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DLN: 93493130000020

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Den to Public

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

B CI		2008 calendar v	ear, or tax year beginning 07-01-200	8 and ending 06-30-2009	9		
_	neck if ap	andra bla	C Name of organization			D Employer ider	ntification number
	Idress cha	· · · · · · · · · · · · · · · · · · ·	Norwich Housing Corporation Inc			35-2037592	,
_	ame char	label or	Doing Business As			E Telephone nui	
_		type. S	e			(317) 824-1	881
In —	ıtıal retur	m Specific Instruc		is not delivered to street addre	ss) Room/suite	G Gross receipts	
Te	eminatio	n tions.	3330 Founders Road				,
— Ar	mended r	return	City or town, state or country, and ZIP	+ 4	•		
— _{Ap}	plication	pending	Indianapolis, IN 462681333				
		F N	ame and address of Principal Officer		H/->		,
		l l	s powell		n(a) Is this	s a group return i tes?	TYes ▼No
		l l) Founders Road		a iiii ii		, , , , , , , , , , , , , , , , , , , ,
			inapolis, IN 462681333	—	H(b) Are all	affiliates included	d?
[ax-exem	pt status 🏴 50	(c) (7) ◀ (insert no)	527			See instructions)
J W	Veb site	e: 🟲 THETACHI	O RG		H(c) Grou	p Exemption Nun	nber 🟲
K Ty	pe of org	anization 🔽 Corp	ration trust association other 🕨		L Year of For	mation 1926 M S	State of legal domicile IN
Ρā	art I	Summary					
			the organization's mission or most s	ignificant activities			
o e		The Norwich Ho	using Corporation provides funding t	o member alumnı corporat	ions which pro	ovide housina op	portunities for their
≗	1		tudent members	o mombor aramin corporat		ovide medaling op	portamines for them
፼		-					
<u> </u>	2	Check this box	if the organization discontinued its	operations or disposed o	f more than 2	5% of its assets	
Governance			g members of the governing body (Pa				5
			endent voting members of the gover				5
ŝ			-		,,		
Ę			employees (Part V, line 2a)			5 _	<u>0</u> 5
Activities &			volunteers (estimate if necessary)			<u> </u>	
4		•	lated business revenue from Part VI		•	7a	
	Ь	Net unrelated b	usiness taxable income from Form 99	90-1, line 34		7b	0
					Prio	r Year	Current Year
а.	8	Contributions	and grants (Part VIII, line 1h)				C
ПE	9	Program servi	e revenue (Part VIII, line 2g)				С
Ravent	10					338,161	333,716
茁	11					92,480	71,474
	12		-add lınes 8 through 11 (must equal	Part VIII, column (A), line	9	420.644	405.406
		12)				430,641	405,190
	13		ular amounts paid (Part IX, column (• •		14,000	14,000
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)			C
ø	15	•	compensation, employee benefits (P	art IX, column (A), lines 5	5 –		C
Š.		10)					
Expenses	16a		fessional fundraising fees (Part IX, column (A), line 11e)				C
ठ	Ь		expenses, Part IX, column (D), line 25 0)			
	17	Other expense	s (Part IX, column (A), lines 11a–11	.d, 11f-24f)		260,840	259,747
	18	Total expense	—add lines 13–17 (must equal Part	IX, line 25, column (A))		274,840	273,747
	19	Revenue less	expenses Subtract line 18 from line	12		155,801	131,443
						ng of Year	End of Year
<u>ত্</u>					Beginni	ng or rear	
fances	20	Total assets (Part X, line 16)		Beginni	7,344,781	7,458,894
Assets or Balances	20	·			Beginni	7,344,781	
let Assets or and Balances	20 21	Total liabilities	(Part X, line 26)	line 20	Beginni	7,344,781	127,123
		Total liabilities	(Part X, line 26) und balances Subtract line 21 from	line 20	Beginni	7,344,781	127,123
	20 21 22 rt II	Total liabilities Net assets or Signature	(Part X, line 26) und balances Subtract line 21 from			7,344,781 139,192 7,205,589	127,123 7,331,771
		Total liabilities Net assets or Signature Under penalties o	(Part X, line 26) und balances Subtract line 21 from	return, including accompanying	schedules and s	7,344,781 139,192 7,205,589 tatements, and to the	127,123 7,331,771 se best of my knowledge
Pa	rt II	Total liabilities Net assets or Signature Under penalties of and belief, it is the	(Part X, line 26) Fund balances Subtract line 21 from Block perjury, I declare that I have examined this	return, including accompanying	schedules and si	7,344,781 139,192 7,205,589 tatements, and to the	127,123 7,331,771 se best of my knowledge
Pa Ple	rt III ase	Total liabilities Net assets or Signature Under penalties o	(Part X, line 26) Fund balances Subtract line 21 from Block perjury, I declare that I have examined this e, correct, and complete Declaration of prep	return, including accompanying	schedules and si	7,344,781 139,192 7,205,589 tatements, and to the	127,123 7,331,771 se best of my knowledge
