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Form **990**

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

OMB No 1545-0047

**2013**

**Open to Public Inspection**

A For the 2013 calendar year, or tax year beginning , and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 708 THIRD AVENUE

Room/suite: 710

City or town, state or province, country, and ZIP or foreign postal code: NEW YORK NY 10017

D Employer identification number: 91-1884698

E Telephone number: 212-682-1106

G Gross receipts $: 203,068,087

F Name and address of principal officer:
ROBERT W. DAVENPORT
708 THIRD AVENUE, SUITE 710
NEW YORK NY 10017

H(a) Is this a group return for subordinates? ☒ Yes ☐ No

H(b) Are all subordinates included? ☐ Yes ☒ No

If "No," attach a list (see instructions)

SEE STMT 1

H(c) Group exemption number ▶ 9219

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1988

M State of legal domicile: VA

## Part I Summary

1 Briefly describe the organization's mission or most significant activities
HEDC'S 3 PRIMARY GOALS ARE: 1) PROVIDE QUALITY LOW INCOME HOUSING; 2) LESSEN THE BURDENS OF GOVERNMENT; 3) STIMULATE ECONOMIC DEVELOPMENT IN LOW INCOME AREAS. SEE SCHEDULE O.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 15 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 0 |
| 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 84 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 3 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

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| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 4,446,452 | 37,935,775 |
| 9 | Program service revenue (Part VIII, line 2g) | 119,372,210 | 128,848,038 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 15,408,944 | 1,049,553 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 |
| 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 139,227,606 | 167,833,366 |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 366,138 | 261,051 |
| 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) | | 0 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 123,077,207 | 132,135,336 |
| 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 123,443,345 | 132,396,387 |
| 19 | Revenue less expenses Subtract line 18 from line 12 | 15,784,261 | 35,436,979 |

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| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 1271673848 | 1274186183 |
| 21 | Total liabilities (Part X, line 26) | 1294583770 | 1260682459 |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | -22,909,922 | 13,503,724 |

## Part II Signature Block

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

**Sign Here**

▶ Signature of officer — Date 11/14/14

▶ ROBERT DAVENPORT CHAIRMAN
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| RICK BIANCHI, CPA | RICK BIANCHI, CPA | 11/13/14 | | P00586601 |

Firm's name ▶ SHALLO, GALLUSCIO, BIANCHI & FUCITO CPAS — Firm's EIN ▶ 14-1638228

Firm's address ▶ 21 NORTH SEVENTH STREET HUDSON, NY 12534-2520 — Phone no 518-828-6500

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

HEDC'S 3 PRIMARY GOALS ARE: 1) PROVIDE QUALITY LOW INCOME HOUSING; 2) LESSEN THE BURDENS OF GOVERNMENT; 3) STIMULATE ECONOMIC DEVELOPMENT IN LOW INCOME AREAS. SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses $ 3,052,326 including grants of $ ) (Revenue $ 2,941,211 )

TO CONSTRUCT NEW LOW INCOME HOUSING AND TO SUPPORT EXISTING LOW INCOME HOUSING FOR PERSONS OF LIMITED FINANCIAL MEANS, HANDICAPPED PERSONS, ELDERLY PERSONS, AND OTHERS IN NEED OF SAFE ADEQUATE HOUSING. SEE SCHEDULE O.

4b (Code ) (Expenses $ 122,116,257 including grants of $ 261,051 ) (Revenue $ 117,203,060 )

TO ASSIST IN THE ERECTION OR MAINTENANCE OF PUBLIC BUILDINGS, MONUMENTS, FACILITIES OR WORKS; TO LESSEN THE BURDENS OF GOVERNMENT; AND TO PROMOTE SOCIAL WELFARE. SEE SCHEDULE O

4c (Code ) (Expenses $ 7,227,804 including grants of $ ) (Revenue $ 6,947,285 )

TO INITIATE AND CARRY OUT ACTIVITIES TO STIMULATE ECONOMIC DEVELOPMENT IN ECONOMICALLY DISTRESSED AREAS OF THE COUNTRY. SEE SCHEDULE O.

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $ ) (Revenue $ 2,806,035 )

4e Total program service expenses ▶ 132,396,387

## 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 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 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 | | 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, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 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 | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | 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 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | 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 |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

**Part IV Checklist of Required Schedules** (continued)

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | X | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| 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 | | X |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | X | |
| 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 | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 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 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) | | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | 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 | X | |
| 35a | 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 | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | X | |

**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 ☐

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 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 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to 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 | 84 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 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 | Did the organization have unrelated business gross income of $1,000 or more during the year? | | 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 | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | X |
| b | If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | 5a | | X |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5b | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5c | | |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | |
| a | 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 | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | **Note.** See the instructions for additional information the organization must report on Schedule O | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | 14b | | |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI [X]

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year<br>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. | 1a | 15 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 0 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | | X |

## Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )

| | | | Yes | No |
|---|---|---|---|---|
| 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 | | |
| 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? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | 15b | X | |
| 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 | 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 exempt status with respect to such arrangements? | 16b | X | |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 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 [X] Another's website [X] Upon request [ ] Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ ADAM ENNIS 708 THIRD AVENUE, SUITE 710
NEW YORK NY 10017 212-682-1106

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

List persons in the following order. individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ANGELA BUTLER | 1.00 | | | | | | | | | |
| BOARD MEMBER | 49.00 | X | | | | | | 2,930 | 143,565 | 23,157 |
| (2) ROBERT W DAVENPORT | 16.00 | | | | | | | | | |
| CHAIRMAN/BD MEMBER | 43.41 | X | | X | | | | 108,062 | 293,186 | 57,233 |
| (3) JOHN DOWNS | 10.00 | | | | | | | | | |
| BD MEMBER/SEE SCH O* | 42.00 | X | | | | | | 44,470 | 186,774 | 72,860 |
| (4) STEPHANIE DUGAN | 10.00 | | | | | | | | | |
| BOARD MEMBER | 40.00 | X | | | | | | 24,905 | 99,619 | 48,210 |
| (5) ADAM ENNIS | 50.00 | | | | | | | | | |
| BD MEMBER/CFO | 0.00 | X | | X | | | | 106,338 | 0 | 35,306 |
| (6) JOHN FINKE | 48.25 | | | | | | | | | |
| VP/BD MEMBER | 2.00 | X | | X | | | | 322,289 | 13,359 | 49,648 |
| (7) KEVIN GREMSE | 50.00 | | | | | | | | | |
| SECRETARY | 0.25 | X | | X | | | | 174,160 | 0 | 55,752 |
| (8) DANIEL MARSH III | 15.75 | | | | | | | | | |
| P/BD MEM/SEE SCH O* | 40.00 | X | | X | | | | 156,054 | 396,328 | 85,100 |
| (9) THOMAS JACKSON | 5.00 | | | | | | | | | |
| BOARD MEMBER | 45.00 | X | | | | | | 16,323 | 146,906 | 44,736 |
| (10) CRAIG KISPERT | 0.25 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (11) JOHN LINNER | 50.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 163,048 | 0 | 68,606 |



*SEE SCH. O PAGES 10,11,12,13 OF 13

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (12) SVANTE MYRICK<br>DIRECTOR | 0.25<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (13) INGRID NARDONI<br>BOARD MEMBER | 50.50<br>0.00 | X | | | | | | 127,315 | 0 | 50,342 |
| (14) JOHN PALYO<br>BOARD MEMBER | 5.00<br>47.00 | X | | | | | | 21,857 | 205,458 | 47,439 |
| (15) GERTRUDE SCRIVEN<br>BD MEMBER/SEE SCH O* | 4.50<br>45.50 | X | | | | | | 40,188 | 406,345 | 13,436 |
| (16) STEVEN THAYER<br>DIRECTOR | 0.00<br>0.25 | X | | | | | | 0 | 0 | 0 |
| (17) PATRICIA THOMSON<br>BD MEMBER/SEE SCH O* | 10.25<br>42.00 | X | | | | | | 62,163 | 254,717 | 102,027 |
| (18) DAVID J. TREVISANI<br>BOARD MEMBER | 47.00<br>3.00 | X | | | | | | 139,150 | 8,882 | 52,287 |
| (19) ANN VOGT<br>SEC/TREAS/BD MEMBER | 51.00<br>5.00 | X | | X | | | | 232,565 | 22,800 | 73,520 |
| 1b Sub-total | | | | | | | ▶ | 1,741,817 | 2,177,939 | 879,659 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | ▶ | | | |
| d Total (add lines 1b and 1c) | | | | | | | ▶ | 1,741,817 | 2,177,939 | 879,659 |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 34

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

**Section B. Independent Contractors**

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 36,835,775 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,100,000 | | | | |
| | g Noncash contributions included in lines 1a-1f $ | | | | | | |
| | h Total. Add lines 1a–1f ▶ | | | 37,935,775 | | | |
| Program Service Revenue | | Busn. Code | | | | | |
| | 2a LESSEN THE BURDENS OF GOV'T | | | 117,530,633 | 117,530,633 | | |
| | b STIMULATE ECON. DEVELOPMENT | | | 6,261,453 | 6,261,453 | | |
| | c BUILD AMERICA BONDS REBATE | | | 2,806,035 | 2,806,035 | | |
| | d PROVIDE LOW INCOME HOUSING | | | 2,249,917 | 2,249,917 | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a–2f ▶ | | | 128,848,038 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 1,216,444 | 1,216,444 | | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| | 5 Royalties ▶ | | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | | | | | | |
| | b Less rental exps | | | | | | |
| | c Rental inc or (loss) | | | | | | |
| | d Net rental income or (loss) ▶ | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other 35,067,830 | | | | |
| | b Less cost or other basis & sales exps | | 35,234,721 | | | | |
| | c Gain or (loss) | | -166,891 | | | | |
| | d Net gain or (loss) ▶ | | | -166,891 | -166,891 | | |
| | 8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 a | | | | | | |
| | b Less direct expenses b | | | | | | |
| | c Net income or (loss) from fundraising events ▶ | | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 a | | | | | | |
| | b Less direct expenses b | | | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | | | |
| | 10a Gross sales of inventory, less returns and allowances a | | | | | | |
| | b Less cost of goods sold b | | | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | | | | |
| | Miscellaneous Revenue | | Busn. Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a–11d ▶ | | | | | | |
| | 12 Total revenue. See instructions. ▶ | | | 167,833,366 | 129,897,591 | 0 | 0 |

