. (d) 2021	Schedule A (F d to qualify und) (e) 2022	Form 990) 2022 Page 3 er Part II. If
S Cal (or	edule A (Form 990) 2022 Part III Support Schedule for (Complete only if you the organization fails ection A. Public Support lendar year fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	or Organization checked the box to qualify under (a) 2018	Page 3 ns Described in k on line 10 of P the tests listed (b) 2019	art I or if the or below, please c	a)(2) ganization faile omplete Part II. (d) 2021	Schedule A (F d to qualify und) (e) 2022	Form 990) 2022 Page 3 er Part II. If (f) Total

I

organization's tax-exempt purpose
 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the

	organization's benefit and either paid to or expended on its behalf								
5	 The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	6,058,781	7,003,919	9,781,333	9,598,118	9	,566,012	42	,008,163
7a	Amounts included on lines 1, 2, and								0
b	3 received from disqualified persons Amounts included on lines 2 and 3								
D	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line	1,169,996	1,317,489	383,425	136,821		339,027	3	,346,758
	13 for the year.								
С	Add lines 7a and 7b.	1,169,996	1,317,489	383,425	136,821		339,027	3	,346,758
8	Public support. (Subtract line 7c from line 6.)							38	,661,405
Se	ection B. Total Support					1			
	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total	
(or 1 9	fiscal year beginning in) Amounts from line 6.	6,058,781	7,003,919	9,781,333	9,598,118		,566,012		,008,163
10a	Gross income from interest,	0,000,701	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	577 617888	570507110		,500,012		,000,100
	dividends, payments received on securities loans, rents, royalties and income from similar sources.	244,145	235,891	64,590	82,168		109,768		736,562
b	Unrelated business taxable income							-	
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
с	Add lines 10a and 10b.	244,145	235,891	64,590	82,168		109,768		736,562
11	Net income from unrelated business activities not included on line 10b, whether or not the business is				5,200				5,200
12	regularly carried on. Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part VI.).	1,234,150	196,806	21,899	32,411		96,527	1	,581,793
13	Total support. (Add lines 9, 10c, 11, and 12.).	7,537,076	7,436,616	9,867,822	9,717,897	9	,772,307	44	,331,718
14	First 5 years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth	tax year as a sect	ion 501(c)	(3) orga	nization, o	heck
	this box and stop here								
	ction C. Computation of Public						1		
15	Public support percentage for 2022 (I					15			7.210 %
16	Public support percentage from 2021					16		81	760 %
	ction D. Computation of Inves Investment income percentage for 20			line 13 column (f))	17	1		660.00
17 18	Investment income percentage for 2		., ,	, ,		17			660 % 2.150 %
10 19a							and line		
194	more than 33 1/3%, check this box an	•							
b	33 1/3% support tests—2021. If th								e 18 is
	not more than 33 1/3%, check this bo	x and stop here.	The organization	qualifies as a publ	icly supported or	janization		. 🕨 🗆	
20	Private foundation. If the organizat								
								orm 990) 2022
			Page 4						
Schee	dule A (Form 990) 2022								Page 4
Par	t IV Supporting Organization	ns							
	(Complete only if you checked	a box on line 12 d	,	,	<i>'</i>			,	
	box 12b, of Part I, complete S 12d, of Part I, complete Section			12c, of Part I, co	mplete Sections A	, D, and E	. If you	checked b	ox
Se	ction A. All Supporting Organiz								
								Yes	No
1	Are all of the organization's supported If "No," describe in Part VI how the s	supported organiza	ations are designa						
	describe the designation. If historic a	nu continuing rela	uonsnip, explain.					1	
2	Did the organization have any suppor $509(a)(1)$ or (2) ? If "Yes," explain in	Part VI how the o							
	described in section 509(a)(1) or (2).							2	
3a	Did the organization have a supported <i>3c below.</i>	d organization des	cribed in section 5	501(c)(4), (5), or	(6)? If "Yes," ans	wer lines 3		32	
h	Did the organization confirm that eac	h supported organ	ization qualified u	nder section 501(c)(4) (5) or (6)	and satisfi		3a	<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 organization made the determination.

3b

	Schedule A	(Form 990)	2022			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b				
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a				
с	Did a disqualified person (as defined on 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				
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	\vdash			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a				
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8				
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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7				
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6				
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	55 5c	<u> </u>			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	<u> </u>			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a				
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a				
Ľ	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.					

-				
	2			
- E	а	ч	C.	

Schedule A (Form 990) 2022 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the а governing body of a supported organization? 11a 11b b A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part 11c С VI. Section B. Type I Supporting Organizations Yes No Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly 1 appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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 Part VI how providing such benefit
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting
	organization.

Section C. Type II Supporting Organizations

1

2

Se	ection D. All Type III Supporting Organizations		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	
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 or management of the		

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

Section 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 year (see instructions):

- **a** _____ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ____ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c 🗍 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a 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? If "Yes" or "No", provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgani	izations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - 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):	1				
a	Average monthly value of securities	1a				
Ł	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
c	Total (add lines 1a, 1b, and 1c)	1d				

e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
-	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
T	Augusted net meetine for prori year (nom beetion v) me by column vy		
2	Enter 85% of line 1	2	
1 2 3		2 3	
	Enter 85% of line 1		
3	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
3 4	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4	
3 4 5	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	3 4 5 6	 anization (see

------ Page 7 --

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022				Page 7
Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (co	ntinued))
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	2			
3 Administrative expenses paid to accomplish exempt put	poses of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)		5	
6 Other distributions (<i>describe in Part VI</i>). See instruction	ins		6	_
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to whe details in Part VI). See instructions	ich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. 				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
 Applied to 2022 distributable amount 				
i Carryover from 2017 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D, line 7:				
a Applied to underdistributions of prior years				