Pa Ple Sig	ase n	Total liabilities Net assets or Signature Under penalties o and belief, it is the signature of o	(Part X, line 26) Fund balances Subtract line 21 from Block perjury, I declare that I have examined this e, correct, and complete Declaration of prep	return, including accompanying	schedules and sid on all informat	7,344,781 139,192 7,205,589 tatements, and to the	127,123 7,331,771 se best of my knowledge
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Pa Ple Sig	ase n	Net assets or Signature Under penalties o and belief, it is true ****** Signature of o James Powell Type or print in	(Part X, line 26) Fund balances Subtract line 21 from Block perjury, I declare that I have examined this e, correct, and complete Declaration of prep	return, including accompanying arer (other than officer) is base	schedules and sid on all information 2010- Date	7,344,781 139,192 7,205,589 tatements, and to the lon of which prepare	127,123 7,331,771 se best of my knowledge r has any knowledge
Ple Sig Her	ase n	Total liabilities Net assets or Signature Under penalties o and belief, it is true ****** Signature of o James Powell Type or print it	(Part X, line 26) Fund balances Subtract line 21 from Block perjury, I declare that I have examined this e, correct, and complete Declaration of prep ficer Assistant Treasurer ame and title	return, including accompanying arer (other than officer) is base	schedules and sid on all informat	7,344,781 139,192 7,205,589 tatements, and to the	127,123 7,331,771 se best of my knowledge r has any knowledge
Ple: Sig Her	ase n	Total liabilities Net assets or Signature Under penalties o and belief, it is to to the series of or the series of the	(Part X, line 26) Fund balances Subtract line 21 from Block perjury, I declare that I have examined this e, correct, and complete Declaration of prep	return, including accompanying arer (other than officer) is base Date 2010-05-03	schedules and side on all information and schedules and side of the schedules and schedules are schedules are schedules and schedules are schedules and schedules are schedules ar	7,344,781 139,192 7,205,589 tatements, and to the lon of which prepare	127,123 7,331,771 se best of my knowledge r has any knowledge
Plea Sign Her Paid	ase n e	Total liabilities Net assets or Signature Under penalties of and belief, it is the signature of of the signature of of the signature of or years and the signature of the sig	(Part X, line 26) Fund balances Subtract line 21 from Block perjury, I declare that I have examined this e, correct, and complete Declaration of prep ficer Assistant Treasurer ame and title a m schlichte	return, including accompanying arer (other than officer) is base Date 2010-05-03	schedules and side on all information and schedules are schedules and side of the schedules are schedules are schedules are schedules are schedules and side of the schedules are sche	7,344,781 139,192 7,205,589 tatements, and to the prepare 05-05 Preparer's PTIN (S	127,123 7,331,771 se best of my knowledge r has any knowledge
Ple Sig Her Paid Prep	ase n	Total liabilities Net assets or Signature Under penalties of and belief, it is true ****** Signature of of of the penalties of and belief, it is true ****** Preparer's signature was karenessed by the penalties of the pena	(Part X, line 26) fund balances Subtract line 21 from Block perjury, I declare that I have examined this e, correct, and complete Declaration of prep ficer Assistant Treasurer ame and title a m schlichte BLUE & CO LLC	return, including accompanying arer (other than officer) is base Date 2010-05-03	schedules and side on all information and schedules are schedules and side of the schedules are schedules are schedules are schedules are schedules and side of the schedules are sche	7,344,781 139,192 7,205,589 tatements, and to the lon of which prepare	r has any knowledge
Plea Sign Her Paid	ase n e	Total liabilities Net assets or Signature Under penalties of and belief, it is the street of of the street of t	(Part X, line 26) fund balances Subtract line 21 from Block perjury, I declare that I have examined this e, correct, and complete Declaration of prep ficer Assistant Treasurer ame and title a m schlichte burs BLUE & CO LLC	return, including accompanying arer (other than officer) is base Date 2010-05-03	schedules and side on all information and schedules are schedules and side of the schedules are schedules are schedules are schedules are schedules and side of the schedules are sche	7,344,781 139,192 7,205,589 tatements, and to the prepare 05-05 Preparer's PTIN (S	127,123 7,331,771 se best of my knowledge r has any knowledge