## Part IX Statement of Functional Expenses

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, 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 | 261,051 | 261,051 | | |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 | | | | |
| 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 accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O ) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 57,279,667 | 57,279,667 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 41,970,096 | 41,970,096 | | |
| 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 ) | | | | |
| a OPERATING/MAINTENANCE | 10,583,089 | 10,583,089 | | |
| b UTILITIES | 4,879,490 | 4,879,490 | | |
| c ADMINISTRATIVE EXPENSES | 4,785,402 | 4,785,402 | | |
| d OPERATING GROUND RENT | 3,603,736 | 3,603,736 | | |
| e All other expenses | 9,033,856 | 9,033,856 | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 132,396,387 | 132,396,387 | 0 | 0 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest bearing | | 6,623,647 | 1 | 53,690,954 |
| | 2 | Savings and temporary cash investments | | 122,081,978 | 2 | 65,224,474 |
| | 3 | Pledges and grants receivable, net | | 434,038 | 3 | 7,916,836 |
| | 4 | Accounts receivable, net | | 2,476,622 | 4 | 3,368,348 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | 37,380,983 | 7 | 37,127,218 |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 824,212 | 9 | 929,110 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 1199612248 | | | |
| | b | Less accumulated depreciation | 10b 173,723,618 | 926,809,718 | 10c | 1025888630 |
| | 11 | Investments—publicly traded securities | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | 1,122,987 | 13 | 980,516 |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 173,919,663 | 15 | 79,060,097 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 1271673848 | 16 | 1274186183 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 2,319,897 | 17 | 2,336,324 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 17,906,024 | 19 | 18,045,606 |
| | 20 | Tax-exempt bond liabilities | | 1202930000 | 20 | 1128415000 |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 to unrelated third parties | | 19,829,282 | 24 | 19,722,840 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 51,598,567 | 25 | 92,162,689 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 1294583770 | 26 | 1260682459 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | -22,909,922 | 27 | 13,503,724 |
| | 28 | Temporarily restricted net assets | | | 28 | |
| | 29 | Permanently restricted net assets | | | 29 | |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | -22,909,922 | 33 | 13,503,724 |
| | 34 | Total liabilities and net assets/fund balances | | 1271673848 | 34 | 1274186183 |

## Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 167,833,366 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 132,396,387 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 35,436,979 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -22,909,922 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 976,667 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 13,503,724 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | X | |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | | X |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | X | |
| 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 | | X |
| 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. | 3b | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2013**

Open to Public Inspection

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )

9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|---|---|---|
| 11g(i) (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | | |
| 11g(ii) (ii) A family member of a person described in (i) above? | | |
| 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? | | |

h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? Yes | (iv) No | (v) Did you notify the organization in col (i) of your support? Yes | (v) No | (vi) Is the organization in col (i) organized in the U S ? Yes | (vi) No | (vii) Amount of monetary support |
|---|---|---|---|---|---|---|---|---|---|
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III )

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II )

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 173,966 | 217,627 | 224,538 | 4,446,452 | 37,935,775 | 42,998,358 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 80,336,075 | 89,579,101 | 100,355,682 | 119,372,210 | 128,848,038 | 518,491,106 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | 80,510,041 | 89,796,728 | 100,580,220 | 123,818,662 | 166,783,813 | 561,489,464 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6 ) | | | | | | 561,489,464 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | 80,510,041 | 89,796,728 | 100,580,220 | 123,818,662 | 166,783,813 | 561,489,464 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,457,480 | 1,550,644 | 10,964,515 | 15,408,944 | 1,049,553 | 31,431,136 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 2,457,480 | 1,550,644 | 10,964,515 | 15,408,944 | 1,049,553 | 31,431,136 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12 ) | 82,967,521 | 91,347,372 | 111,544,735 | 139,227,606 | 167,833,366 | 592,920,600 |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | 94.70 % |
| 16 | Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | 93.65 % |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f)) | 17 | 5 % |
| 18 | Investment income percentage from **2012** Schedule A, Part III, line 17 | 18 | 6 % |

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number

91-1884698

## Part I 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 |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization 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 Tax Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

## Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

| | | Amount |
|---|---|---|
| c | Beginning balance | 1c |
| d | Additions during the year | 1d |
| e | Distributions during the year | 1e |
| f | Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

## Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | Yes | No |
|---|---|---|---|
| (i) | unrelated organizations | 3a(i) | |
| (ii) | related organizations | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds

## Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 23,006,442 | | 23,006,442 |
| b Buildings | | 1145377745 | 158,062,054 | 987,315,691 |
| c Leasehold improvements | | 10,327,949 | 6,509,451 | 3,818,498 |
| d Equipment | | 20,900,112 | 9,152,113 | 11,747,999 |
| e Other | | | | |
| **Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) ▶ | | | | 1025888630 |

**Part VII Investments—Other Securities.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶ | | |

**Part VIII Investments—Program Related.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶ | | |

**Part IX Other Assets.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

| | (a) Description | (b) Book value |
|---|---|---|
| (1) | CONSTRUCTION IN PROGRESS | 60,533,284 |
| (2) | COSTS TO BE AMORTIZED(NET OF ACCUM) | 13,355,691 |
| (3) | PREPAID LEASE | 2,626,460 |
| (4) | INTEREST RECEIVABLE | 2,531,629 |
| (5) | DUE FROM HEDC/AFFILIATE | 10,533 |
| (6) | UTILITY DEPOSITS | 2,500 |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) ▶ | | 79,060,097 |

**Part X Other Liabilities.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) PREPAID RENT | 50,455,016 |
| (3) INTEREST PAYABLE | 11,759,343 |
| (4) CONSTRUCTION DRAW PAYABLE | 10,770,268 |
| (5) CONSTRUCTION RETAINAGE PAYABLE | 4,486,755 |
| (6) ADVANCES PAYABLE-AFFILIATE/HEDC | 4,030,933 |
| (7) DUE TO KEY BANK INTEREST RATE SWAP | 1,860,478 |
| (8) LOAN PAYABLE-HEDC/AFFILIATE | 1,677,550 |
| (9) NET ORIGINAL ISSUE PREMIUM | 1,414,712 |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ | 92,162,689 |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | |
|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) | | | 5 | |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | |
|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) | | | 5 | |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART X - OTHER LIABILITIES CONTINUED

| DESCRIPTION | BOOK VALUE |
|---|---|
| DEVELOPER FEES PAYABLE | 1,015,805 |
| NDC PROMISSORY NOTE | 820,175 |
| GRANTS PAYABLE | 750,000 |
| RESERVE DEPOSITS | 687,885 |
| DUE TO UNIVERSITY OF WASHINGTON | 468,373 |
| INVESTMENTS | 457,798 |
| ORGANIZATION FEES PAYABLE | 407,364 |
| MANAGEMENT FEES PAYABLE | 281,352 |
| ADVANCE PAYABLE-CITY OF ITHACA | 190,000 |
| LOAN PAYABLE-MADISON COUNTY COMM. | 174,961 |
| DUE TO CITY OF TACOMA | 137,586 |
| DUE TO GROW AMERICA FUND, INC. | 103,500 |
| NOTE PAYABLE HEDC | 83,640 |

**Part XIII Supplemental Information** (continued)

DUE TO CITY OF ALTON, ILLINOIS 80,000

TENANTS SECURITY DEPOSITS 38,015

DUE TO HEDC NEW MARKETS 7,018

ADVANCE PAYABLE-GROW AMERICA FUND 2,000

ADVANCE PAYABLE-CDP MADISON II 1,381

DUE TO FUNDING PARTNERS CDP/LLC 781

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2013**

Open to Public Inspection

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

## Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) PROJECT RESTORE LP<br>708 THIRD AVENUE<br>NEW YORK NY 10017 | 39-1943246 | | 232,263 | | | | SEE PART IV |
| (2) EVERGREEN COOPERATIVE CORP.<br>504 E 105TH STREET<br>CLEVELAND OH 44108 | 45-2743815 | 501C3 | 7,964 | | | | ECONOMIC DEVELOPMENT |
| (3) ROUGE WINE BAR, LLC<br>88 WASHINGTON AVENUE<br>NORWALK CT 06854 | 26-3564181 | | 15,000 | | | | ECONOMIC DEVELOPMENT |
| (4) OHIO COOPERATIVE SOLAR, INC.<br>540 EAST 105TH STREET<br>CLEVELAND OH 44108 | 80-0303998 | | 5,824 | | | | ECONOMIC DEVELOPMENT |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1

3 Enter total number of other organizations listed in the line 1 table ▶ 3

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BY REQUIRING THE GRANTEE TO PROVIDE PERIODIC REPORTS THAT DESCRIBE THE USE OF GRANT FUNDS.

PART IV - ADDITIONAL INFORMATION

THE TWO (2) HUD SUPPORTIVE HOUSING PROGRAM GRANTS PROVIDE FUNDING FOR 1) OPERATIONAL AND SUPPORTIVE SERVICES TO DISABLED HOMELESS INDIVIDUALS AND FAMILIES ELIGIBLE TO LIVE IN 20 UNITS OF SCATTERED SITE TAX-CREDIT FINANCED PERMANENT HOUSING AND 2) HOUSING FOR HOMELESS INDIVIDUALS AND FAMILIES ELIGIBLE TO LIVE IN 29 UNITS OF SCATTERED SITE TAX-CREDIT FINANCED

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

TRANSITIONAL HOUSING IN MILWAUKEE, WISCONSIN.

**SCHEDULE J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2013**

Open to Public Inspection

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Questions Regarding Compensation