<u> </u>	,		
b Applied to 2022 distributable amound	nt		
c Remainder. Subtract lines 4a and 4t	o from line 4.		
Remaining underdistributions for yea 2022, if any. Subtract lines 3g and If the amount is greater than zero, See instructions.	from line 2.		
Remaining underdistributions for 202 lines 3h and 4b from line 1. If the a than zero, <i>explain in Part VI</i> . See i	mount is greater		
Excess distributions carryover to 3j and 4c.	2023. Add lines		
Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
Section A, lines 1, 2, 3b, 3 Part IV, Section D, lines 2 a	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 Ind 3; Part IV, Section E, lines 1c,	11b, and 11c; Part IV, Section B 2a, 2b, 3a and 3b; Part V, line	Page 8 line 17a or 17b; Part III, line 12; Part IV, s, lines 1 and 2; Part IV, Section C, line 1; 1; Part V, Section B, line 1e; Part V for any additional information. (See
	Facts And Circ	cumstances Test	
Return Reference		Explanation	
		Explanation	Schedule A (Form 990) 2022
			Schedule A (Form 556) 2022
Additional Data			Return to Form

Software ID: Software Version:

efile Public Visual Rer	Ider Objectld: 202431279349301863 - Submission: 2024-05-06		TIN: 61-0715630
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	 Attach to Form 990, 990-EZ, or 990-PF. Go to <u>www.irs.gov/Form990</u> for the latest information. 		2022
Name of the organization NEW DIRECTIONS HOUS		Employer id	entification number
		61-0715630	
Organization type (cho	eck one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private found	ation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ı	
	501(c)(3) taxable private foundation		

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., the year for an *exclusively* religious, charitable, etc., purpose.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions	
for Form 990, 990-EZ, or 990-PF.	

Cat. No. 30613X

Page 2

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Page 2

DESTRUCTED	Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
EBSTRECTED	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Name, address, and ZIP + 4 Total contributions (d) (a) Name, address, and ZIP + 4 Total contributions Type of contributions (b) Person Payroll Payroll (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Person (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions (b) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Person	RESTRICTED		\$ RESTRICTED	Payroll
(a) Name, address, and ZIP + 4 Total contributions Type of contributions ·		,		(Complete Part II for noncash
image:	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No. Name, address, and ZIP + 4 Total contributions (c) Type of contribution .			\$_	Payroll Noncash (Complete Part II for noncash
.	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	
No. Name, address, and ZIP + 4 Total contributions Type of contribution .	-		\$\$	Payroll Noncash (Complete Part II for noncash
. .	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No. Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution .	-		\$\$	Payroll Noncash (Complete Part II for noncash
. .	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	,
(a) No. (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution - - Person Payroll - - \$ Noncash (Complete Part II for noncash (Complete Part II for noncash	-		\$	Payroll Noncash (Complete Part II for noncash
Bayroll Payroll Noncash (Complete Part II for noncash	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
contributions.)	-		\$	Payroll Noncash (Complete Part II for noncash

Page 3

Schedule E	3 (Form 990) (2022)		Page 3
Name of org	ganization TIONS HOUSING CORPORATION	Employer identificatio 61-0715630	n number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received

(a) No. from Part I (a) No. from Part I	(b)		\$	
No. from Part I 	(b)			
No. from Part I - - (a) No. from	(b)			
No. from	Description of noncash pr		(c) / (or estimate) ee instructions)	(d) Date received
No. from			\$	
	(b) Description of noncash pr		(C) / (or estimate) ee instructions)	(d) Date received
. -			\$	
(a) No. from Part I	(b) Description of noncash pr		(C) / (or estimate) ee instructions)	(d) Date received
			\$	
(a) No. from Part I	(b) Description of noncash pr		(C) / (or estimate) ee instructions)	(d) Date received
			\$	
(a) No. from Part I	(b) Description of noncash pr		(C) / (or estimate) ee instructions)	(d) Date received
. -			\$	
				Schedule B (Form 990) (2022
		———— Page 4 ————		
Schedule B (Form 990) (2022)			Page
Name of orga NEW DIRECTI	nization ONS HOUSING CORPORATION		Employer identi	ification number
Part III F	xclusively religious, charitable, etc., contril	utions to exercise tions described in	61-0715630	or (10) that total mara
th or ye	than \$1,000 for the year from any one contril rganizations completing Part III, enter the to ear. (Enter this information once. See instru- se duplicate copies of Part III if additional space	outor. Complete columns (a) through (otal of e <i>xclusively</i> religious, charitable ctions.) ► \$	e) and the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held
╴╞╼		(e) Transfer of gift		

-	Iransferee's name, address, and ZIF	A Relationsh	np of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. –			
	Transferee's name, address, and ZIF	(e) Transfer of gift P 4 Relationsh	nip of transferor to transferee
	Ι		Τ

No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =			=
	Transferee's name, address, a	e) Transfer of gift Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	 (c) Use of gift	(d) Description of how gift is held
· =	Transferee's name, address, al	e) Transfer of gift Relati	onship of transferor to transferee
=			
			Schedule B (Form 990) (2022)

Additional Data

Return to Form

Software ID: Software Version:

efi	le Public Visua	I Render	ObjectId: 2024312	279349301863 - Su	bmission: 2024	-05-0	6	TIN: 61-0715630
SC	HEDULE D		Supplamar	ntal Financial S	Statomonte			OMB No. 1545-0047
	m 990) tment of the Treasury	l	 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. 					2022 Open to Public
Interna	al Revenue Service		o to <u>www.irs.gov/Forn</u>	1990 for instructions a	nd the latest info			Inspection
	me of the organi W DIRECTIONS HOUS		ON			Emp	oloyer ident	ification number
					<u></u>		0715630	
Pa			ntaining Donor Advi anization answered "Ye			or Acc	counts.	
		<u></u>		(a) Donor advi			(b) Funds a	nd other accounts
1	Total number at e	end of year .						
2			ns to (during year)					
3	Aggregate value	-						
4			••••					
5			donors and donor adviso t to the organization's ex				funds are the	🗆 Yes 🗌 No
6	charitable purpo	oses and not fo	grantees, donors, and do r the benefit of the donor	or donor advisor, or for	any other purpose of			sible
Ра		vation Ease		o" on Form 000 Dort	IV line 7			
1			anization answered "Ye sements held by the orga					
-			public use (e.g., recreation	`	Preservation of an	histor	ically importa	ant land area
		of natural hab			Preservation of a			
	\square	on of open spa			Freservation of a v	certifie		letare
2			if the organization held a	qualified conservation co	ontribution in the fo	rm of a	conservatio	n
-	easement on the							he End of the Year
а	Total number of	conservation e	easements			2a		
b	Total acreage res	stricted by con	servation easements			2b		
С			nents on a certified histori			2c		
d			nents included in (c) acqu National Register	ired after July 25, 2006,	and not on a	2d		
3			nents modified, transferre	ed, released, extinguishe	d, or terminated by	the org	ganization du	ring the
4		s where prope	erty subject to conservation	on easement is located >				
5			written policy regarding th			of viola	- ations.	
	and enforcemen	t of the conse	rvation easements it hold	s?	• •			Yes No
6	<u>۲</u>		5, 1	5, 5	. 5			5 ,
7	Amount of expenses	nses incurred	in monitoring, inspecting,	handling of violations, a	nd enforcing conser	vation	easements d	uring the year
8			nent reported on line 2(d)			70(h)(Yes 🗌 No
9	balance sheet, a	and include, if	organization reports cons applicable, the text of the for conservation easemen	footnote to the organiza	s revenue and expe ation's financial state	nse sta ements	atement, and that describ	es
Par	t III Organiz	zations Mai	ntaining Collections anization answered "Ye	of Art, Historical Tr		er Si	milar Asse	ts.
1a	historical treasu	res, or other s	permitted under FASB AS imilar assets held for pub ote to its financial statem	lic exhibition, education,	or research in furth			
b		res, or other s	permitted under FASB AS imilar assets held for pub these items:					
(00, Part VIII, line 1				▶\$	
			Part X					
2	If the organizati	on received or	held works of art, histori be reported under FASB	cal treasures, or other si	milar assets for fina			the
а	Revenue include	ed on Form 990), Part VIII, line 1				. ►\$	
b			Part X					