Cat No 11282Y

Part III Statement of Program Service Accomplishments (See the instructions.)

4d	Other program services (Desc (Expenses \$ Total program service expense	ıncludıng g		(Revenue \$)
4d				(Revenue \$)
	LaDue Loans Emergency loans for ho	ouse repairs/improveme	ents		
4c	(Code) (Expe	enses \$	including grants of \$) (Revenue \$)
	Life Safety Loans Loans given at low	interest rates to fund I	fe safety improvements for undergradua	te student housing	
4b	(Code) (Expe	enses \$	including grants of \$) (Revenue \$)
	Mortgage loans to provide assistance	e to affiliated chapters l	y aiding in the process of issuing loans fo	or housing purposes	
4a	(Code) (Expe		including grants of \$) (Revenue \$)
	others, the total expenses, and	revenue, if any, for	each program service reported		
4	Section 501(c)(3) and (4) organ	nizations and 4947	ch of the organization's three large (a)(1) trusts are required to repor		
4	If "Yes," describe these change				
	services?				'es No
3	If "Yes," describe these new ser		O nificant changes in how it conduct	ts any program	
	the prior Form 990 or 990-EZ?	nuaga an Caladal			es 🔽 No
2	Did the organization undertake a	any significant prog	ram services during the year which	ch were not listed on	
	THE NORWICH HOUSING CORPORATION UNDERGRADUATE STUDENT MEMBERS	I PROVIDES FUNDING I	O MEMBER ALUMNI CORPORATIONS WHI	CH PROVIDE HOUSING OPPORTUNI	TIES FOR THEIR

Part IV	Check	klist of	Required	Schedules
	CHEC	AIISL OI	<u>Reduii ed</u>	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		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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 $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		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? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "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 section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	e			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal				
	of U.S. Information Returns. Enter -0- if not applicable				
		1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to	o vendors and reportable			
	gaming (gambling) winnings to prize winners?		1c		
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	2a 0			
b	If at least one is reported in 2a, did the organization file all required federal employm Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this		2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during	ľ			
Ju	return?	· · · · · · · ·	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities acc		4a		
_	account)?		44		No
Ь	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Rep Financial Accounts.	port of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	ng the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	tax shelter transaction?	5b		Νo
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt	t Entity Regarding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	at such contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo cont more?	tribution of \$75 or	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services pr	ovided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper	ty for which it was required to			
	file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	premiums on a personal	7e		
f	benefit contract?	anal banafit contract?	76 7f		
'					
9	For all contributions of qualified intellectual property, did the organization file Form 8	ľ	7g		
п	For contributions of cars, boats, airplanes, and other vehicles, did the organization fi required?	ie a Form 1098-C as	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds as	nd section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a s excess business holdings at any time during the	ponsoring organization, have	8		
9	year?				_
	Did the organization make any taxable distributions under section 4966?		9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	'	9a 9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a 0			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b 0			
	facilities				
11	Section 501(c)(12) organizations Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
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	12ь			
	· L				

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances
processes, or changes in Schedule O. See instructions.

	processes, or changes in Schedule O. See instructions.	_	
а	Enter the number of voting members of the governing body	1a	5

Ь	Enter the number of voting members that are independent	1b		5
	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?			/

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?

Did the organization make any significant changes to its organizational documents since the prior Form 990 was
filed?

;	Did the organization become aware during the year of a material diversion of the organization's assets?				L
	Does the organization have members or stockholders?	_	_	_	

Does the organization	have	members	, stock	kholders	, or other	persons	who may	elect one	or more	members of the
governing body? .										

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during t	he

	bid the organization contemporaneously document the meetings held of written detions and creaken during the	
	year by the following	
_	the governing hody?	