| | | Yes | No |
|---|---|---|---|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain — 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? — 2 | | |
| 3 | Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III<br>☒ Compensation committee ☐ Written employment contract<br>☐ Independent compensation consultant ☐ Compensation survey or study<br>☐ Form 990 of other organizations ☒ Approval by the board or compensation committee | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization | | |
| a | Receive a severance payment or change-of-control payment? — 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? — 4b | | X |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? — 4c | | X |
| | If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III | | |
| | **Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.** | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | |
| a | The organization? — 5a | | X |
| b | Any related organization? — 5b | | X |
| | If "Yes" to line 5a or 5b, describe in Part III | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of — 6a | | X |
| a | The organization? — 6b | | X |
| b | Any related organization? | | |
| | If "Yes" to line 6a or 6b, describe in Part III | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III — 7 | | X |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III — 8 | | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? — 9 | | |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| | (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|---|---|
| | | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| | ANGELA BUTLER | (i) | 2,930 | 0 | 0 | 194 | 269 | 3,393 | 0 |
| 1 | BOARD MEMBER | (ii) | 143,205 | 0 | 360 | 9,527 | 13,167 | 166,259 | 0 |
| | ROBERT W DAVENPORT | (i) | 108,062 | 0 | 0 | 11,803 | 3,611 | 123,476 | 0 |
| 2 | CHAIRMAN/BD MEMBER | (ii) | 290,138 | 0 | 3,048 | 32,022 | 9,797 | 335,005 | 0 |
| | JOHN DOWNS | (i) | 44,470 | 0 | 0 | 8,069 | 5,943 | 58,482 | 0 |
| 3 | BD MEMBER/SEE SCH O* | (ii) | 183,726 | 0 | 3,048 | 33,888 | 24,960 | 245,622 | 0 |
| | STEPHANIE DUGAN | (i) | 24,905 | 0 | 0 | 3,446 | 6,196 | 34,547 | 0 |
| 4 | BOARD MEMBER | (ii) | 99,095 | 0 | 524 | 13,782 | 24,786 | 138,187 | 0 |
| | JOHN FINKE | (i) | 319,241 | 0 | 3,048 | 17,923 | 29,749 | 369,961 | 0 |
| 5 | VP/BD MEMBER | (ii) | 13,359 | 0 | 0 | 743 | 1,233 | 15,335 | 0 |
| | KEVIN GREMSE | (i) | 173,800 | 0 | 360 | 24,770 | 30,982 | 229,912 | 0 |
| 6 | SECRETARY | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | DANIEL MARSH III | (i) | 156,054 | 0 | 0 | 15,311 | 8,730 | 180,095 | 0 |
| 7 | P/BD MEM/SEE SCH O* | (ii) | 394,744 | 0 | 1,584 | 38,886 | 22,173 | 457,387 | 0 |
| | THOMAS JACKSON | (i) | 16,323 | 0 | 0 | 1,364 | 3,109 | 20,796 | 0 |
| 8 | BOARD MEMBER | (ii) | 145,874 | 0 | 1,032 | 12,280 | 27,983 | 187,169 | 0 |
| | JOHN LINNER | (i) | 160,000 | 0 | 3,048 | 37,703 | 30,903 | 231,654 | 0 |
| 9 | BOARD MEMBER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | INGRID NARDONI | (i) | 126,283 | 0 | 1,032 | 19,491 | 30,851 | 177,657 | 0 |
| 10 | BOARD MEMBER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | JOHN PALYO | (i) | 21,857 | 0 | 0 | 1,582 | 2,979 | 26,418 | 0 |
| 11 | BOARD MEMBER | (ii) | 205,098 | 0 | 360 | 14,875 | 28,003 | 248,336 | 0 |
| | GERTRUDE SCRIVEN | (i) | 40,188 | 0 | 0 | 0 | 1,209 | 41,397 | 0 |
| 12 | BD MEMBER/SEE SCH O* | (ii) | 404,761 | 0 | 1,584 | 0 | 12,227 | 418,572 | 0 |
| | PATRICIA THOMSON | (i) | 62,163 | 0 | 0 | 13,953 | 6,062 | 82,178 | 0 |
| 13 | BD MEMBER/SEE SCH O* | (ii) | 253,133 | 0 | 1,584 | 57,171 | 24,841 | 336,729 | 0 |
| | DAVID J. TREVISANI | (i) | 138,118 | 0 | 1,032 | 20,027 | 29,123 | 188,300 | 0 |
| 14 | BOARD MEMBER | (ii) | 8,882 | 0 | 0 | 1,278 | 1,859 | 12,019 | 0 |
| | ANN VOGT | (i) | 231,533 | 0 | 1,032 | 54,718 | 12,237 | 299,520 | 0 |
| 15 | SEC/TREAS/BD MEMBER | (ii) | 22,800 | 0 | 0 | 5,365 | 1,200 | 29,365 | 0 |
| | | (i) | | | | | | | |
| 16 | | (ii) | | | | | | | |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2013**

Open to Public Inspection

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | TES PROPERTIES | 26-1159878 | 881566AN3 | 02/12/09 | 37,840,000 | CONSTRUCTION | | X | X | | | X |
| B | CITY OF NEWBURGH IND. DEV. AGENCY | 14-1742033 | 650861AB3 | 11/17/05 | 21,355,000 | CONSTRUCTION | | X | | X | | X |
| C | WASH. ST. HOUSING FINANCING COMM. | 91-1874730 | 939783PX8 | 07/16/08 | 16,155,000 | CONSTRUCTION | | X | | X | | X |
| D | GOAT HILL PROPERTIES | 20-2059121 | 38020YAW1 | 02/03/05 | 101,035,000 | CONSTRUCTION | | X | X | | | X |

## Part II Proceeds

| | A | B | C | D |
|---|---|---|---|---|
| 1 Amount of bonds retired | 2,720,000 | 4,275,000 | 165,000 | 14,400,000 |
| 2 Amount of bonds legally defeased | | | | 46,655,000 |
| 3 Total proceeds of issue | 37,840,000 | 21,355,000 | 16,155,000 | 101,035,000 |
| 4 Gross proceeds in reserve funds | 3,187,932 | | 1,136,080 | |
| 5 Capitalized interest from proceeds | | | | |
| 6 Proceeds in refunding escrows | | | | |
| 7 Issuance costs from proceeds | 1,158,609 | 1,156,155 | 417,394 | 1,539,335 |
| 8 Credit enhancement from proceeds | | | | |
| 9 Working capital expenditures from proceeds | | | | |
| 10 Capital expenditures from proceeds | 33,493,459 | 20,198,845 | 14,601,526 | 99,495,665 |
| 11 Other spent proceeds | | | | |
| 12 Other unspent proceeds | | | | |
| 13 Year of substantial completion | 2010 | 2007 | 2009 | 2007 |

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | | X | | X | | X | | X |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 Has the final allocation of proceeds been made? | | X | X | | | X | X | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | | X | X | | | X | X | |

## Part III Private Business Use

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | X |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | X | | X |

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2013**

Open to Public Inspection

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | TOMPKINS COUNTY IDA | 16-1214039 | 890099CN2 | 12/01/03 | 19,035,000 | CONSTRUCTION | | X | | X | | X |
| B | CDP KING COUNTY III | 13-3952793 | 14983NBD2 | 03/08/07 | 78,275,000 | CONSTRUCTION | | X | X | | | X |
| C | NJB PROPERTIES | 20-5535917 | 65486MAA5 | 12/05/06 | 189,720,000 | CONSTRUCTION | | X | X | | | X |
| D | TSB PROPERTIES | 20-0741062 | 89852NAA9 | 04/05/06 | 17,525,000 | CONSTRUCTION | | X | | X | | X |

## Part II Proceeds

| | A | B | C | D |
|---|---|---|---|---|
| 1 Amount of bonds retired | 3,960,000 | 30,990,000 | 11,660,000 | 2,410,000 |
| 2 Amount of bonds legally defeased | | | | |
| 3 Total proceeds of issue | 19,035,000 | 78,275,000 | 189,720,000 | 17,525,000 |
| 4 Gross proceeds in reserve funds | 2,069,245 | | 254,763 | 1,063,872 |
| 5 Capitalized interest from proceeds | | | | |
| 6 Proceeds in refunding escrows | | | | |
| 7 Issuance costs from proceeds | 1,303,213 | 4,988,632 | 1,265,069 | 606,012 |
| 8 Credit enhancement from proceeds | | | | |
| 9 Working capital expenditures from proceeds | | | | |
| 10 Capital expenditures from proceeds | 15,662,542 | 73,286,368 | 188,200,168 | 15,855,116 |
| 11 Other spent proceeds | | | | |
| 12 Other unspent proceeds | | | | |
| 13 Year of substantial completion | 2005 | 2007 | 2009 | 2006 |

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | | X | | X | | X | | X |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 Has the final allocation of proceeds been made? | | X | X | | | X | | X |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | | X | X | | | X | | X |

## Part III Private Business Use

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | X |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | X | | X |

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
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OMB No 1545-0047

**2013**

Open to Public Inspection

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | TUMWATER OFFICE PROPERTIES | 26-0073671 | 899697AS5 | 01/22/04 | 56,805,000 | CONSTRUCTION | | X | X | | | X |
| B | WASHINGTON ECONOMIC DEV. FIN. AUTH. | 91-1493002 | 93975WAX3 | 08/19/04 | 38,225,000 | CONSTRUCTION | | X | | X | | X |
| C | WASHINGTON ECONOMIC DEV. FIN. AUTH. | 91-1493002 | 93975WCB9 | 11/29/05 | 159,465,000 | CONSTRUCTION | | X | | X | | X |
| D | FYI PROPERTIES | 26-2473717 | 302716AU9 | 08/13/09 | 305,810,000 | CONSTRUCTION | | X | X | | | X |

## Part II Proceeds

| | A | B | C | D |
|---|---|---|---|---|
| 1 Amount of bonds retired | 6,585,000 | 8,635,000 | 35,670,000 | 6,755,000 |
| 2 Amount of bonds legally defeased | | | | |
| 3 Total proceeds of issue | 56,805,000 | 38,225,000 | 159,465,000 | 305,810,000 |
| 4 Gross proceeds in reserve funds | | 3,959 | 80,659 | 16,907,853 |
| 5 Capitalized interest from proceeds | | | | |
| 6 Proceeds in refunding escrows | | | | |
| 7 Issuance costs from proceeds | 593,279 | 1,126,802 | 2,179,466 | 2,423,212 |
| 8 Credit enhancement from proceeds | | | | |
| 9 Working capital expenditures from proceeds | | | | |
| 10 Capital expenditures from proceeds | 56,211,721 | 37,094,239 | 157,204,875 | 286,478,935 |
| 11 Other spent proceeds | | | | |
| 12 Other unspent proceeds | | | | |
| 13 Year of substantial completion | 2005 | 2004 | 2008 | 2011 |

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | | X | | X | | X | | X |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 Has the final allocation of proceeds been made? | X | | X | | | X | | X |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | | X | | X |

## Part III Private Business Use

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | X |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | X | | X |

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions.

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OMB No 1545-0047

**2013**

Open to Public Inspection

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | WASHINGTON BIOMEDICAL RES. FAC. 3 | 27-3042530 | 93730PAK2 | 12/01/10 | 164,950,000 | CONSTRUCTION | | X | X | | | X |
| B | CDP LOS ANGELES COUNTY | 27-3473882 | 20368RAR5 | 05/26/11 | 43,710,000 | CONSTRUCTION | | X | X | | | X |
| C | COMMUNITY PROPERTIES ALASKA, INC. | 45-5454746 | 20401WAT9 | 12/19/12 | 25,070,000 | CONSTRUCTION | | X | X | | | X |
| D | RIVERSIDE COMMUNITY PROP. DEV., INC | 46-2556598 | 768870AP2 | 10/03/13 | 44,380,000 | CONSTRUCTION | | X | X | | | X |

## Part II Proceeds

| | A | B | C | D |
|---|---|---|---|---|
| 1 Amount of bonds retired | 13,205,000 | 7,070,000 | | |
| 2 Amount of bonds legally defeased | | | | |
| 3 Total proceeds of issue | 164,950,000 | 43,710,000 | 25,070,000 | 44,380,000 |
| 4 Gross proceeds in reserve funds | 7,042,326 | 354,815 | 11,854,189 | 41,678,017 |
| 5 Capitalized interest from proceeds | | | | |
| 6 Proceeds in refunding escrows | | | | |
| 7 Issuance costs from proceeds | 1,319,148 | 441,156 | 544,279 | 569,276 |
| 8 Credit enhancement from proceeds | | | | |
| 9 Working capital expenditures from proceeds | | | | |
| 10 Capital expenditures from proceeds | 156,588,526 | 42,914,029 | 12,671,532 | 2,132,707 |
| 11 Other spent proceeds | | | | |
| 12 Other unspent proceeds | | | | |
| 13 Year of substantial completion | 2013 | 2012 | | |

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | | X | | X | | X | | X |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 Has the final allocation of proceeds been made? | | X | | X | | X | | X |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | | X | | X | | X | | X |

## Part III Private Business Use

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | X |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | X | | X |

## Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | | X | | X | | X | | X |

## Part IV Arbitrage

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | | X | | X | | X | | X |
| c No rebate due? | | X | | X | | X | | X |
| If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | X | | X | | X |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

## Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | % | | % | | % | | % | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | % | | % | | % | | % | |
| 6 Total of lines 4 and 5 | % | | % | | % | | % | |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | % | | % | | % | | % | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | | X | | X | | X | | X |

## Part IV Arbitrage

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | | X | | X | | X | | X |
| c No rebate due? | | X | | X | | X | | X |
| If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | X | | X | | X |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

## Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | % | | % | | % | | % | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | % | | % | | % | | % | |
| 6 Total of lines 4 and 5 | % | | % | | % | | % | |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | % | | % | | % | | % | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | | X | | X | | X | | X |

## Part IV Arbitrage

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | | X | | X | | X | | X |
| c No rebate due? | | X | | X | | X | | X |
| If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | X | | X | | X |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

## Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | X | | X | | X | | X |

## Part IV Arbitrage

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | | X | | X | | X | | X |
| c No rebate due? | | X | | X | | X | | X |
| If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | X | | X | | X |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

**Part IV Arbitrage** (Continued)

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | X | | X | | X | | X |

**Part V Procedures To Undertake Corrective Action**

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | | X | | X | | X | | X |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions)

## Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | X | | X | | X | | X |

## Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | | X | | X | | X | | X |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions)

**Part IV Arbitrage** (Continued)

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | X | | X | | X | | X |

**Part V Procedures To Undertake Corrective Action**

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | | X | | X | | X | | X |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

**Part IV Arbitrage** (Continued)

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | X | | X | | X | | X |

**Part V Procedures To Undertake Corrective Action**

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | | X | | X | | X | | X |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

| SCHEDULE O (Form 990 or 990-EZ) | Supplemental Information to Form 990 or 990-EZ | OMB No 1545-0047 |
|---|---|---|
| | Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. | 2013 |
| Department of the Treasury Internal Revenue Service | ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. | Open to Public Inspection |

| Name of the organization | Employer identification number |
|---|---|
| NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN | 91-1884698 |

FORM 990 - ORGANIZATION'S MISSION

NDC HOUSING AND ECONOMIC DEVELOPMENT CORPORATION'S ("HEDC") THREE PRIMARY EXEMPT PURPOSES ARE:

A. TO CONSTRUCT NEW LOW INCOME HOUSING AND TO DEVELOP, MANAGE, OPERATE, PROMOTE, FUND, AND SUPPORT EXISTING LOW INCOME HOUSING FOR PERSONS OF LIMITED FINANCIAL MEANS, HANDICAPPED PERSONS, ELDERLY PERSONS, AND OTHER PERSONS IN NEED OF SAFE ADEQUATE AFFORDABLE HOUSING AND TO ASSIST GENERALLY IN THE ALLEVIATION OF HOUSING SHORTAGES THROUGHT THE US.

B. TO ASSIST IN THE ERECTION AND MAINTENANCE OF PUBLIC BUILDINGS, MONUMENTS, FACILITIES, OR WORKS; TO LESSEN THE BURDENS OF GOVERNMENT AND TO PROMOTE SOCIAL WELFARE.

C. TO INITIATE AND CARRY OUT ACTIVITIES TO STIMULATE ECONOMIC DEVELOPMENT IN THE ECONOMICALLY DEPRESSED AREAS OF THE US. IN PARTICULAR, TO UNDERTAKE ACTIVITIES THAT:

*RELIEVE POVERTY AND LESSEN NEIGHBORHOOD TENSION CAUSED BY A LACK OF JOBS IN DETERIORATED AND DEPRESSED AREAS BY PROVIDING TRAINING OPPORTUNITIES FOR THE UNEMPLOYED AND CREATING JOB OPPORTUNITIES FOR DISADVANTAGED GROUPS.

*COMBAT COMMUNITY DETERIORATION AND ELIMINATE BLIGHT BY UNDERTAKING ACTIVITIES THAT STIMULATE THE ESTABLISHMENT OF NEW BUSINESSES AMONG DISADVANTAGED GROUPS AND WHICH REHABILITATE AND REVIVE EXISTING BUSINESSES OPERATED BY DISADVANTAGED GROUPS.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

LOW INCOME HOUSING

HEDC IS A NATIONAL LEADER IN LOW INCOME HOUSING THROUGH BOTH DEVELOPMENT AND INVESTMENT. WORKING IN PARTNERSHIP WITH NONPROFIT ORGANIZATIONS AND SERVICE PROVIDERS AROUND THE NATION, HEDC HAS DEVELOPED, FINANCED, OPERATED, AND/OR MANAGED A TOTAL OF 8,500 UNITS OF QUALITY, SAFE, ADEQUATE, AND AFFORDABLE LOW INCOME HOUSING TOTALING $1.1 BILLION OF INVESTMENT IN LOW INCOME COMMUNITIES IN 29 STATES ACROSS THE NATION.

IN 2013 THROUGH OUR LOW INCOME HOUSING DEVELOPMENT AND INVESTMENT ACTIVITIES, HEDC CONSTRUCTED OR RENOVATED 282 UNITS OF QUALITY, SAFE, ADEQUATE, AND AFFORDABLE HOUSING FOR LOW INCOME PERSONS AND FAMILIES, THE ELDERLY, AND PEOPLE WITH SPECIAL NEEDS. INVESTMENT AND DEVELOPMENT ACTIVITIES TOTALED $28 MILLION.

THE FOLLOWING IS A SAMPLING OF HEDC AFFORDABLE HOUSING PROJECTS COMPLETED IN 2013:

*DETROIT, MICHIGAN - WITH THE HIGHEST UNEMPLOYMENT RATE OF ANY MAJOR CITY IN THE COUNTRY, PERHAPS NO OTHER CITY IS MORE DISTRESSED THAN THE ONCE VIBRANT MOTOR CITY. HOUSING HAS BEEN PARTICULARLY HARD HIT. YET THE SOUTHWEST NEIGHBORHOOD IS GROWING, HOME TO INCREASING NUMBERS OF HISPANIC AND MIDDLE EASTERN IMMIGRANTS. COMMERCIAL STRIPS IN THE NEIGHBORHOOD ARE MARGINALLY HEALTHY, STOREFRONTS ARE OCCUPIED AND THERE IS ACTIVITY ON THE STREETS. IN THE SOUTHWEST NEIGHBORHOOD, HEDC COMPLETED THE DEVELOPMENT OF SCOTTEN PARK A 32 UNIT QUALITY AFFORDABLE FAMILY HOUSING DEVELOPMENT. THE 32 UNIT SCATTERED SITE "ENTERPRISE GREEN CERTIFIED" AFFORDABLE HOUSING PROJECT IN THE MEXICANTOWN AREA OF SOUTHWEST DETROIT IS COMPRISED OF TWO- AND THREE-BEDROOM UNITS FEATURING ENERGY EFFICIENT APPLIANCES (INCLUDING

WASHERS AND DRYERS), CENTRAL AC, FRONT PORCHES AND FULL YARDS. EIGHT UNITS WITH PROJECT-BASED SECTION 8 RENTAL ASSISTANCE ARE DESIGNED FOR PERSONS WITH PHYSICAL DISABILITIES. WITH NO HARD DEBT, THE PROJECT IS ABLE TO OFFER QUALITY AFFORDABLE UNITS TO 16 HOUSEHOLDS AT 30, 40 AND 50% AMI; THE REMAINING UNITS ARE RESTRICTED AT 60%, AND ALL ARE WELL BELOW MARKET.

*IN NORTHFIELD , MN, A TOWN OF 20,000 ABOUT 40 MILES SOUTH OF DOWNTOWN ST. PAUL, 35 MILES SOUTH OF THE MINNEAPOLIS-ST. PAUL AIRPORT HEDC COMPLETED SPRING CREEK TOWNHOMES, A 28 UNIT AFFORDABLE HOUSING DEVELOPMENT. THE PRIMARY ECONOMIC ENGINES IN THE COMMUNITY ARE TWO COLLEGES---CARLETON COLLEGE AND ST. OLAF COLLEGE. BOTH ARE LONG-TIME (1866 AND 1874, RESPECTIVELY) PARTS OF THE NORTHFIELD COMMUNITY. THE COMMUNITY HAS BEEN EXPANDING IN THE LAST SEVERAL YEARS AND THERE WAS A DEMONSTRATED NEED FOR QUALITY AFFORDABLE HOUSING FOR LARGER FAMILIES WHICH THIS PROJECT TARGETS. THE 2-BR'S HAVE 1534 S.F., THE 3-BR'S 1559 S.F., AND THE 4-BR'S 1956 S.F.. AND EACH WILL HAVE TWO BATHROOMS. ALL BUT TWO OF THE UNITS WILL BE A TWO-STORY, TOWN HOUSE-STYLE DESIGN. ONE OF THE TWO-BEDROOM UNITS AND ONE OF THE FOUR-BEDROOM UNITS WILL BE SINGLE STORY AND ARE SPECIFICALLY DESIGNED AS FULLY ACCESSIBLE HOUSING. ALTHOUGH THE INCOME LIMITS ARE 60% OF AMI, THE RENTS ARE SET AT 50% OF AMI.

*IN VICKSBURG, MS THE HISTORIC RENOVATION OF THE LONG-VACANT AEOLIAN APARTMENTS, A CONTRIBUTING STRUCTURE IN VICKSBURG'S UPTOWN HISTORIC DISTRICT, HAS PROVIDED 60 UNITS OF HOUSING SERVING ADULTS 62 AND OLDER OF LOW TO MODERATE INCOMES. THE NEWLY CONSTRUCTED UNITS ARE ALL SET ASIDE FOR HOUSEHOLDS WITH INCOMES AT 60% OF AMI OR LESS. LOCATED WITHIN WALKING DISTANCE OF THE MIGHTY MISSISSIPPI RIVER, THE AEOLIAN HAS BEEN RESTORED TO

A PLACE OF PRIDE IN VICKSBURG, DESIGNATED BY THE NATIONAL TRUST FOR HISTORIC PRESERVATION AS ONE OF MISSISSIPPI'S ORIGINAL MAIN STREET TOWNS. THE AEOLIAN PROVIDES AN EXTENSIVE ARRAY OF AMENITIES TO ITS SENIOR RESIDENTS INCLUDING A COMMUNITY ROOM, FITNESS CENTER, BUSINESS CENTER, MEDIA ROOM, LIBRARY AND EXTERIOR, CENTRAL COURTYARD. RESIDENTS ALSO HAVE EASY ACCESS TO MANY LOCAL BENEFITS AND SERVICES.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

LESSENING THE BURDENS OF GOVERMENT

HEDC ALSO PARTNERS WITH UNITS OF LOCAL GOVERNMENT TO ERECT AND MAINTAIN PUBLIC BUILDINGS, MONUMENTS, FACILITIES, AND WORKS TO LESSEN THE BURDEN OF GOVERNMENT AND TO PROMOTE SOCIAL WELFARE. IN TOTAL, HEDC HAS DEVELOPED AND FINANCED MORE THAN THIRTY PROPERTIES COSTING MORE THAN $2 BILLION ON BEHALF OF LOCAL GOVERNMENT INCLUDING PUBLIC BUILDINGS AND CITY HALLS, EDUCATIONAL AND MEDICAL RESEARCH FACILITIES, STUDENT HOUSING, AND PUBLIC INFRASTRUCTURE.

