Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

2013 Open to Public Inspection

X Yes

No

Form 990 (2013)

OMB No. 1545-0047

Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning , and ending Employer Identification number C Name of organization Check if applicable: NEW LEVEL COMMUNITY DEVELOPMENT CORPORATION Address change 62-1873654 Doing Business As Name change Telephone number Number and street (or P.O. box if mail is not delivered to street address) Initial return 615-627-0347 1112 JEFFERSON STREET Terminated City or town, state or province, country, and ZIP or foreign postal code NASHVILLE Amended return 37208-2500 376,207 TN G Gross receipts \$ Name and address of principal officer: Application pending X H(a) Is this a group return for subordinates? Yes No DEA K. BOWERS Yes No 1112 JEFFERSON STREET H(b) Are all subordinates included? If "No," attach a list, (see instructions) NASHVILLE TN 37208-2500 X 501(c)(3) 501(c) Tax-exempt status) < (insert no.) 4947(a)(1) or WWW.NEWLEVELCDC.ORG Website: H(c) Group exemption number Year of formation: 2001 X Corporation Trust Form of organization: Association M State of legal domicile: TN Part I Summary 1 Briefly describe the organization's mission or most significant activities: NEW LEVEL COMMUNITY DEVELOPMENT CORPORATION WORKS TO DELIVER SOLUTIONS Activities & Governance THE ECONOMIC CHALLANGES FACING PEOPLE IN THE COMMUNITY IT SERVICES. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 10 4 2 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 0 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 512,922 271,733 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 104,435 69,748 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 357 39 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 583,027 376,207 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 114,813 112,206 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 146,470 160,160 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 261,283 272,366 321,744 103,841 19 Revenue less expenses. Subtract line 18 from line 12 sets or Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,193,298 1,292,897 21 Total liabilities (Part X, line 26) 101,820 97,578 091,478 195,319 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. an Sign Here KAY BOWERS EXECUTIVE DIRECTOR Type or print name and litle Print/Type preparer's name Preparer's signature Paid MOLO CPA 10/24/14 self-employed KERRI MAYNARD KERRI MAYNARD P00074426 Preparer PURYEAR HAMILTON HAUSMAN & WOOD, 62-0788068 Firm's name Firm's EIN Use Only 1000 CORPORATE CENTRE DRIVE, SUITE 200 615-771-3600 FRANKLIN, TN 37067 Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2013)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	X	
2		2	X	
3	and the second of the second o			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	The state of any definition of any difficult for the state of			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		Ì	
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		1	7.5
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	х	
b	***************************************	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11ь		x
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е		11e	х	
f	24171222222222222222222			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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		<u>X</u>
6	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		<u>X</u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	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		<u>X</u>
9	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		<u>X</u>
)a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	I/A

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1.00	140
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	The state of the s			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1	1	
	employees? If "Yes," complete Schedule J	23		X
24	But the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	any article during the year			
	to defease any tax-exempt bonds?	24c		
d		24d		
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			1
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	900000000000000000000000000000000000000	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
11	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		x
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
3	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		x
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		х
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part \/I	37		x
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		-	
- 1	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

P	Part V Statements Regarding Other IRS Filings and Tax Compliance									
_	Check if Schedule O contains a response or note to any line in this Part V				Ш					
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	11		Yes	No					
1a b	In contendent constructs constructs and the construction of the co		-							
c	TOTAL STATE OF THE		\dashv							
·	reportable gaming (gambling) winnings to prize winners?									
2a		1	_1c	X						
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2								
b	**************************************		2b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
3a			3a		X					
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	х	-					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		0.5							
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial									
			4a		x					
b	10 and the same full formation and a supplier of the same and the same		70							
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Account									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X					
			5c		N/A					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		30		-15, 1.12-5					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6a		x					
ь.	100000000000000000000000000000000000000	*********	- Oa							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		6b		N/Z					
7	gifts were not tax deductible?		- an							
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		7-	000,0000	v					
	and services provided to the payor?		7a		X N/I					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		-17					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.0		x					
	required to file Form 8282?	N/A	7c		<u> </u>					
			7.		X					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e 7f		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				N/I					
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		7g		N/A					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	Form 1098-C?	7h							
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting									
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				N/A					
	organization, have excess business holdings at any time during the year?		8							
	Sponsoring organizations maintaining donor advised funds.				n/a					
a	Did the organization make any taxable distributions under section 4966?		9a		N/A					
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		N/A					
	Section 501(c)(7) organizations. Enter:	1 81/4								
	Initiation fees and capital contributions included on Part VIII, line 12		-							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		\dashv							
	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders		\dashv							
	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)	Y	-		N/A					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	T	12a	90010000000	•, ••					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	-							
	Section 501(c)(29) qualified nonprofit health insurance issuers.				NT / 7N					
		******	13a		N/A					
	Note. See the instructions for additional information the organization must report on Schedule O.									
	Enter the amount of reserves the organization is required to maintain by the states in which	1								
ti	the organization is licensed to issue qualified health plans		_							
	Enter the amount of reserves on hand	1								
la D	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		N/A					

X

Yes

X

No

8b

Form 990 (2013) NEW LEVEL COMMUNITY DEVELOPMENT 62-1873654 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 10 1b 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 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? X 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Each committee with authority to act on behalf of the governing body?