	3 · · · · · · · · · · · · · · · · · · ·	_	_	_	_		_	_	_	
þ	each committee with authority to act on behalf of the governing body?									
	Does the organization have local chapters, branches, or affiliates?									

b	If "Yes," does the organization	have written policies	s and procedures governing the activities of such cha	apters,
	affiliates, and branches to ensi	ire their operations a	are consistent with those of the organization?	

	,	•	•	
10	Was a copy of the Form 9	90 provided to the organization's	governing body before it was	filed? All organizations
	must describe in Schedul	e O the process, if any, the orga-	nization uses to review the Foi	m 990

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

8a	Yes	
8b	Yes	
9a		No
9Ь		
10	Yes	
11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does 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		Νo
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16h		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
- own website another's website vipon request

 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of
- interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

James Powell 3330 Founders Road Indianapolis,IN 46268 (317) 824-1881

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, 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

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 the organization did r	ot compens	ate any	offic	er, d	lirec	tor, tru	ıste	or key employee		
		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director			Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
DouGLAS G SCHEMENAUER , PRESIDENT	4 00	Х		Х				0	0	0
PATRICK O'CONNOR , VICE PRESIdent	3 00	Х		Х				0	0	0
Jeffrey Anderson , Secretary	2 00	Х		Х				0	0	0
Paul Norstrem , TREASURER	2 00	Х		Х				0	0	0
MIKE KISTLER , COUNSELOR	2 00	Х		Х				0	0	0
james powell , assistant treasurer	2 00	Х		Х				0	0	0
	1									
	1		1	1	1	1	1	I	I	I

Part VII Continued

(A) Name and Title	(B) Average hours per week		on the Institutional Trustee	apply	y)	Highes employ	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			"			ڪ				
1b Total			<u>. </u>	Щ 			<u> </u>		0	0
2 Total number of individuals (including							n \$ 1	 00 000 in reportabl		1

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

			165	140
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		Νo
4	For any individual listed online 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			
	marviada	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

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

	(A) Name and business address	(B) Description of services	(C) Compensation	
2 Total number of independent contractors (including those in 1) who received more than \$1.00,000 in compensation				

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<u> </u>	1a	Federated camp	paigns 1a	1				
듄듯ㅣ	b	Membership du	es					
ე≦	с	Fundraising eve	ents 1c					
ક્લ	d		ations 1d					
5월	e e	Government grants						
(등)		_				!		
<u> </u>	f	similar amounts no	ons, gifts, grants, and 1f ot included above					
≘ ₹	g	Noncash contri	butions included in					
contributions, gitts, grants and other similar amounts	_	lines 1a-1f \$ _						
र्ज ह	h	Total (Add lines	s 1a-1f)	•				
<u>a</u>				Business Code				
Д	2a							
Æ	b							
မှ	c							
er l	d							
ී	e							
<u> </u>	f	All other progra	ım service revenue					
Program Service Revenue								
	g	Total. Add lines	2a-2f	*				
	3		ome (ıncludıng dıvıden	· ·				
			nounts)		333,461	323,235		10,220
	4		tment of tax-exempt bond					
	5	Royalties						
	_		(ı) Real	(II) Personal				
	6a	Gross Rents Less rental	112,100 48,494					
	Ь	expenses	40,494					
	c	Rental income or (loss)	63,606					
	d		me or (loss)		63,606	63,606		
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory		467,000				
	b	Less cost or other basis and sales expenses		466,745				
	С	Gain or (loss)		255				
	d	Net gaın or (los	s)		255	255		
	8a	Gross income fi events (not incl \$	luding					
Other Revenue		See Part IV, lin	G if total exceeds					
ř	ь							
<u> </u>	c		penses b loss) from fundraising	events - 🕨				
5	9a	Gross income fi See part IV, lin	rom gamıng actıvıtıes					
	ь	\$15,000	apenses b					
	c		loss) from gaming acti	vities►				
	10a	Gross sales of returns and allo						
	b c		oods sold b loss) from sales of inv	entory 🏲				
		Miscellaneous		Business Code				
	11a	aPPLICATION	FEES	900,099	7,868	7,868		
	b							1
	c							
	-							+
	d	All other revenu						
	е	Total. Add lines	: 11a-11d	• • •\$ 7,868				
	12	Total Revenue. 9c, 10c, and 11	Add lines 1h, 2g, 3, 4,	5, 6d, 7d, 8c,	405,190	394,964	(10,226