DURING 2013, HEDC UNDERTOOK THE FOLLOWING PROJECTS UNDER THE MISSION OF LESSENING THE BURDENS OF GOVERNMENT.

*WASHINGTON BIOMEDICAL RESEARCH PROPERTIES SEATTLE, WA

IN 2004 UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE BEGAN RENOVATING THEIR EXISTING BROTMAN BUILDING INTO A STATE-OF-THE-ART BIOMEDICAL RESEARCH FACILITY. THE UNIVERSITY WAS CHALLENGED TO DELIVER THE PROJECT IN A TIMELY AND EFFICIENT MANNER AND ASKED HEDC TO ASSIST BY UNDERTAKING THE MULTI-PHASE PROJECT ON THEIR BEHALF. THE THIRD PHASE IN UW MEDICINE'S SOUTH LAKE UNION CAMPUS CONSISTS OF THREE PHASES. PHASE 3.1 BROKE GROUND IN

SUMMER 2011 AND WAS COMPLETED IN 2013. IT INCLUDES THE CONSTRUCTION OF A 138,000 SQUARE-FOOT RESEARCH LABORATORY BUILDING DIRECTLY ACROSS THE STREET FROM THE FIRST AND SECOND PHASES OF THE SOUTH LAKE UNION CAMPUS.

*INDIO CRIMINAL JUSTICE LAW BUILDING - RIVERSIDE, CA

THE INDIO CRIMINAL JUSTICE LAW BUILDING IS LOCATED IN THE CITY OF INDIO, RIVERSIDE COUNTY, CA. THE PROJECT INVOLVES THE DEVELOPMENT OF A 90,000 SF CRIMINAL JUSTICE LAW BUILDING THAT WILL HOUSE THE RIVERSIDE COUNTY DISTRICT ATTORNEY, PUBLIC DEFENDER, COUNTY COUNSEL, LAW LIBRARY AND OTHER RELATED USES. THE COUNTY SELECTED HEDC BECAUSE OF ITS ABILITY TO EXPEDITE DELIVERY TO ACCOMMODATE ITS SCHEDULED NEED TO RELOCATE STAFF FROM THE EXISTING OFFICES LOCATED AT THE JAIL SITE. THE PROPOSED PROJECT WILL GREATLY BENEFIT THE COUNTY IN TWO WAYS. FIRST, THE PROJECT PROVIDES A COST-EFFECTIVE, TIMELY OPTION FOR RIVERSIDE COUNTY TO UPGRADE AND MODERNIZE ITS ADMINISTRATIVE OFFICES FOR ITS CRIMINAL JUSTICE ADMINISTRATIVE DIVISIONS. SECONDLY, THE RELOCATION OF THE CURRENT COUNTY JUSTICE ADMINISTRATIVE OFFICES WILL CREATE A DEVELOPMENT OPPORTUNITY TO INCREASE AND IMPROVE CORRECTIONAL FACILITIES, WHICH WILL REDUCE THE INCIDENCE OF EARLY RELEASE ASSOCIATED WITH OVERCROWDING IN THE CA PENAL SYSTEM.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

STIMULATE ECONOMIC DEVELOPMENT IN ECONOMICALLY DEPRESSED AREAS.

HEDC WORKS WITH NONPROFIT ORGANIZATIONS AND SERVICE PROVIDERS AND UNITS OF LOCAL GOVERNMENT TO STIMULATE ECONOMIC DEVELOPMENT IN THE ECONOMICALLY DEPRESSED NEIGHBORHOODS ACROSS THE NATION. WORKING THROUGH THE NEW MARKETS TAX CREDIT PROGRAM AND WITH OTHER FINANCING, HEDC CREATES EMPLOYMENT AND ENTREPRENEURIAL OPPORTUNITIES FOR DISADVANTAGED GROUPS AND

INDIVIDUALS, COMBATS COMMUNITY DETERIORATION, AND ELIMINATES SLUM AND BLIGHT THROUGH NEW INVESTMENT IN LOW INCOME COMMUNITIES TO REHABILITATE AND REVITALIZE NEIGHBORHOODS.

UNDER THE NEW MARKETS TAX CREDIT (NMTC) PROGRAM, HEDC HAS SPONSORED 85 PROJECTS TOTALING OVER $1.7 BILLION OF NEW INVESTMENT, CREATED OVER 7,500 PERMANENT JOBS FOR DISADVANTAGED INDIVIDUALS, AND BROUGHT BADLY NEEDED GOODS AND SERVICES TO LOW INCOME COMMUNITIES.

IN 2013, USING NEW MARKETS TAX CREDITS AND OTHER FINANCING, HEDC CLOSED 8 PROJECTS TOTALING $221 MILLION OF INVESTMENT. ONCE COMPLETED THESE PROJECTS WILL CREATE 837 PERMANENT JOBS FOR DISADVANTAGED INDIVIDUALS, AND OFFER ENTREPRENEURIAL OPPORTUNITIES TO DISADVANTAGED INDIVIDUALS.

HIGHLIGHTS OF HEDC PROJECTS THAT CLOSED IN 2013 INCLUDE:

*SEVERN PEANUT FACTORY - SEVERN, NC
HEDC'S NMTC ALLOCATION HELPED TO FINANCE SEVERN'S CONSTRUCTION OF A NEW PLANT WITH STORAGE SPACE AND THE PURCHASE OF NEW ROASTING, DRYING AND SHELLING EQUIPMENT. THE NEW FACILITY WILL CREATE 46,840 SQ. FT. OF MANUFACTURING SPACE WITH AN ADDITIONAL 6,500 SQ. FT. OF OFFICE SPACE. THE PROJECT IS LOCATED IN A DEEPER DISTRESSED CENSUS TRACT IN RURAL NC; IT IS LOCATED IN A FEMA DISASTER AREA, DECLARED LESS THAN 24 MONTHS PRIOR TO HEDC UNDERTAKING THE PROJECT AND IS LOCATED IN A NORTH CAROLINA DEPARTMENT OF COMMERCE TIER 1 COUNTY, A STATE ECONOMIC DEVELOPMENT DESIGNATION, WHICH TARGETS NORTHAMPTON COUNTY FOR SPECIAL PROGRAMMING DUE TO IT BEING ONE OF THE MOST ECONOMICALLY DISTRESSED COUNTIES IN THE STATE. THE PROJECT IS

EXPECTED TO CREATE 175 PERMANENT JOBS WITH STARTING SALARIES FOR NEW PERMANENT EMPLOYEES RANGING FROM $20,000-$60,000.

*THE REGIONAL MEDICAL CENTER OF MEMPHIS (THE MED) - MEMPHIS, TN
THE REGIONAL MEDICAL CENTER OF MEMPHIS (THE MED) WILL UNDERGO AN 82,000 SQUARE FOOT RENOVATION OF EXISTING SPACE. THE RENOVATION OF THE MED'S TURNER TOWER WILL CREATE A NEW OUTPATIENT AMBULATORY SURGERY UNIT SHIFTING CURRENT VOLUME FROM THE MAIN OPERATING ROOM, TO ALLOW FOR AN ADDITIONAL 1,400 SURGERIES OVER THE NEXT FIVE YEARS. THE MED, CHARTERED IN 1829, IS A NONPROFIT HOSPITAL THAT PROVIDES ACCESSIBLE AND QUALITY HEALTHCARE FOR ROUGHLY 148,000 LOW INCOME PATIENTS EACH YEAR. THE MED ALSO CONTAINS THE ONLY LEVEL 1 TRAUMA CENTER THROUGHOUT A FIVE STATE REGION THAT RECEIVES OVER 4,500 ADMISSIONS ANNUALLY. HEDC'S NMTC ALLOCATION HAS LESSENED THE BURDEN ON THE NON-PROFIT HOSPITAL ALLOWING THEM TO PUT ADDITIONAL RESOURCES TOWARD FUTURE FACILITY IMPROVEMENTS. THE PROJECT IS EXPECTED TO CREATE 200 CONSTRUCTION JOBS AND 132 PERMANENT JOBS.

*OMAK FAMILY HEALTH CENTER - OMAK, WA
HEDC'S NMTC ALLOCATION HELPED TO FINANCE FAMILY HEALTH CENTERS (FHC) A FEDERALLY QUALIFIED HEALTH CENTER, RELOCATION AND EXPANSION OF ITS MEDICAL CLINIC AND PHARMACY. THE NEW 18,200 SF CLINIC AND 1,600 SF PHARMACY WILL NEARLY QUADRUPLE THE SIZE OF THE OLD FACILITY, ALLOWING FOR A 33% INCREASE IN PATIENT VISITS BY 2016 AND PROVIDING ACCESS TO HEALTH SERVICES FOR AN ADDITIONAL 5,167 LOW-INCOME PATIENTS A YEAR. THE NEW FACILITY WILL BE BETTER EQUIPPED TO PROVIDE RESIDENTS OF OKANOGAN COUNTY WITH PRIMARY AND PREVENTATIVE OUT-PATIENT SERVICES, DENTAL CARE, PHARMACY SERVICES, CHRONIC CARE AND OBSTETRICS. THE PROJECT WILL CREATE AND/OR RETAIN 26 CONSTRUCTION

JOBS AND 67 PERMANENT JOBS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

BUILD AMERICA BONDS REBATE

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

ANN VOGT — INGRID NARDONI

SEC./TREAS. — BOARD MEMBER

FAMILY RELATIONSHIP

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

IN JULY 2013, NDC BECAME THE SOLE VOTING MEMBER OF NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION WITH POWER TO ELECT AND REMOVE DIRECTORS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

IN JULY 2013, NDC BECAME THE SOLE VOTING MEMBER OF NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION WITH POWER TO ELECT AND REMOVE DIRECTORS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE ORGANIZATIONS PROCESS IS TO SEND OUT FORM 990, IN ADVANCE OF FILING, TO THE BOARD INVITING THEM TO MAKE QUESTIONS AND COMMENT.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL MEMBERS OF THE HEDC BOARD OF DIRECTORS AND EXECUTIVE EMPLOYEES ARE REQUIRED TO ANNUALLY EXECUTE A CONFLICT OF INTEREST AND COMPENSATION GUIDELINES ACKNOWLEDGEMENT STATING THAT THEY HAVE RECEIVED, READ AND UNDERSTAND, AND AGREE TO COMPLY WITH THE CONFLICT OF INTEREST AND