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

che	dule D	(Form 990) 2022									Page 2
	t III	Organizations Maintaining Co	llections of Art.	Histori	cal Trea	sures, o	r Other	Similar A	ssets (con	tinued)	Page i
3	Using	g the organization's acquisition, accessio									
а	items	s (check all that apply): Public exhibition		d	🗆 Lo	an or exch	ange prog	rams			
b		Scholarly research		e	_		5 1 5				
с		-									
		Preservation for future generations			c		,				
4	Provi Part 2	de a description of the organization's co XIII.	llections and explain	n how the	ey further	the organiz	zation's ex	empt purp	ose in		
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than to									
Par	rt IV	Escrow and Custodial Arrange	ements.	-					U Yes		lo
		Complete if the organization ansuline 21.		orm 990	, Part IV,	line 9, or	r reporte	d an amou	unt on Forr	n 990,	Part X,
1a		e organization an agent, trustee, custod									
	inclu	ded on Form 990, Part X?							🗌 Yes		lo
b	ĭf "V∕	es," explain the arrangement in Part XII:	I and complete the t	following	table				Amount		
c		nning balance	·	-			1c	-			_
d	5	tions during the year					1d				_
e		ibutions during the year					1e				
f		ng balance					 1f				
		-							0	0	
2a		he organization include an amount on Fe							_		lo
b		es," explain the arrangement in Part XIII	. Check here if the	explanati	on has be	en provide	d in Part X	III	. U		
Pa	rt V	Endowment Funds. Complete if the organization answ	wered "Yes" on Fo	orm 990	, Part IV,	line 10.					
_			(a) Current year	(b) F	rior year	(c) Two y	ears back	(d) Three ye	ears back (e)) Four yea	ars back
	-	ning of year balance				-					
		butions				-					
		vestment earnings, gains, and losses				-					
d	Grante	ar achalarching									
	Grants	s or scholarships									
	Other	expenditures for facilities ograms									
	Other and pr	expenditures for facilities									
f	Other and pr Admin	expenditures for facilities ograms									
f g 2	Other and pr Admin End of Provi	expenditures for facilities ograms istrative expenses	ent year end balanc	ce (line 1	g, column	(a)) held a	as:				
f	Other and pr Admin End of Provi Board	expenditures for facilities ograms istrative expenses year balance de the estimated percentage of the curr	ent year end balanc	ce (line 1	g, column	(a)) held a	as:				
f g 2 a	Other and pr Admin End of Provi Board Perm	expenditures for facilities ograms istrative expenses year balance de the estimated percentage of the curr d designated or quasi-endowment	ent year end balanc	ce (line 1	g, column	(a)) held a	as:				
f g 2 a b	Other and pr Admin End of Provi Board Perm Term	expenditures for facilities ograms istrative expenses year balance de the estimated percentage of the curr d designated or quasi-endowment		ce (line 1	g, column	(a)) held a	35:				
f g a b c	Other and pr Admin End of Provi Board Perm Term The p Are t	expenditures for facilities ograms istrative expenses year balance de the estimated percentage of the curr d designated or quasi-endowment anent endowment endowment percentages on lines 2a, 2b, and 2c show here endowment funds not in the posse	uld equal 100%.					· the			
f g a b c	Other and pr Admin End of Provi Board Perm Term The p Are t organ	expenditures for facilities ograms istrative expenses year balance de the estimated percentage of the curr d designated or quasi-endowment anent endowment endowment percentages on lines 2a, 2b, and 2c show here endowment funds not in the posse nization by:	uld equal 100%.					the		Yes	No
f g a b c	Other and pr Admin End of Provi Board Perm Term The p Are t organ (i) U	expenditures for facilities ograms	uld equal 100%. ssion of the organiz					• the	3a(ii 33(ii)	No
f g a b c	Other and pr Admin End of Provi Board Perm Term The p Are t organ (i) U (ii) F	expenditures for facilities ograms istrative expenses year balance de the estimated percentage of the curr d designated or quasi-endowment anent endowment endowment endowment percentages on lines 2a, 2b, and 2c show here endowment funds not in the posse nization by: nrelated organizations	uld equal 100%. ssion of the organiz	ation tha	t are held	and admin		the	3a(ii)	No
f g a b c 3a b	Other and pr Admin End of Provi Board Perm Term The p Are t organ (i) U (ii) F If "Ye	expenditures for facilities ograms	uld equal 100%. ssion of the organiz	ation tha	t are held dule R?	and admin		• the)	No
f g b c 3a b	Other and pr Admin End of Provi Board Perm Term The p Are t orgar (i) U (ii) F If "Ye Desci	expenditures for facilities ograms istrative expenses year balance de the estimated percentage of the curr d designated or quasi-endowment endowment endowment percentages on lines 2a, 2b, and 2c show here endowment funds not in the posse nization by: Inrelated organizations Related organizations es" on 3a(ii), are the related organization ribe in Part XIII the intended uses of the	uld equal 100%. ssion of the organiz ns listed as required e organization's end	ation tha	t are held dule R?	and admin		the	3a(ii)	No
f g b c 3a b	Other and pr Admin End of Provi Board Perm Term The p Are t organ (i) U (ii) F If "Ye	expenditures for facilities ograms	uld equal 100%. ssion of the organize ns listed as required organization's end nt. wered "Yes" on Fo	ation tha I on Sche owment f	t are held dule R? funds.	and admin	istered for		3a(ii . 3b)	No
f g b c Ba b	Other and pr Admin End of Provi Board Perm Term The p Are t orgar (i) U (ii) F If "Ye Descr Tt VI	expenditures for facilities ograms istrative expenses year balance de the estimated percentage of the curr d designated or quasi-endowment endowment endowment percentages on lines 2a, 2b, and 2c show here endowment funds not in the posse nization by: Inrelated organizations Related organizations es" on 3a(ii), are the related organization ribe in Part XIII the intended uses of the Land, Buildings, and Equipme	uld equal 100%. ssion of the organizations listed as required e organization's end nt. wered "Yes" on For her basis (b) Cor	ation tha I on Sche owment f	t are held dule R? funds.	and admin	istered for	 n 990, Pa	3a(ii 3b)	
f g a b c 3a b 4 Pai	Other and pr Admin End of Provi Board Perm Term The p Are t orgar (i) U (ii) F If "Ye Descr	expenditures for facilities ograms istrative expenses year balance de the estimated percentage of the curr d designated or quasi-endowment endowment endowment endowment percentages on lines 2a, 2b, and 2c show here endowment funds not in the posse nization by: Inrelated organizations Related organizations es" on 3a(ii), are the related organization ribe in Part XIII the intended uses of the Land, Buildings, and Equipme Complete if the organization ansy iption of property (a) Cost or ot	uld equal 100%. ssion of the organizations listed as required e organization's end nt. wered "Yes" on For her basis (b) Cor	ation tha I on Sche owment f	t are held dule R? funds. , Part IV,	and admin	istered for	 n 990, Pa	3a(ii 3b)) .0. Book valu	e
f g a b c 3a b t Pai	Other and pr Admin End of Provi Board Perm Term The p Are t orgar (i) U (ii) F If "Ye Descr rt VI Descr Land	expenditures for facilities ograms	uld equal 100%. ssion of the organizations listed as required e organization's end nt. wered "Yes" on For her basis (b) Cor	ation tha I on Sche owment f	t are held dule R? funds. , Part IV, basis (othe	and admin	istered for	 n 990, Pa	3a(ii 3b)) .0. Book valu	e
f g a b c 3a b t Pai	Other and pr Admin End of Provi Board Perm Term The p Are t orgar (i) U (ii) F If "Ye Descr t VI Descr Land Buildir	expenditures for facilities ograms	uld equal 100%. ssion of the organizations listed as required e organization's end nt. wered "Yes" on For her basis (b) Cor	ation tha I on Sche owment f	t are held dule R? funds. <u>, Part IV,</u> basis (othe	and admin	istered for	n 990, Pa	3a(ii 3b)) .0. Book valu	e
f g b c Ba b t Pai	Other and pr Admin End of Provi Board Perm Term The p Are t orgar (i) U (ii) F If "Ye Descr t VI Descr Land Buildin Leasef	expenditures for facilities ograms	uld equal 100%. ssion of the organizations listed as required e organization's end nt. wered "Yes" on For her basis (b) Cor	ation tha I on Sche owment f	t are held dule R? funds. <u>, Part IV,</u> basis (othe	and admin	istered for	m 990, Pa epreciation 14,475,606	3a(ii 3b)) .0. Book valu	e .,990,63 ²
f g b c 3a b 4 Pai	Other and pr Admin End of Provi Board Perm Term The p Are t orgar (i) U (ii) F If "Ye Descr Id VI Descr Land Buildir Leaser Equipr	expenditures for facilities ograms	uld equal 100%. ssion of the organizations listed as required e organization's end nt. wered "Yes" on For her basis (b) Cor	ation tha I on Sche owment f	t are held dule R? funds. , Part IV, basis (othe 1,990,6 23,624,3	and admin	istered for	n 990, Pa	3a(ii 3b)) .0. Book valu	

Page 3	
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Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" on Form 990, I				
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of va or end-of-year r	
1) Financial derivatives 2) Closely-held equity interests				
3)Other				
A)				
В)				
C)				
D)				
E)				
F)				
G)				
Н)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, I		line 11c. See Fo	rm 990, Part X	, line 13.
(a) Description of investment	,	(b) Book value	(c) Meth	nod of valuation: of-year market value
1)				,
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets.				Res 15
Complete if the organization answered 'Yes' on Form 990, P (a) Description	art IV, li	ine 11a. See For	m 990, Part X,	line 15. (b) Book value
1)				
2)				
3)				
4)				

Part X	Other Liabilities.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 9	90, Part X, line 25.
1.	(a) Description of liability	(b) Book value

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Т

.

Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)

(6) (7) (8) (9)

(1) reverai income taxes		
TENANT SECURITY DEPOSITS		72,144
FSS LIABILITY		38,650
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	110,794
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the	e organization's financial statements that	reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if t	he text of the footnote has been provide	ed in Part XIII 🛛 🔽

Schedule	D	(Form	990)	2022

	Page 4				
chedule D (Form 990) 202	2				Page 4
Part XI Reconcilia	tion of Revenue per Audited Financial St the organization answered 'Yes' on Form 990			per Return.	Page 4
	and other support per audited financial statements			1	
Amounts included on	line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains	(losses) on investments	2a			
b Donated services and	use of facilities	2b			
c Recoveries of prior ye	ear grants	. 2c			
d Other (Describe in Pa	rt XIII.)	2d			
e Add lines 2a through	2d	· · ·		. 2e	
Subtract line 2e from	line 1			3	
Amounts included on	Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses	not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Pa	rt XIII.)	4b			
c Add lines 4a and 4b				4c	
Total revenue. Add lir	nes 3 and 4c. (This must equal Form 990, Part I, lir	ne 12.) .		5	
Complete if	tion of Expenses per Audited Financial S the organization answered 'Yes' on Form 990		•	•	
•	sses per audited financial statements			1	
Amounts included on	line 1 but not on Form 990, Part IX, line 25:				
a Donated services and	use of facilities	2a			
Prior year adjustment	ts	2b			
d Other (Describe in Pa	rt XIII.)	2d			
5	2d			2e	
Subtract line 2e from	line 1			3	
	Form 990, Part IX, line 25, but not on line 1:		1		
a Investment expenses	not included on Form 990, Part VIII, line 7b .				
	rt XIII.) • • • • • • • • • • • • •	4b			
				4c	
·	ines 3 and 4c. (This must equal Form 990, Part I, I	line 18.) .		5	
Part XIII Supplem	ental Information				
	equired for Part II, lines 3, 5, and 9; Part III, lines 1 XII, lines 2d and 4b. Also complete this part to prov			o; Part V, line 4; Part	X, line 2; Part XI,
Return	Reference		Explana	tion	
ART X, LINE 2:	SERVICE INDICATIN SECTION 501(C)(3) FOUNDATION. ACCO ACCOMPANYING COI UNCERTAIN INCOME DEFINED IN THE AS(G THAT IT I AND IS CLA RDINGLY, N NSOLIDATE TAX POSIT C. NO LIAB	IS EXEMPT FROM INC ASSIFIED AS AN ORG NO PROVISION FOR I D FINANCIAL STATEM TONS USING THE "M	COME TAXES UNDER I ANIZATION THAT IS NCOME TAXES IS INC 4ENTS. THE ORGANIZ ORE-LIKELY-THAN-NC N TAX POSITIONS HA	LUDED IN THE

Additional Data

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Software ID: Software Version:

efile Public Visual R	ender	ObjectId: 20	243127	934930	1863 - Submissio	on: 2024-0	5-06	TIN: 61-0715630		
SCHEDULE G		elaguZ	ment	al Inf	ormation Reg	arding		OMB No. 1545-0047		
(Form 990)	Coi	Fund mplete if the organiza		1 g or ered "Yes"	Gaming Acti on Form 990, Part IV, lin	vities es 17, 18, or 1		2022		
Department of the Treasury Internal Revenue Service			► Atta	ch to Form	n \$15,000 on Form 990-I 990 or Form 990-EZ. instructions and the late			Open to Public Inspection		
Name of the organization NEW DIRECTIONS HOUSIN	IG CORPO	RATION					Employer id	entification number		
							61-0715630			
	-	t ies. Complete if re not required t	-		n answered "Yes" or part	1 Form 990	, Part IV, line	17.		
_		•			following activities. Ch	eck all that a	vlaa			
a 🗌 Mail solicitations				, (e Solicitation of					
b 🗌 Internet and ema	ail solicitat	ions			f 🗌 Solicitation of	government	grants			
c 🗌 Phone solicitation	IS			9	g 🗌 Special fundrai	sing events				
d 🗌 In-person solicita	In-person solicitations									
5				,	vidual (including office	,	,			
					on with professional fu pursuant to agreeme		\cup 1	res 🗆 No		
b If "Yes," list the 10 r to be compensated a	at least \$5	,000 by the organi	zation.		pursuant to agreeme	its under wi				
(i) Name and address of i or entity (fundraise		(ii) Activity	fundrai cust) Did iser have ody or	(iv) Gross receipts from activity	(or r fundra	nount paid to etained by) aiser listed in	(vi) Amount paid to (or retained by) organization		
			contri	trol of butions?			col. (i)			
			Yes	No						
Total				.►						
3 List all states in which licensing.	the organ	ization is registered	d or licen	sed to so	licit contributions or h	as been notif	ied it is exempt	from registration or		
For Paperwork Reduction A	ct Notice, s	see the Instructions	for Form	990 or 99	0-EZ. Cat.	No. 50083H	5	Schedule G (Form 990) 2022		
				— Ра	age 2					
Schedule G (Form 990) 20								Page 2		
than \$15,0	00 of fun							3, or reported more 6b. List events with		

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		I IRISE GALA (event type)	(event type)	(total number)	col. (c))
lue					
Revenue					
R					
	1 Gross receipts	77,312			77,312
	2 Less: Contributions	32,562			32,562
	3 Gross income (line 1 minus line 2)	44,750			44,750
	4 Cash prizes				
s	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs	7,680			7,680
Expe	7 Food and beverages	29,718			29,718
ect	8 Entertainment	2,300			2,300
Din	9 Other direct expenses	44,011			44,011
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		🕨	83,709
	11 Net income summary. Subtract line 10		· · · · · · ·	· · · · •	-38,959
Par	t III Gaming. Complete if the orga on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	IV, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Re	1 Gross revenue				
nses	2 Cash prizes				
Expe	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
Ω	5 Other direct expenses				
	6 Volunteer labor	☐ Yes%_	□ Yes%	☐ Yes%	
		Νο	□ No	Νο	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		🕨	
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)	🕨	
9	Enter the state(s) in which the organizati				
a b	Is the organization licensed to conduct ga If "No," explain:				🗆 Yes 🗌 No
5					
10a	Were any of the organization's gaming lic				
b	If "Yes," explain:				
				S	chedule G (Form 990) 2022