Part IX Statement of Functional Expenses

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	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 governments and organizations in the U.S. See Part IV, line 21		·	,	·			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	14,000						
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7	Other salaries and wages							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)							
9	Other employee benefits							
LO	Payroll taxes							
1	Fees for services (non-employees)							
а	Management							
b	Legal	8,182						
С	Accounting	10,750						
d	Lobbying							
e	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other							
.2	Advertising and promotion							
.3	Office expenses	1,366						
4	Information technology	1,669						
5	Royalties							
6	Occupancy							
7	Travel	7,305						
.8	Payments of travel or entertainment expenses for any Federal, state or local public officials							
9	Conferences, conventions and meetings	28,197						
0	Interest							
1	Payments to affiliates							
2	Depreciation, depletion, and amortization	513						
:3	Insurance							
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	ADMIN SERVICE FEE	192,724						
ь		7,163						
c	Special events	1,497						
d	Miscellaneous	381						
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	273,747						
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			728,222		990,355
	2	Savings and temporary cash investments			·	2	·
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			13,132	H-	26,713
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L			, , , , , , , , , , , , , , , , , , ,	5	<u> </u>
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	ction 4	1958(f)(1)) and		6	
	7	Notes and loans receivable, net			4,543,200	7	4,771,755
	8	Inventories for sale or use				8	
so.	9	Prepaid expenses and deferred charges			16,589	9	13,275
ě	10a						
Assets		Land, buildings, and equipment cost basis	10a	1,520,682			
	Ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10ь	3,598	1,903,974	10c	1,517,084
	11	Investments—publicly traded securities	\Box		139,664	11	139,712
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D				12	
	13	Investments—program-related See Part IV, line 11 Complete Pa of Schedule D.		13			
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			7,344,781		7,458,894
	17	Accounts payable and accrued expenses .	16,409		11,690		
	18	Grants payable	10,100	18	11,000		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
S.	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ĺā		persons Complete Part II of Schedule L		22			
_	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D	122,783	25	115,433		
	26	Total liabilities. Add lines 17 through 25			139,192	26	127,123
— sə		Organizations that follow SFAS 117, check here ▶ $\overline{\lor}$ and complethrough 29, and lines 33 and 34.	ete lin	es 27			
3UC	27	Unrestricted net assets			7,205,589	27	7,331,771
Balance	28	Temporarily restricted net assets			28		
핕	29	Permanently restricted net assets		29			
Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	l comp	lete			
s or	30	Capital stock or trust principal, or current funds				30	
Ą.	31	Paid-in or capital surplus, or land, building or equipment fund		31			
Assets	32	Retained earnings, endowment, accumulated income, or other fur			32		
Net	33	Total net assets or fund balances			7,205,589	-	7,331,771
Z	34	Total liabilities and net assets/fund balances			7,344,781	34	7,458,894
	!						
Pa	rt XI	Financial Statements and Reporting					

Dart YT	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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	
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?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization Norwich Housing Corporation Inc 35-2037592 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