COMPENSATION GUIDELINES. THE CONFLICT OF INTEREST AND COMPENSATION GUIDELINES DOCUMENT REQUIRE BOARD MEMBERS AND EXECUTIVE EMPLOYEES TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST IMMEDIATELY. THE CHAIRPERSON OF THE BOARD WILL UPON NOTIFICATION OF SUCH AN EVENT APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION. VIOLATIONS OF THE CONFLICT OF INTEREST POLICY CAN RESULT IN APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. ALSO, ALL BOARD MEMBERS BY EXECUTING THE CONFLICT OF INTEREST AND COMPENSATION GUIDELINES DOCUMENT ACKNOWLEDGE THAT THEY SHARE THE RESPONSIBILITY OF HEDC TO REMAIN FAITHFUL TO THE ORGANIZATION'S CHARITABLE PURPOSES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS OF NDC HAS A STANDING COMPENSATION REVIEW COMMITTEE, THE MEMBERS OF WHICH ARE ALL INDEPENDENT DIRECTORS. THE COMMITTEE ENGAGES A THIRD PARTY INDEPENDENT CONSULTANT TO REVIEW THE COMPENSATION OF THE PRESIDENT EVERY TWO YEARS. THE COMMITTEE REVIEWS AND DISCUSSES THE FINDINGS AT A SPECIAL SESSION WITH ALL BOARD MEMBERS PRESENT EXCEPT THE PRESIDENT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE BOARD OF DIRECTORS OF NDC HAS A STANDING COMPENSATION REVIEW COMMITTEE, THE MEMBERS OF WHICH ARE ALL INDEPENDENT DIRECTORS. THE COMMITTEE ENGAGES A THIRD PARTY INDEPENDENT CONSULTANT TO REVIEW THE COMPENSATION OF THE CHAIRMAN EVERY TWO YEARS. THE COMMITTEE REVIEWS AND DISCUSSES THE FINDINGS AT A SPECIAL SESSION WITH ALL BOARD MEMBERS PRESENT EXCEPT THE CHAIRMAN.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

FORM 1023 & 990 ARE MADE AVAILABLE UPON REQUEST. FORM 990 IS MADE AVAILABLE ON WWW.GUIDESTAR.ORG. HEDC VOLUNTARILY MAKES AVAILABLE ITS GOVERNING DOCUMENTS UPON REASONABLE REQUEST.

THE AMOUNTS REFLECTED ON FORM 990, PART VII, SECTION A AND SCHEDULE J ARE ALLOCATED AMOUNTS BASED ON AVERAGE HOURS AS COMPENSATION FOR SERVICES PROVIDED TO THE ORGANIZATION AND PAID BY NATIONAL DEVELOPMENT COUNCIL AS COMMON PAYMASTER.

FORM 990, PART VII, SECTION A & SCHEDULE J, PART II
NATIONAL DEVELOPMENT COUNCIL (COMMON PAYMASTER) ("NDC") HAS ESTABLISHED BOTH A QUALIFIED PENSION PLAN AND A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR THE BENEFIT OF ITS EMPLOYEES. THE NONQUALIFIED DEFERRED COMPENSATION PLAN IS DEFINED IN SECTION 457(F) OF THE INTERNAL REVENUE CODE.

NDC'S QUALIFIED PENSION PLAN HAS VARIOUS BENEFIT LIMITATIONS. THE IMPACT OF THESE LIMITATIONS CONSIST OF: 1) LONG-SERVICE EMPLOYEES RECEIVE A LOWER PENSION BENEFIT AS A PERCENTAGE OF PAY THAN 'NEWER' EMPLOYEES, 2) MANY SENIOR EMPLOYEES HAVE RESTRICTED BENEFITS AND 3) EMPLOYEES WHO SACRIFICED IN NDC'S EARLIER DAYS, WHEN NDC DID NOT HAVE AN ESTABLISHED PENSION PLAN, ARE NOT FAIRLY COMPENSATED.

NDC WANTED TO FAIRLY COMPENSATE ITS LONG-SERVICE EMPLOYEES WHO SACRIFICED IN NDC'S EARLIER YEARS WHEN IT DID NOT HAVE AN ESTABLISHED PENSION PLAN AND NDC WANTED TO CREATE PARITY BETWEEN THESE LONG-SERVICE EMPLOYEES AND YOUNGER, NEWER EMPLOYEES WHO HAVE PARTICIPATED IN THE QUALIFIED PLAN SINCE

THE FIRST YEAR OF THEIR EMPLOYMENT.

THE SOLUTION WAS FOR NDC TO ESTABLISH A NONQUALIFIED PENSION PLAN, WHICH IS THE ORGANIZATION'S NONQUALIFIED DEFERRED COMPENSATION PLAN (I.E. NONQUALIFIED 457(F) PLAN).

THE BENEFITS UNDER THE NONQUALIFIED PENSION PLAN ARE GENERALLY NOT VESTED UNTIL COMPLETION OF SUBSTANTIAL REQUIREMENTS.

HOWEVER, THE BENEFITS UNDER THIS NONQUALIFIED DEFERRED COMPENSATION PLAN BECOME TAXABLE TO THE INDIVIDUAL UPON VESTING, EVEN THOUGH THE BENEFIT MAY NOT BE PAYABLE UNTIL A LATER YEAR OR YEARS. THE TAXABLE AMOUNT IS THE RESPECTIVE INDIVIDUAL'S LUMP SUM EQUIVALENT OF THE DEFERRED BENEFIT.

DURING 2013, NDC HAD SEVEN EMPLOYEES WHO ARE PARTICIPANTS WITHIN THIS NONQUALIFIED PLAN VEST AS SO DEFINED BY THE PLAN DOCUMENT. THESE SEVEN EMPLOYEES HAVE WORKED FOR NDC FOR A CONSIDERABLE NUMBER OF YEARS. MR. MARSH BEGAN HIS EMPLOYMENT WITH NDC IN 1986. MR. RODDE BEGAN HIS EMPLOYMENT WITH NDC IN 1978. MS. RUIZ-BADILLO BEGAN HER EMPLOYMENT WITH NDC IN 1978. MS. SCRIVEN BEGAN HER EMPLOYMENT WITH NDC IN 1983. MS. THOMSON BEGAN HER EMPLOYMENT WITH NDC IN 1991. MR. URQUHART BEGAN HIS EMPLOYMENT WITH NDC IN 1979. MR. DOWNS BEGAN HIS EMPLOYMENT WITH NDC IN 1992.

FOLLOWING ARE THE SEVEN EMPLOYEES AND THE RESPECTIVE AMOUNT OF THEIR 2013 WAGES, 2013 DEFERRED BENEFITS AND TOTAL COMPENSATION THAT HAVE BEEN REPORTED AS TAXABLE WAGES ON THEIR RESPECTIVE 2013 W-2 FORM:

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT

Employer identification number: 91-1884698

| EMPLOYEE | WAGES | 457(F) BENEFIT | TOTAL COMPENSATION |
|---|---|---|---|
| DAN MARSH III | $223,501 | $328,881 | $552,382 |
| SCOTT RODDE | $231,584 | $549,665 | $781,249 |
| VIRGINIA RUIZ-BADILLO | $126,364 | $247,571 | $373,935 |
| GERTRUDE SCRIVEN | $137,004 | $309,529 | $446,533 |
| PATRICIA THOMSON | $198,478 | $118,402 | $316,880 |
| KEVIN URQUHART | $ 98,248 | $265,905 | $364,153 |
| JOHN DOWNS | $223,698 | $ 7,546 | $231,244 |

FORM 990, PART VII, SECTION A

NAMES OF OTHER EMPLOYEES WITH 2013 WAGES OF MORE THAN $100,000 WITH RESPECTIVE AMOUNT OF WAGES NOT REPORTED ELSEWHERE ON FORM 990 OF NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION:

| | |
|---|---|
| SAMUEL BEARD | $315,356 |
| ALDRYCK BENNETT | $122,228 |
| REGINA CELESTIN | $107,654 |
| MURPHY CHEATHAM II | $100,145 |
| MARY CHILDS | $108,704 |
| CHARLEY DEPEW | $134,832 |
| RAQUEL FAVELA | $115,217 |
| KWAKU GEORGE | $137,740 |
| KEVIN GREMSE | $174,160 |
| CHARLES HULL | $111,045 |
| SANDRA JONES | $115,822 |
| KERRY KRAMER | $100,501 |
| MICHELLE MOONEY | $117,269 |

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT

Employer identification number: 91-1884698

| | |
|---|---|
| MICHELLE MORLAN | $113,947 |
| ANTONIO PALUMBO | $132,118 |
| ROBERT SWEET | $118,194 |

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

| | |
|---|---|
| MISCELLANEOUS ROUNDING ADJUSTMENT | $ 1 |
| UNREALIZED GAIN ON INTEREST RATE SWAP | $ 1,254,273 |
| PROVISION FOR BAD DEBTS | $ -277,607 |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |

## Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|---|
| (1) | NATIONAL DEVELOPMENT COUNCIL<br>708 THIRD AVENUE, SUITE 710 13-6532871<br>NEW YORK NY 10017 | SEE ATT. | NY | 501C3 | 9 | N/A | | X |
| (2) | NDC SUPPORT I, INC.<br>708 THIRD AVENUE, SUITE 710 13-4156877<br>NEW YORK NY 10017 | SEE ATT. | VA | 501C3 | 11A | N/A | | X |
| (3) | GROW AMERICA FUND, INC.<br>708 THIRD AVENUE, SUITE 710 13-3641265<br>NEW YORK NY 10017 | SEE ATT. | DE | 501C3 | 9 | N/A | | X |
| (4) | CDP YONKERS, INC.<br>708 THIRD AVENUE, SUITE 710 13-4111722<br>NEW YORK NY 10017 | ASSIST GOV | NY | 501C3 | 9 | N/A | | X |
| (5) | KINGSBOROUGH HOUSING DEV FUND CO.<br>708 THIRD AVENUE, SUITE 710 14-1734500<br>NEW YORK NY 10017 | HOUSING | NY | 501C3 | 9 | N/A | | X |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

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OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

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|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |

## Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|
| (1) YONKERS LARKIN GARAGE, INC.<br>708 THIRD AVENUE, SUITE 710 80-0730609<br>NEW YORK NY 10017 | ASSIST GOV | NY | 501C3 | 9 | N/A | | X |
| (2) NICKERSON AREA PROPERTIES<br>1218 THIRD AVENUE, SUITE 1403 30-0099064<br>SEATTLE WA 98101 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |
| (3) COMMUNITY DEVELOPMENT PARTNERS, INC<br>708 THIRD AVENUE, SUITE 710 03-0453754<br>NEW YORK NY 10017 | HOUSING | DE | 501C3 | 9 | N/A | | X |
| (4) COMMUNITY DEVELOPMENT PROPERTIES,<br>708 THIRD AVENUE, SUITE 710 13-3598617<br>NEW YORK NY 10017 | ECON. DEV. | VA | 501C3 | 9 | N/A | | X |
| (5) CDP ABILENE, INC.<br>708 THIRD AVENUE, SUITE 710 13-3707776<br>NEW YORK NY 10017 | HOUSING | DE | 501C3 | 9 | N/A | | X |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

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▶ Attach to Form 990. ▶ See separate instructions.
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OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |

## Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|---|
| (1) | COMMUNITY PROPERTIES ALASKA, INC.<br>708 THIRD AVENUE, SUITE 710 45-5454746<br>NEW YORK NY 10017 | ASSIST GOV | AK | 501C3 | 9 | N/A | | X |
| (2) | CDP ARTLOFT HDFC, INC.<br>708 THIRD AVENUE, SUITE 710 13-4087937<br>NEW YORK NY 10017 | HOUSING | NY | 501C3 | 9 | N/A | | X |
| (3) | CDP ATLANTA, INC.<br>708 THIRD AVENUE, SUITE 710 27-2451881<br>NEW YORK NY 10017 | HOUSING | DE | 501C3 | 9 | N/A | | X |
| (4) | CDP BEAUMONT, INC.<br>708 THIRD AVENUE, SUITE 710 13-3907101<br>NEW YORK NY 10017 | HOUSING | TX | 501C3 | 9 | N/A | | X |
| (5) | BROADWAY OFFICE PROPERTIES<br>708 THIRD AVENUE, SUITE 710 22-3837437<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
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OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |

## Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|
| (1) CDP BRONX, INC.<br>708 THIRD AVENUE, SUITE 710 20-3943129<br>NEW YORK NY 10017 | ECON. DEV. | DE | 501C3 | 9 | N/A | | X |
| (2) CDP BROOKLYN, INC.<br>708 THIRD AVENUE, SUITE 710 46-0906358<br>NEW YORK NY 10017 | ECON. DEV. | DE | 501C3 | 9 | N/A | | X |
| (3) CDP CANON CITY, INC.<br>708 THIRD AVENUE, SUITE 710 20-1794523<br>NEW YORK NY 10017 | HOUSING | DE | 501C3 | 9 | N/A | | X |
| (4) CDP CARVER, INC.<br>708 THIRD AVENUE, SUITE 710 75-2958825<br>NEW YORK NY 10017 | HOUSING | TX | 501C3 | 9 | N/A | | X |
| (5) CDP CLINTON COUNTY, INC.<br>708 THIRD AVENUE, SUITE 710 26-1151516<br>NEW YORK NY 10017 | HOUSING | DE | 501C3 | 9 | N/A | | X |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

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OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |

## Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|
| (1) CLEVELAND SMALL BUSINESS GROWTH FD<br>708 THIRD AVENUE, SUITE 710 45-4121646<br>NEW YORK NY 10017 | ECON. DEV. | OH | 501C3 | 9 | N/A | | X |
| (2) CLEVELAND COOPERATIVE ASSISTANCE FD<br>708 THIRD AVENUE, SUITE 710 45-4120817<br>NEW YORK NY 10017 | ECON. DEV. | OH | 501C3 | 9 | N/A | | X |
| (3) COB PROPERTIES<br>708 THIRD AVENUE, SUITE 710 45-3455657<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |
| (4) CONSERVATION DEVELOPMENT PROP, INC.<br>708 THIRD AVENUE, SUITE 710 33-1091602<br>NEW YORK NY 10017 | ECON. DEV. | CA | 501C3 | 9 | N/A | | X |
| (5) CDP DUBOIS ST. II, INC.<br>708 THIRD AVENUE, SUITE 710 20-3579331<br>NEW YORK NY 10017 | HOUSING | NY | 501C3 | 9 | N/A | | X |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

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OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |

## Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|---|
| (1) | ECCO PROPERTIES<br>708 THIRD AVENUE, SUITE 710 26-1159772<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |
| (2) | EDISON DEVELOPMENT CORPORATION<br>708 THIRD AVENUE, SUITE 710 46-3757191<br>NEW YORK NY 10017 | ECON. DEV. | DE | 501C3 | 9 | N/A | | X |
| (3) | CDP FORT COLLINS, INC.<br>708 THIRD AVENUE, SUITE 710 84-1536591<br>NEW YORK NY 10017 | HOUSING | CO | 501C3 | 9 | N/A | | X |
| (4) | FYI PROPERTIES<br>708 THIRD AVENUE, SUITE 710 26-2473717<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |
| (5) | CDP GAF-MUCL, INC.<br>708 THIRD AVENUE, SUITE 710 13-3678913<br>NEW YORK NY 10017 | ECON. DEV. | DE | 501C3 | 9 | N/A | | X |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

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OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |

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| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|---|
| (1) | GOAT HILL PROPERTIES<br>708 THIRD AVENUE, SUITE 710 20-2059121<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |
| (2) | GREATER SALT LAKE DEV CORP<br>708 THIRD AVENUE, SUITE 710 46-3784495<br>NEW YORK NY 10017 | ECON. DEV. | DE | 501C3 | 9 | N/A | | X |
| (3) | GREATER UNIV CIRCLE CAP CORP<br>708 THIRD AVENUE, SUITE 710 45-3951456<br>NEW YORK NY 10017 | ECON. DEV. | OH | 501C3 | 9 | N/A | | X |
| (4) | GREENBRIDGE EDUCATION PROPERTIES<br>708 THIRD AVENUE, SUITE 710 26-3455229<br>NEW YORK NY 10017 | HOUSING | WA | 501C3 | 9 | N/A | | X |
| (5) | HEDC NEW MARKETS, INC.<br>708 THIRD AVENUE, SUITE 710 38-3646931<br>NEW YORK NY 10017 | ECON. DEV. | DE | 501C3 | 9 | N/A | | X |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |

## Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|
| (1) HOUSING DEVELOPMENT GROUP, INC.<br>708 THIRD AVENUE, SUITE 710 22-3838603<br>NEW YORK NY 10017 | HOUSING | DE | 501C3 | 9 | N/A | | X |
| (2) HOUSING DEVELOPMENT GROUP II, INC.<br>708 THIRD AVENUE, SUITE 710 20-3401600<br>NEW YORK NY 10017 | HOUSING | DE | 501C3 | 9 | N/A | | X |
| (3) CDP HUMBOLT, INC.<br>708 THIRD AVENUE, SUITE 710 06-1536865<br>NEW YORK NY 10017 | HOUSING | DE | 501C3 | 9 | N/A | | X |
| (4) CDP ITHACA, INC.<br>708 THIRD AVENUE, SUITE 710 51-0434683<br>NEW YORK NY 10017 | ECON. DEV. | DE | 501C3 | 9 | N/A | | X |
| (5) CDP KING COUNTY II, INC.<br>708 THIRD AVENUE, SUITE 710 13-3707632<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
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OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |

## Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|---|
| (1) | CDP KING COUNTY III, INC.<br>708 THIRD AVENUE, SUITE 710 13-3952793<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |
| (2) | LAKE TAPPS PARKWAY PROPERTIES<br>708 THIRD AVENUE, SUITE 710 06-1525146<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |
| (3) | CDP LANCASTER, INC.<br>708 THIRD AVENUE, SUITE 710 22-3736890<br>NEW YORK NY 10017 | ECON. DEV. | PA | 501C3 | 9 | N/A | | X |
| (4) | CDP LOS ANGELES COUNTY, INC.<br>708 THIRD AVENUE, SUITE 710 27-3473882<br>NEW YORK NY 10017 | ASSIST GOV | CA | 501C3 | 9 | N/A | | X |
| (5) | CDP MACY, INC.<br>708 THIRD AVENUE, SUITE 710 46-1054307<br>NEW YORK NY 10017 | HOUSING | NE | 501C3 | 9 | N/A | | X |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |

## Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|---|
| (1) | CDP MADISON, INC.<br>708 THIRD AVENUE, SUITE 710 91-2089254<br>NEW YORK NY 10017 | HOUSING | IL | 501C3 | 9 | N/A | | X |
| (2) | CDP MADISON II, INC.<br>708 THIRD AVENUE, SUITE 710 37-1421792<br>NEW YORK NY 10017 | HOUSING | IL | 501C3 | 9 | N/A | | X |
| (3) | CDP MADISON SENIOR NFP<br>708 THIRD AVENUE, SUITE 710 20-0454678<br>NEW YORK NY 10017 | HOUSING | IL | 501C3 | 9 | N/A | | X |
| (4) | CDP NEWBURGH, INC.<br>708 THIRD AVENUE, SUITE 710 20-5631355<br>NEW YORK NY 10017 | HOUSING | IL | 501C3 | 9 | N/A | | X |
| (5) | CDP NEW ENGLAND, INC.<br>708 THIRD AVENUE, SUITE 710 20-0992522<br>NEW YORK NY 10017 | HOUSING | IL | 501C3 | 9 | N/A | | X |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |

## Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|---|
| (1) | CDP NEW MARKETS MM, INC.<br>708 THIRD AVENUE, SUITE 710 20-5962057<br>NEW YORK NY 10017 | ECON. DEV. | DE | 501C3 | 9 | N/A | | X |
| (2) | NJB PROPERTIES<br>708 THIRD AVENUE, SUITE 710 20-5535917<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |
| (3) | CDP PARKWAY GARDENS NFP<br>708 THIRD AVENUE, SUITE 710 27-3118859<br>NEW YORK NY 10017 | HOUSING | IL | 501C3 | 9 | N/A | | X |
| (4) | REDMOND COMMUNITY PROPERTIES<br>708 THIRD AVENUE, SUITE 710 26-0073775<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |
| (5) | CDP RIFLE, INC.<br>708 THIRD AVENUE, SUITE 710 26-1852116<br>NEW YORK NY 10017 | HOUSING | DE | 501C3 | 9 | N/A | | X |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

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OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |

## Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|---|
| (1) | RIVERSIDE COMMUNITY PROP DEV, INC.<br>708 THIRD AVENUE, SUITE 710 46-2556598<br>NEW YORK NY 10017 | ASSIST GOV | CA | 501C3 | 9 | N/A | | X |
| (2) | CDP SEATAC, INC.<br>708 THIRD AVENUE, SUITE 710 20-5787438<br>NEW YORK NY 10017 | ECON. DEV. | DE | 501C3 | 9 | N/A | | X |
| (3) | CDP STAMFORD, INC.<br>708 THIRD AVENUE, SUITE 710 20-2498177<br>NEW YORK NY 10017 | ECON. DEV. | DE | 501C3 | 9 | N/A | | X |
| (4) | CDP SYRACUSE, INC.<br>708 THIRD AVENUE, SUITE 710 45-3455233<br>NEW YORK NY 10017 | HOUSING | DE | 501C3 | 9 | N/A | | X |
| (5) | CDP TEXAS, INC.<br>708 THIRD AVENUE, SUITE 710 20-3401110<br>NEW YORK NY 10017 | HOUSING | DE | 501C3 | 9 | N/A | | X |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

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OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |

## Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|---|
| (1) | TES PROPERTIES<br>708 THIRD AVENUE, SUITE 710 26-1159878<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |
| (2) | TSB PROPERTIES<br>708 THIRD AVENUE, SUITE 710 20-0741062<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |
| (3) | TUMWATER OFFICE PROPERTIES<br>708 THIRD AVENUE, SUITE 710 26-0073671<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |
| (4) | CDP VANDERBILT/LARNED, INC.<br>708 THIRD AVENUE, SUITE 710 13-3615032<br>NEW YORK NY 10017 | ECON. DEV. | DE | 501C3 | 9 | N/A | | X |
| (5) | WASH BIOMEDICAL RES PROP I<br>708 THIRD AVENUE, SUITE 710 75-3096321<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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OMB No 1545-0047