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at

10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	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		N/A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and 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	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	111000000000000000000000000000000000000	X
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 everyt status with second to any large	404	221111100000	N/A

Section C. Disclosure

17	List the states with which a cop-	v of this Form 990 is required to be filed	TN
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Section 6104 requires an organization to make its Forms 1023 (or 1024 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	$ \mathbf{X} $	Another's website	X	Upon request		Other (explain in Schedule	a C)
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Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: KAY BOWERS 1112 JEFFERSON STREET

TN 37208

615-627-0347

- organization's tax year.

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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee. (A) (B) (D) (E) (F) Name and Title Average Position Reportable Reportable Estimated compensation from amount of hours per (do not check more than one compensation related other week box, unless person is both an from organizations compensation (list any officer and a director/trustee) the hours for organization (W-2/1099-MISC) from the nstitutional trustee (W-2/1099-MISC) organization related ighes dividual trustee and related organizations employee organizations below dotted line) (1) KAY BOWERS 50.00 66,000 0 EXECUTIVE DIRECTOR 0.00 X 0 (2) GINGER HAUSSER 0.50 0 BOARD MEMBER 0.00 X 0 0 (3) STEPHANIE WILLIAMS 0.50 0.00 X 0 0 0 BOARD MEMBER (4) LUIS PARODI 0.50 BOARD MEMBER 0.00 X 0 0 0 (5) BARRY GREER 0.50 0 BOARD MEMBER 0.00 X 0 0 (6) CHARLES TRAUGHBER 0.50 X 0 0 0 BOARD MEMBER 0.00 (7) MARK WRIGHT 1.00 0 0 0.00 X 0 PAST CHAIR (8) BRIAN SEXTON 1.00 0 CHAIR 0.00 X 0 0 (9) JEFF RUPRIGHT 1.00 0 TREASURER 0.00 X 0 0 (10) LENEIVA HEAD 1.00 0 0 0 0.00 X SECRETARY (11) DARRYL TALIAFERRO 1.00 0 0.00 0 VICE-CHAIR

	, Directors, Tru	stees	s, K	ey E	mpi	oyee	s, ar	d Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo	x, unk	Po check ess p	erson	than of the thick that the thick the	an a	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organizalion (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12)										
	ti companya man									
(13)										
(14)	es propostició									
(15)										
(16)			4				_			

(17)			\dashv				-			
(18)		-	+							
		1	ļ							
(19)		1	1	7	7					
	**************					i				
1b Sub-total								66,000		
c Total from continuation sheets d Total (add lines 1b and 1c)							-	66,000		
Total number of individuals (include reportable compensation from the	ding but not limit	ted to	thos	se lis	sted	abov	e) w		0,000 in	
 Did the organization list any formed employee on line 1a? If "Yes," conformation and individual listed on line 1a organization and related organization and related organization. 	er officer, directen plete Schedule, is the sum of rions greater that ceive or accrue	or, or J for eports in \$15	trus suc able 50,00	com com 00? l	divid npen If "Yo n fro	ual satio es," d m an	on and	d other compensation from lete Schedule J for such	vidual	3 X 4 X 5 X
ection B. Independent Contractors										
compensation from the organization	n. Report comp	ensa	nder tion	for t	lent he c	contr	acto dar ye	ear ending with or within the	e organization's tax year.	
Name and busi	ness address	_				+		Descriptio	n of services	(C) Compensation
						-				
	11									
Total number of independent contra received more than \$100,000 of co	actors (including mpensation fror	but r	ot li orga	mite aniza	d to	thos	e list	ed above) who	0	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue Total revenue exempt function business excluded from tax under sections revenue revenue 512-514 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 111,221 Contributions, and Other Sim 1e f All other contributions, gifts, grants, and similar amounts not included above 160,512 1f g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f 271,733 Program Service Revenue Busn. Code AFFORDABLE HOUSING RENT INC 531110 95,230 95,230 HBED PROGRAM FEE 900099 9,205 9,205 f All other program service revenue g Total. Add lines 2a-2f. 104,435 investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets other than inventory b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Busn. Code MISCELLANEOUS INCOME 900099 11a 39 39 b All other revenue Total. Add lines 11a-11d 39 Total revenue. See instructions. 376,207 104,474 0 0