► \$

3	t IIII Organizations Maintaining Collections of A	AFT, MIS	COLI	cai ireasu	ires, or Uti	<u>ier Similar A</u>	ssets (c	<u>ontinued)</u>
	Using the organization's accession and other records, check items (check all that apply)	any of th	ne foll	owing that ar	e a significan	t use of its colle	ction	
а	Public exhibition	d	Г	Loan or exc	hange progra	ns		
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and ex Part XIV	plaın hov	w they	further the o	organization's	exempt purpose	ın	
5	During the year, did the organization solicit or receive donati assets to be sold to raise funds rather than to be maintained					ımılar	☐ Yes	☐ No
Par	Trust, Escrow and Custodial Arrangement Part IV, line 9, or reported an amount on Form				anızatıon anı	swered "Yes" t	o Form 9	990,
1a	Is the organization an agent, trustee, custodian or other interincluded on Form 990, Part X?	rmediary	for c	ontributions (or other asset	s not	☐ Yes	☐ No
b	If "Yes," explain why in Part XIV and complete the following t	table						
					_	A	mount	
С	Beginning balance				1			
d	Additions during the year				1	d		
e	Distributions during the year				1	2		
f	Ending balance				1	Ŧ		
2a	Did the organization include an amount on Form 990, Part \boldsymbol{X} ,	lıne 21?					☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organization							, B.
1_	(a)Current Year	(B	Prior Y	rear (c) iw	o Years Back	d) Three Years Back	(e)Four	rears Back
1a L	Beginning of year balance	_						
b	Contributions	_						
C C	Investment earnings or losses Grants or scholarships	_						
d e	Other expenditures for facilities							
e	and programs							
f	Administrative expenses	_						
g	End of year balance							
_								
2	Provide the estimated percentage of the year end balance he	— Id as						
2 a		 Id as						
a	Board designated or quasi-endowment	— Id as						
a b	Board designated or quasi-endowment France Permanent endowment	Id as						
a	Board designated or quasi-endowment Permanent endowment Term endowment		that a	ire held and a	admınıstered 1	or the		
a b c	Board designated or quasi-endowment France Permanent endowment		that a	ire held and a	admınıstered 1	or the	Yes	No
a b c	Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the orga		that a	ire held and a	admınıstered 1	3	a(i)	No No
a b c 3a	Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the orga organization by (i) unrelated organizations	nızatıon '			admınıstered f		a(i) n(ii)	No
a b c 3a	Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the orga organization by (i) unrelated organizations	nization · ired on S		 ule R?	administered 1		a(i)	No No
a b c 3a b	Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the orgatorganization by (i) unrelated organizations	nization : ired on S endowme	ched ent fu	 ule R?			a(i) n(ii)	No No
a b c 3a b	Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the orga organization by (i) unrelated organizations	nization : ired on S endowme	ched ent fu ee F		art X, line 1		a(i) n(ii)	No No
a b c 3a b 4	Board designated or quasi-endowment Permanent endowment Permanent endowment Permanent endowment Permanent endowment Ferm endowment funds not in the possession of the orgatorganization by (i) unrelated organizations	nization : ired on S endowme	ent fu	 ule R?			a(i) h(ii) 3b	No N
a b c 3a b 4 Par	Board designated or quasi-endowment ► Permanent endowment ► Term endowment ► Are there endowment funds not in the possession of the orga organization by (i) unrelated organizations	nization : ired on S endowme	ent fu	ule R? nds orm 990, Pa	art X, line 1 (b)Cost or oth basis (other)	3a 3	a(i) h(ii) 3b	
a b c 3a b 4 Pa	Board designated or quasi-endowment ► Permanent endowment ► Term endowment ► Are there endowment funds not in the possession of the orga organization by (i) unrelated organizations	nization : ired on S endowme	ent fu	ule R? nds orm 990, Pa	art X, line 1	3a 3	a(i) h(ii) 3b	
a b c 3a b 4 Pa	Board designated or quasi-endowment ► Permanent endowment ► Term endowment ► Are there endowment funds not in the possession of the orga organization by (i) unrelated organizations	nization : ired on S endowme	ent fu	ule R? nds orm 990, Pa	art X, line 1 (b)Cost or oth basis (other)	3a 3	a(i) h(ii) 3b	ook value
a b c 3a b 4 Par 1a b c d	Board designated or quasi-endowment ► Permanent endowment ► Term endowment ► Are there endowment funds not in the possession of the orga organization by (i) unrelated organizations	nization : ired on S endowme	ent fu	ule R? nds orm 990, Pa	art X, line 1 (b)Cost or oth basis (other)	3a 3	a(i) h(ii) 3b	ook value
a b c 3a b 4 Par 1a b c d e	Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the orga organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as requ Describe in Part XIV the intended uses of the organization's TVI Investments—Land, Buildings, and Equipment Description of investment Land Land Leasehold improvements	nization	ee Fi	ule R?	art X, line 1 (b)Cost or oth basis (other) 1,516,3	3a 3	a(i) a(ii) Bb	ook value

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	<u> </u>
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Metho	d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se			d of valuation
(a) Description of investment type	(b) Book value		d of valuation year market value
			-
			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	no 15		
Part IX Other Assets. See Form 990, Part X, II (a) Descri			(b) Book value
(a) Descri	ption		(b) book value
	4-7		
Total. (Column (b) should equal Form 990, Part X, col.(B) line		<u> </u>	
Part X Other Liabilities. See Form 990, Part 3	T.	Ι	
(a) Description of Liability	(b) A mount	1	
Federal Income Taxes		1	
due to theta chi fraternity, inc	115,433	1	
		-	
		-	
		-	
	-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	115,433		