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Sche	dule G (Form 990) 2022					Pa	age 3
11	Does the organization conduct g	aming activities with nonmember	s?		🗌 Yes		
12			member of a partnership or other entity		Yes		
13	Indicate the percentage of gami	ng activity conducted in:					
а	The organization's facility .			. 13a			%
b	An outside facility			. 13b			%
14	Enter the name and address of t	he person who prepares the orga	nization's gaming/special events books a	nd records:			
	Name 🕨 👘						
15a	Does the organization have a co	ntract with a third party from who	om the organization receives gaming				
b	If "Yes," enter the amount of ga	ming revenue received by the org ned by the third party \blacktriangleright \$	anization 🕨 \$ a	nd the			
с	If "Yes," enter name and addres	s of the third party:					
	Name 🕨 👘						
	Address 🕨						
16	Name 🕨	▶ \$					
	Carming manager compensation	Γ Ψ <u></u>					
	Description of services provided	▶					·
	Director/officer	Employee	Independent contractor				
17	Mandatory distributions:						
а	5		stributions from the gaming proceeds to		🗌 Yes	No	
b	Enter the amount of distribution	s required under state law distribu	uted to other exempt organizations or sp	ent	0 100		
		t activities during the tax year \blacktriangleright					
Pai			ions required by Part I, line 2b, colu licable. Also provide any additional i				•
	Return Reference		Explanation				
			S	chedule G (Fo	orm 990) 2	022	

Additional Data

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efile Public Visual Render ObjectId: 202431279349301863 - Submission: 2024-05-06 TIN							TIN:	TIN: 61-0715630				
	dule J		Co	mpensat	ion Informatio	on		OMB	No. 1545	-0047		
(Form 99	90) it of the Treasury	► Co	mplete if the orga	Compensa nization answ Attach	Trustees, Key Employe ated Employees vered "Yes" on Form S to Form 990. instructions and the	990, Part IV,	line 23.		02			
Internal Rev	venue Service							Ir	specti	on		
Name NEW DI	of the organiza IRECTIONS HOUS	ation ING CORPORAT	ION				Employer ider	ntification	numbe	er		
							61-0715630					
Part	I Questio	ons Regard	ing Compensati	on								
					f the following to or for a y relevant information r				Ye	5 No		
C	First-class	or charter tra	avel		Housing allowance or r	residence for	personal use					
C	Travel for	companions			Payments for business							
C	Tax idemn	ification and g	gross-up payments		Health or social club de	ues or initiatio	on fees					
C	Discretion	ary spending	account		Personal services (e.g.	., maid, chauf	feur, chef)					
					follow a written policy r ve? If "No," complete Pa			. 1	ь			
2 Di di	id the organiza irectors, truste	tion require s es, officers, in	ubstantiation prior t cluding the CEO/Ex	o reimbursing ecutive Directo	or allowing expenses inc r, regarding the items cl	curred by all hecked on Lin	e 1a?		2			
or	rganization's C	EO/Executive	Director. Check all t	hat apply. Do r	ed to establish the comp not check any boxes for CEO/Executive Director,	methods						
C	Compensa	tion committe	ee		Written employment co	ontract						
C	Independence	ent compensa	tion consultant		Compensation survey	or study						
C	Form 990	of other orga	nizations	✓	Approval by the board	or compensation	tion committee					
	uring the year, elated organiza		on listed on Form 99	0, Part VII, Se	ction A, line 1a, with res	spect to the fil	ling organizatior	ı or a				
a Re	eceive a severa	ance payment	or change-of-contro	ol payment? .				4	a	No		
b Pa	articipate in, or	receive payn	nent from, a suppler	nental nonqual	ified retirement plan? .			. 4	b	No		
					nsation arrangement? . Ilicable amounts for eac		 III.	. 4	c	No		
5 Fo	or persons liste	d on Form 99			must complete lines ! the organization pay or							
a Th	he organizatior	1?						5	а	No		
			cribe in Part III.					5	b	No		
			0, Part VII, Section he net earnings of:	A, line 1a, did	the organization pay or	accrue any						
a Th	he organizatior	ı?							а	No		
								6	b	No		
If	"Yes," on line	6a or 6b, deso	cribe in Part III.									
pa	ayments not de	escribed in line	es 5 and 6? If "Yes,"	describe in Pa	the organization provide rt III		1 · · · ·	:	,	No		
SL	lere any amour ubject to the in Part III	nts reported o itial contract o	exception described	I, paid or accur in Regulations	red pursuant to a contra section 53.4958-4(a)(3	act that was)? If "Yes," de	escribe		3	No		
					presumption procedure							
			tice, see the Instr			Cat. No. 5		dule J (Fo	orm 990) 2022		

Page 2 -----

Schedule J (Form 990) 2022								Page 2
Part II Officers, Directors, Trustees, Key Employees, and								
For each individual whose compensation must be reported on Schedule J, reprint tructions, on row (ii). Do not list any individuals that are not listed on Form Note. The sum of columns $(B)(i)$ -(iii) for each listed individual must equal the	n 990	, Part VII.	-		-			vidual.
(A) Name and Title			of W-2, 1099-MIS and/or 1099-NEC		and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 LORI FLANERY PRESIDENT/CEO	(i)	182,631	0	0	5,561	2,750	190,942	0
	(ii)	0	0	0	0	0		0
2 BRIDGETTE JOHNSON COO	(i)	156,822	0	0	3,731	7,453	168,006	0
	(ii)	0	0	0	0	0	 - 0	0