Part IX Statement of Functional Expenses

Form 990 (2013)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) Total expenses (B) Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 11,242 6,744 66,000 48,014 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 30,877 22,463 5,258 3,156 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 7,918 7,918 9 1,262 7,411 5,392 757 10 Payroll taxes Fees for services (non-employees): Management Legal 29,316 Accounting 29,316 d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 21,662 20,139 1,523 Advertising and promotion 980 980 12 Office expenses 41 818 736 13 Information technology 14 15 Royalties 2,963 29,627 25,183 1,481 Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,436 144 144 Conferences, conventions, and meetings 1,148 19 20 Payments to affiliates 21 2.075 Depreciation, depletion, and amortization 21,528 19,453 22 568 8,951 7,814 569 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) REPAIRS & MAINTENANCE 11,874 11,518 178 178 MATCHING EXPENSE 11,780 11,780 b 10,766 PROPERTY TAX 10,766 С 3,459 1,018 2,441 LICENSES & FEES e All other expenses 7,963 7,258 442 263 272,366 57,454 13,332 201,580 25 Total functional expenses. Add lines 1 through 24e 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)

	art	A Balance Sneet				_	
-		Check if Schedule O contains a response or no	te to any line i	n this Part X		т т	
					(A)		(B)
					Beginning of year	-	End of year
	1	Cash—non-interest bearing			227,673		249,150
	2	Savings and temporary cash investments		58,914		57,281	
	3	Pledges and grants receivable, net		10,148		1 450	
	4	Accounts receivable, net			1,080	4	1,458
	5	Loans and other receivables from current and former		ors,			
		trustees, key employees, and highest compensated en		-			
	_	Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified pe					
		4958(f)(1)), persons described in section 4958(c)(3)(B	230				
		sponsoring organizations of section 501(c)(9) voluntar		beneticiary			Andrew Comment
Assets	7	organizations (see instructions). Complete Part II of So				6	
Ass	7	Notes and loans receivable, net				8	
	8	Inventories for sale or use			1,189		1,189
	10a	Prepaid expenses and deferred charges			1,109	9	1,109
	iva		40-	1 029 045			
- 1	h	other basis. Complete Part VI of Schedule D	10a	47,852	891,936	100	980,193
- 1	11	Less: accumulated depreciation	100		031,330	11	300,133
- 1	12	Investments—publicly traded securities				12	
- 1	13	Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11				13	
- 1	14	Intendible conete		2,358		3,626	
- 11	15	Other assets. See Part IV, line 11	C1111111111111111111111111111111111111	2/555	15	5,020	
- 11.	16	Total assets. Add lines 1 through 15 (must equal line	34)		1,193,298		1,292,897
-	17	Accounts payable and accrued expenses		18	17		
- 1	18	Grants payable	-		18		
- [-	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV	of Schedule D			21	
ا م	22	Loans and other payables to current and former officers	s. directors.	300000000000000000000000000000000000000			20 000 000 000 000 000 000 000 000 000
LIADIIIILES		trustees, key employees, highest compensated employ					
<u> </u>		disqualified persons. Complete Part II of Schedule L			***************************************	22	
1 2	23	Secured mortgages and notes payable to unrelated thir	CONTROL DESCRIPTION OF THE PROPERTY OF THE PRO		23		
2	24	Unsecured notes and loans payable to unrelated third p		69,611	24	64,944	
2	25	Other liabilities (including federal income tax, payables					
1		parties, and other liabilities not included on lines 17-24)					
1		of Schedule D	ADERDADIO ADALAM PODE ADALAM		32,191	25	32,634
2	6	Total liabilities. Add lines 17 through 25	************		101,820	26	97,578
		Organizations that follow SFAS 117 (ASC 958), che	ck here 🕨	X and			
		complete lines 27 through 29, and lines 33 and 34.					
2 2	7	Unrestricted net assets		1,057,564	27	1,167,885	
2	ö	remporarily restricted net assets		33,914	28	27,434	
2	9	Permanently restricted net assets			29		
		Organizations that do not follow SFAS 117 (ASC 95	8), check her	re 🕨 🔲 and			2000 C
		complete lines 30 through 34.					
3		Capital stock or trust principal, or current funds				30	
3		Paid-in or capital surplus, or land, building, or equipmen				31	
3		Retained earnings, endowment, accumulated income, o	or other funds		4 004 450	32	4 4 4 4 4 4 4
3:					1,091,478		1,195,319
34	4 -	Total liabilities and net assets/fund balances		0.0000000000000000000000000000000000000	1,193,298	34	1,292,897

Form **990** (2013)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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3a

3b

X

Schedule O.