	Reconcination of change in Net Assets from Form 550 to Financial Statemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	405,190
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	273,747
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	131,443
4	Net unrealized gains (losses) on investments	4	-5,261
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-5,261
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	126,182
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	453,429
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	453,429
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-48,239
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	405,190
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	321,986
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	48,239
3	Subtract line 2e from line 1	3	273,747
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)		_
с -	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	273,747

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
		PART XII, LINE 2D (\$5,261) of UNREALIZED LOSS on Investments are REPORTED AS A DECREASE IN THE AUDITED FINANCIAL STATEMENTS \$48,494 in rental EXPENSES ARE REPORTED AS EXPENSES IN THE AUDITED FINANCIAL STATEMENTS AND AS A REDUCTION OF REVENUE in Part VII line 6b of Form 990
		PART XII, LINE 4B \$255 of REALIZED GAIN ON SALE OF REAL ESTATE IS REPORTED AS A REDUCTION OF EXPENSES IN THE AUDITED FINANCIAL STATEMENTS AND AS AN INCREASE IN REVENUE IN Part VII, line 7c of Form 990
		Part XIII, Line 2d \$48,494 in RENTAL EXPENSES ARE REPORTED AS EXPENSES IN THE AUDITED FINANCIAL STATEMENTS AND AS A REDUCTION OF REVENUE IN Part VII line 6b of Form 990 \$255 of REALIZED GAIN ON SALE OF REAL ESTATE IS REPORTED AS A REDUCTION OF EXPENSES IN THE AUDITED FINANCIAL STATEMENTS AND AS AN INCREASE IN REVENUE IN Part VII, line 7c of Form 990

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DLN: 93493130000020 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public **Inspection**

Name of the organization						Employer identi	fication number
Norwich Housing Corporation I	nc					35-2037592	
Part I General Infor	mation on Gran	its and Assistance				'	
Form 990, Part : Part IV and Sch	d to award the gran organization's proce her Assistance IV, line 21 for an edule I-1 if addit	ts or assistance? dures for monitoring the to Governments a y recipient that receional space is	e use of grant funds in the and Organizations ived more than \$5,00	ne United States in the United State 30. Check this box		organization answere than \$5,	d "Yes" on
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance
The Foundation Chapter of Theta Chi3330 Founders Road Indianapolis, IN 46268	21-4014559	501(c)(3)	14,000				The NHC granted the Foundation \$12,000 for use in Fraternity publications and \$2,000 for the Foundation's publications endowment fund
2 Enter total number of sec							
organizations							<u> </u>
3 Enter total number of oth	er organizations .	<u> </u>	· · · · · · · · ·	· · · · · ·	· · · · · · · ·	<u> </u>	<i></i>

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
O ther Information	Part IV	THE APPLICATION FOR THE GRANT FUNDS ARE SPECIFIC AS TO THE USE AND THEN THE FOUNDATION CHAPTER IS RESPONSIBLE FOR USING THE FUNDS ACCORDINGLY NHC AND THE FOUNDATION CHAPTER BOTH RECEIVE AUDITED FINANCIAL STATEMENTS, THEREFORE NHC UTILIZES THESE AUDITS AS MONITORING MECHANISMS

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DLN: 93493130000020

OMB No 1545-0047

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

ion for

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization Norwich Housing Corporation Inc	Employer identification number
	35-2037592

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Form 990 is reviewed by the Assistant Treasurer/Associate Executive Director and the Executive Director before it is filed

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Board members sign a form every two years that they have read and understand the policy

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The Organization's governing documents, conflict of interest policy, and financial statements are available upon request at the Headquarter office. All members are welcome to attend Board meetings as well where these are available.

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c		NHC's Board of Directors are responsible for oversight of the audit and for the selection of the independent auditor

ldentifier	Return Reference	Explanation
Form 990, Part VI, Lines 15a and 15b		Not applicable as the organization does not have any employees

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DLN: 93493130000020

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attachment

See separate instructions. ► Attach to your tax return. Sequence No 67 Identifying number Name(s) shown on return Business or activity to which this form relates Norwich Housing Corporation Inc Form 990 Page 10 35-2037592 Part I **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 **10** Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 513 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L i Nonresidential real 39 yrs ΜМ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 513 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e)

(d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44