					1					
								S	chedule J (F	orm 990) 2022
					Page 3					
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		nformation ion, or descriptions required for Part I	I, lines 1a	, 1b, 3, 4a, 4b, 4c,	, 5a, 5b, 6a, 6b, 7,	and 8, and for Part II.	Also complete t	nis part for any	additional info	rmation.
Return Ref	ference		•		E	xplanation				
								S	chedule J (F	orm 990) 2022
Additional Da	ata								Ret	urn to Form
		Softwa	are ID:							
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efile Public	Visual	Render ObjectId: 2	20243	12793493	01863 - Su	bmission: 20	24-05-06			L-0715630 . 1545-0047
SCHEDUL	ΕO	Supplemen	ntal I	nformat	tion to F	orm 990 c	or 990-E	Z		
(Form 990)		Complete to pr				es to specific qu Iditional inform		1	 20	JZZ
Department of the Trea Internal Revenue Serv			•	Attach to F	orm 990 or 9	90-EZ.				to Public
Name of the org			www.	<u>Irs.gov/Fori</u>	<u>1990</u> for the	latest informa		over identi		pection umber
NEW DIRECTIONS							-	15630		
Detum					Evalenci	ti e re	01 07	15050		
Return Reference					Explana	tion				
FORM 990,	-	990 IS REVIEWED BY THE								EASURER,
PART VI, SECTION B,	WHICH	I IS COMPRISED OF BOAF	RD ME	MBERS AND	LED BY AN (OFFICER OF TH	E BOARD, I	TS TREAS	JRER.	
LINE 11B										
FORM 990,		DIRECTIONS HOUSING CO						-		
PART VI, SECTION B,		LIANCE WITH THE CONFL W, OFFICERS, DIRECTOR								
LINE 12C		EST FOR REVIEW BY THE								
FORM 990,		AL REVIEWS AND COMPE								
PART VI, SECTION B,		D CHAIR. ANNUAL REVIEV E PRESIDENT AND CEO.	VS ANL	D COMPENS	ATION ADJUS	SIMENTSFOR	TOP EXECU	IIIVE STAF	F ARE CC	DNDUCTED
LINE 15										
FORM 990,		RGANIZATION MAKES ITS					EREST PO	LICY AND F	INANCIA	L
PART VI, SECTION C,	SIALE	MENTS AVAILABLE TO TH	E PUB	LIC UPON W	RILLEN REQ	UE31.				
LINE 19	1									

Additional Data

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Cat. No. 51056K

Schedule O (Form 990) 2022

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SCHEDULE R (Form 990)	OMB No. 19	омв №. 1545-0047 2022					
Department of the Treasury		nization answered "Yes" o Attach to For <u>w.irs.gov/Form990</u> for ins	rm 990.			Open to Inspec	
Internal Revenue Service Name of the organization NEW DIRECTIONS HOUSING CORPOR	ATION					ntification number	
Part I Identification	of Disregarded Entities. Complete	if the organization answer	ed "Yes" on Form	990, Part IV, line	61-0715630 33.		
	(a) f applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1) NEW DIRECTIONS HOUSING DE 1617 MAPLE STREET LOUISVILLE, KY 40210	VELOPMENT LLC	HOUSING DEVELOPMENT	KY	0	0	NEW DIRECTIONS HOUSING CORPORATION	
61-0715630 (2) BRANDEIS APTS LLC 1617 MAPLE STREET LOUISVILLE, KY 40210 (1.0715720		HOUSING DEVELOPMENT	KY	511,805	88,481	NEW DIRECTIONS HOUSING CORPORATION	
61-0715630 (3) NDHC DEVELOPMENT LLC 1617 MAPLE STREET LOUISVILLE, KY 40210 61-0715630		HOUSING DEVELOPMENT	KY	0	0	NEW DIRECTIONS HOUSING CORPORATION	
(4) NEW DIRECTIONS PORTLAND LL 1617 MAPLE STREET LOUISVILLE, KY 40210 61-0715630	c	HOUSING DEVELOPMENT	KY	0	0	NEW DIRECTIONS HOUSING CORPORATION	
(5) SMOKETOWN HOUSING IMPROV 1617 MAPLE STREET LOUISVILLE, KY 40210 61-0715630	EMENT CORPORATION	HOUSING DEVELOPMENT	KY	0	0	NEW DIRECTIONS HOUSING CORPORATION	
(6) SMOKETOWN APT LLC 1617 MAPLE STREET LOUISVILLE, KY 40210 61-0715630		HOUSING DEVELOPMENT	KY	204,128	433,148	NEW DIRECTIONS HOUSING CORPORATION	
(7) DIRECTIONS APARTMENTS LLC 1617 MAPLE STREET LOUISVILLE, KY 40210 38-3667214		HOUSING DEVELOPMENT	KY	974,775	2,386,697	NEW DIRECTIONS HOUSING CORPORATION	
(8) SHAWNEE APARTMENTS LLC 1617 MAPLE STREET LOUISVILLE, KY 40210 61-1437301		HOUSING DEVELOPMENT	KY	350,031	3,151,726	NEW DIRECTIONS HOUSING CORPORATION	
(9) RUSSELL APARTMENTS LLC 1617 MAPLE STREET LOUISVILLE, KY 40210 38-3667197		HOUSING DEVELOPMENT	KY	1,865,566	3,898,283	NEW DIRECTIONS HOUSING CORPORATION	
(10) REESER COURT APTS LLC 1617 MAPLE STREET LOUISVILLE, KY 40210 61-0715630		HOUSING DEVELOPMENT	KY	486,534	1,752,479	NEW DIRECTIONS HOUSING CORPORATION	
	f Related Tax-Exempt Organization pt organizations during the tax year.	ons. Complete if the organ	nization answered	"Yes" on Form 99	0, Part IV, line 34	because it had one or m	nore
	(a) IN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b (13) controlled entity?
(1)ST BENEDICTS CENTER FOR EAR 946 S 25TH ST	LY CHILDHOOD EDUCATION INC	EARLY CHILD DEVELOPMENT	KY	501(C)(3)	LINE 10	NEW DIRECTIONS HOUSING CORPORATION	Yes No No
LOUISVILLE, KY 40210 61-0719980 (2)NEW VISION RESIDENTIAL SERV		HOUSING DEVELOPMENT	KY	501(C)(3)	LINE 10	NEW DIRECTIONS HOUSING	No
LOUISVILLE, KY 40210 61-1384613		HOUSING DEVELOPMENT	NI	501(C)(3)	LINE IU	CORPORATION	NO
(3)ST JOHN GARDENS INC 1617 MAPLE STREET LOUISVILLE, KY 40210		HOUSING DEVELOPMENT	KY	501(C)(3)	LINE 10	NEW DIRECTIONS HOUSING CORPORATION	No
61-1098737 (4)ROOSEVELT SENIOR HOUSING IN 1617 MAPLE STREET	NC	HOUSING DEVELOPMENT	KY	501(C)(3)	LINE 10	NEW DIRECTIONS HOUSING CORPORATION	No
LOUISVILLE, KY 40210 87-3339342							
For Paperwork Reduction Act	Notice, see the Instructions for Form		Cat. No. 5013	5Y		Schedule R (Form 9	90) 2022
Schedule R (Form 990) 2022							Page 2
	f Related Organizations Taxable a ted organizations treated as a partner	ship during the tax year.		nion answered "Ye	s on Form 990, F		ic nad
	(a) address, and EIN of ted organization	(b) (c) Primary activity domicile (state or foreign country)	rect controlling Pred entity incom uni exclude unde	(e) (f) Iominant lee(related, r sections 2-514)	(g) (h) Share of end-of- year assets	ionate Code V-UBI General or amount in managing box 20 of Schedule K-1 (Form 1065)	
(1) JACKSON WOODS APARTMENTS 1617 MAPLE STREET	LLLP	HOUSING KY N/A DEVELOPMENT	۵,		Yes	No Yes No	

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LOUISVILLE, KY 40210 26-4409928									
(2) ST WILLIAM APARTMENTS LLLP	HOUSING DEVELOPMENT	KY	N/A			No	Yes		
1617 MAPLE STREET LOUISVILLE, KY 40210 26-3590854	DEVELOPMENT								
(3) WOODBOURNE HOUSE APARTMENTS LLLP	HOUSING DEVELOPMENT	KY	N/A			No	Yes		
1617 MAPLE STREET LOUISVILLE, KY 40210 90-0815016	DEVELOPMENT								
(4) SHAWNEE RENAISSANCE APARTMENTS LLLP	HOUSING DEVELOPMENT	KY	SHAWNEE RENAISSANCE GP	RELATED		No	Yes		0.010 %
1618 MAPLE STREET LOUISVILLE, KY 40210 86-2157521	DEVELOPMENT		LLC						
(5) ROOSEVELT APARTMENTS LLLP	HOUSING DEVELOPMENT	KY	N/A			No		No	
1619 MAPLE STREET LOUISVILLE, KY 40210 32-0697787									
(6) RUSSELL RENAIASSANCE APRTMENTS LLLP	HOUSING DEVELOPMENT	KY	N/A			No	Yes		
1620 MAPLE STREET LOUISVILLE, KY 40210 93-2964335									

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

(a) Name, address, and EIN of related organization	Name, address, and EIN of Primary activity Legal related organization (state or foreign				(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
		country)						Yes	No
(1)JACKSON WOODS APARTMENTS NDHC GP LLC 1617 MAPLE STREET LOUISVILLE, KY 40210 27-0986547	HOUSING DEVELOPMENT	ΚY	NEW DIRECTIONS HOUSING CORPORATION		41,787	-88,067	100.000 %	Yes	
(2)ST WILLIAM APARTMENTS NDHC GP LLC 1617 MAPLE STREET LOUISVILLE, KY 40210 90-0458002	HOUSING DEVELOPMENT	ΚY	NEW DIRECTIONS HOUSING CORPORATION		-171		100.000 %	Yes	
(3)WH GP INC 1617 MAPLE STREET LOUISVILLE, KYE 40210 45-5494257	HOUSING DEVELOPMENT	ΚY	NEW DIRECTIONS HOUSING CORPORATION	С	-59	221	100.000 %	Yes	
(4)RUSSELL RENAISSANCE GP LLC 1618 MAPLE STREET LOUISVILLE, KY 40210 93-2920917	HOUSING DEVELOPMENT	ΚY	NEW DIRECTIONS HOUSING CORPORATION	С			100.000 %	Yes	

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V Yes No Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1a Yes 1b No **b** Gift, grant, or capital contribution to related organization(s) 1c No ${\bf c}$ Gift, grant, or capital contribution from related organization(s) 1d Yes d Loans or loan guarantees to or for related organization(s) . 1e No 1f Yes f Dividends from related organization(s) 1g Yes g 1h No Purchase of assets from related organization(s) h 1i No i Exchange of assets with related organization(s) 1j Yes . . Lease of facilities, equipment, or other assets from related organization(s) 1k No . 11 No Performance of services or membership or fundraising solicitations for related organization(s) 1m Yes ${\bf m}$ Performance of services or membership or fundraising solicitations by related organization(s) . . 1n Yes ${\bf n}\,$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 10 Yes o 1p No р 1q Yes q Reimbursement paid by related organization(s) for expenses . 1r No 1s No s Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 2

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

1)BRANDEIS PARTNERS LTD	м	94,813	COST	
2) DIRECTIONS APARTMENTS LLC	М	397,148	COST	
3)RUSSELL APARTMENTS LLC	М	624,909	COST	
4)BRANDEIS PARTNERS LTD	E	957,210	COST	
5)SMOKETOWN APT LLC	м	70,829	COST	
6)ST JOHN GARDENS INC	М	88,189	COST	
7)SHAWNEE APARTMENTS LLC	м	68,866	COST	
B)REESER COURT APTS LLC	М	93,887	COST	
9)SHAWNEE RENAISSANCE APARTMENTS LLLP	G	11,700,000	COST	
10)ROOSEVELT APARTMENTS LLLP	G	3,920,000	COST	

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Part VI Unrelated Organizations Taxable	as a Partne	ership. Co	mplete if the	organiza	ation answ	ered "Yes	" on Form	990, Part	IV, line 3	37.			
Provide the following information for each entity taxed as was not a related organization. See instructions regarding	a partnership g exclusion fo	o through w r certain inv	hich the organ vestment partn	ization cor erships.	nducted mor	e than five	e percent of	its activitie	s (measur	ed by total a	ssets or g	ross rev	enue) that
(a) Name, address, and EIN of entity	(a) Name, address, and EIN of entity Name, address, and EIN of entity (b) Primary activity (c) Predominan (come (state or foreign country) (c) (d) Predominan (related, country) (c) (related, unrelated, stat or (c) (c) (c) (c) (c) (c) (c) (c)	(related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		Share of Sha total end-	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No	
										Sch	edule R ((Form 9	90) 2022

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Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference Explanation

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Additional Data

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