**2013**

Open to Public Inspection

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |

## Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|---|
| (1) | WASH BIOMEDICAL RES PROP II<br>708 THIRD AVENUE, SUITE 710 01-0838053<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |
| (2) | WASH BIOMEDICAL RES FACIL 3<br>708 THIRD AVENUE, SUITE 710 27-3042530<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |
| (3) | WBRP 32<br>708 THIRD AVENUE, SUITE 710 27-3468946<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |
| (4) | WBRP 33<br>708 THIRD AVENUE, SUITE 710 27-3469226<br>NEW YORK NY 10017 | ASSIST GOV | WA | 501C3 | 9 | N/A | | X |
| (5) | CDP WICHITA FALLS, INC.<br>708 THIRD AVENUE, SUITE 710 20-0526092<br>NEW YORK NY 10017 | HOUSING | DE | 501C3 | 9 | N/A | | X |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

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OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN

Employer identification number: 91-1884698

## Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |

## Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|---|
| (1) | CDP WILSON, INC.<br>708 THIRD AVENUE, SUITE 710 20-1644196<br>NEW YORK NY 10017 | HOUSING | DE | 501C3 | 9 | N/A | | X |
| (2) | CDP YONKERS PIER, INC.<br>708 THIRD AVENUE, SUITE 710 20-3584528<br>NEW YORK NY 10017 | ECON. DEV. | DE | 501C3 | 9 | N/A | | X |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispro-portionate alloc ? Yes | (h) Dispro-portionate alloc ? No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) General or managing partner? No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1)NDC CORPORATE EQUITY FUND, LP<br>708 THIRD AVENUE, SUITE 710<br>NEW YORK NY 10017<br>13-3864158 | LOW INCOME HOUSING | DE | N/A | RELATED | 10 | -3,736 | | X | | X | | 0.10 |
| (2)NDC CORPORATE EQUITY FUND II, LP<br>708 THIRD AVENUE, SUITE 710<br>NEW YORK NY 10017<br>13-3952802 | LOW INCOME HOUSING | DE | N/A | RELATED | -1,580 | 12,391 | | X | | X | | 0.10 |
| (3)NDC CORPORATE EQUITY FUND III, LP<br>708 THIRD AVENUE, SUITE 710<br>NEW YORK NY 10017<br>13-4071776 | LOW INCOME HOUSING | DE | N/A | RELATED | -153 | 9,391 | | X | | X | | 0.01 |
| (4)NDC CORPORATE EQUITY FUND IV, LP<br>708 THIRD AVENUE, SUITE 710<br>NEW YORK NY 10017<br>13-4151268 | LOW INCOME HOUSING | DE | N/A | RELATED | -233 | -1,373 | | X | | X | | 0.01 |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispro-portionate alloc ? Yes | (h) Dispro-portionate alloc ? No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) General or managing partner? No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1)NDC CORPORATE EQUITY FUND V, LP<br>708 THIRD AVENUE, SUITE 710<br>NEW YORK NY 10017<br>13-4195127 | LOW INCOME HOUSING | DE | N/A | RELATED | -341 | 2,559 | | X | | X | | 0.01 |
| (2)NDC CORPORATE EQUITY FUND VI, LP<br>708 THIRD AVENUE, SUITE 710<br>NEW YORK NY 10017<br>05-0585420 | LOW INCOME HOUSING | DE | N/A | RELATED | -351 | 145,708 | | X | | X | | 0.01 |
| (3)NDC CORPORATE EQUITY FUND VII, LP<br>708 THIRD AVENUE, SUITE 710<br>NEW YORK NY 10017<br>20-3273264 | LOW INCOME HOUSING | DE | N/A | RELATED | -491 | 2,155,417 | | X | | X | | 0.01 |
| (4)NDC CORPORATE EQUITY FUND VIII, LP<br>708 THIRD AVENUE, SUITE 710<br>NEW YORK NY 10017<br>26-1481355 | LOW INCOME HOUSING | DE | N/A | RELATED | -258 | 707,303 | | X | | X | | 0.01 |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate alloc.? Yes | (h) Disproportionate alloc.? No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) General or managing partner? No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) NDC CORPORATE EQUITY FUND IX, LP<br>708 THIRD AVENUE, SUITE 710<br>NEW YORK NY 10017<br>26-4226439 | LOW INCOME HOUSING | DE | N/A | RELATED | -317 | 17,019,454 | | X | | X | | 0.01 |
| (2) NDC CORPORATE EQUITY FUND X, LP<br>708 THIRD AVENUE, SUITE 710<br>NEW YORK NY 10017<br>45-4281155 | LOW INCOME HOUSING | DE | N/A | RELATED | 34 | 26,933,289 | | X | | X | | 0.01 |
| (3) NDC CORPORATE EQUITY FUND XI, LP<br>708 THIRD AVENUE, SUITE 710<br>NEW YORK NY 10017<br>46-2764258 | LOW INCOME HOUSING | DE | N/A | RELATED | -2 | 1,065,110 | | X | | X | | 0.01 |
| (4) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

## Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | Yes | No |
|---|---|---|---|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | 1a | | X |
| b Gift, grant, or capital contribution to related organization(s) | 1b | X | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | X | |
| d Loans or loan guarantees to or for related organization(s) | 1d | X | |
| e Loans or loan guarantees by related organization(s) | 1e | | X |
| f Dividends from related organization(s) | 1f | | X |
| g Sale of assets to related organization(s) | 1g | | X |
| h Purchase of assets from related organization(s) | 1h | | X |
| i Exchange of assets with related organization(s) | 1i | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | X |
| o Sharing of paid employees with related organization(s) | 1o | | X |
| p Reimbursement paid to related organization(s) for expenses | 1p | | X |
| q Reimbursement paid by related organization(s) for expenses | 1q | | X |
| r Other transfer of cash or property to related organization(s) | 1r | X | |
| s Other transfer of cash or property from related organization(s) | 1s | X | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| | (a) Name of related organization | (b) Transaction type (a–s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | NDC HOUSING & ECONOMIC DEV CORP. | B | 200,000 | COST |
| (2) | NDC HOUSING & ECONOMIC DEV CORP. | C | 276,954 | COST |
| (3) | NDC HOUSING & ECONOMIC DEV CORP. | R | 990,920 | COST |
| (4) | NDC HOUSING & ECONOMIC DEV CORP. | S | 408,327 | COST |
| (5) | NDC HOUSING & ECONOMIC DEV CORP. | D | 337 | COST |
| (6) | | | | |

## Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? Yes | (e) No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |

**Part VII Supplemental Information**
Provide additional information for responses to questions on Schedule R (see instructions)

SCHEDULE R - ADDITIONAL INFORMATION

NATIONAL DEVELOPMENT COUNCIL

THE NATIONAL DEVELOPMENT COUNCIL'S (NDC'S) THREE PRIMARY EXEMPT PURPOSES ARE TO: 1)ENCOURAGE AND FOSTER BUSINESS OWNERSHIP BY MEMBERS OF DISADVANTAGED GROUPS, 2) CONDUCT PROGRAMS TO INFORM AND AID COMMUNITIES IN OBTAINING AND UTILIZING GOVERNMENTAL AND OTHER FUNDS FOR SUPPORT OF LOCAL ECONOMIC DEVELOPMENT AND 3) PROVIDE HOUSING FOR LOW INCOME PERSONS.

IN JULY 2013, NDC BECAME THE SOLE VOTING MEMBER OF NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION WITH POWER TO ELECT AND REMOVE DIRECTORS.

NDC SUPPORT I, INC.

NDC SUPPORT I, INC. IS ORGANIZED AND OPERATED, SUPERVISED OR CONTROLLED BY (AS DEFINED BY SECTION 509(A)(3) OF THE INTERNAL REVENUE CODE AND THE REGULATIONS THEREUNDER), AND EXCLUSIVELY FOR THE BENEFIT OF, OR TO PERFORM FUNCTIONS OF, OR TO CARRY OUT THE CHARITABLE PURPOSES OF NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT, INC. DBA NATIONAL DEVELOPMENT COUNCIL(NDC), A CHARITABLE ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A PUBLICLY SUPPORTED ORGANIZATION DESCRIBED IN SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE.

GROW AMERICA FUND, INC.

GROW AMERICA FUND, INC. IS A CHARITABLE ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A PUBLICLY SUPPORTED ORGANIZATION AS DESCRIBED IN SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE. GROW AMERICA FUND, INC. IS A CERTIFIED COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION. ITS PRIMARY ACTIVITY IS TO MAKE LOANS TO SMALL

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

BUSINESSES LOCATED IN ECONOMICALLY DEPRESSED AREAS THAT DO NOT HAVE ACCESS TO TRADITIONAL COMMERCIAL LENDERS. IT IS A DELAWARE NONSTOCK, NONPROFIT CORPORATION, IN WHICH NDC IS THE CORPORATION'S SOLE VOTING MEMBER.

## Statement 1 - Form 8868 - Group Members Included in Extension

| Business Name | Address | EIN |
|---|---|---|
| COMMUNITY DEVELOPMENT PARTNERS, INC. | 708 THIRD AVE, SUITE 710 | 03-0453754 |
| COMMUNITY DEVELOPMENT PROPERTIES, INC. | 708 THIRD AVE, SUITE 710 | 13-3598617 |
| COMMUNITY DEVELOPMENT PROPERTIES ABILENE, INC. | 708 THIRD AVE, SUITE 710 | 13-3707776 |
| COMMUNITY PROPERTIES ALASKA, INC. | 708 THIRD AVE, SUITE 710 | 45-5454746 |
| COMM. DEV. PROP. ARTLOFT HOUSING DEV. FUND CO. INC | 708 THIRD AVE, SUITE 710 | 13-4087937 |
| COMMUNITY DEVELOPMENT PROPERTIES ATLANTA, INC. | 708 THIRD AVE, SUITE 710 | 27-2451881 |
| COMMUNITY DEVELOPMENT PROPERTIES BEAUMONT, INC. | 708 THIRD AVE, SUITE 710 | 13-3907101 |
| BROADWAY OFFICE PROPERTIES | 708 THIRD AVE, SUITE 710 | 22-3837437 |
| COMMUNITY DEVELOPMENT PROPERTIES BRONX, INC. | 708 THIRD AVE, SUITE 710 | 20-3943129 |
| COMMUNITY DEVELOPMENT PROPERTIES BROOKLYN, INC. | 708 THIRD AVE, SUITE 710 | 46-0906358 |
| COMMUNITY DEVELOPMENT PROPERTIES CANON CITY, INC. | 708 THIRD AVE, SUITE 710 | 20-1794523 |
| COMMUNITY DEVELOPMENT PROPERTIES CARVER, INC. | 708 THIRD AVE, SUITE 710 | 75-2958825 |
| COMMUNITY DEVELOPMENT PROPERTIES CLINTON CTY, INC. | 708 THIRD AVE, SUITE 710 | 26-1151516 |
| CLEVELAND SMALL BUSINESS GROWTH FUND | 708 THIRD AVE, SUITE 710 | 45-4121646 |
| CLEVELAND COOPERATIVE ASSISTANCE FUND | 708 THIRD AVE, SUITE 710 | 45-4120817 |
| COB PROPERTIES | 708 THIRD AVE, SUITE 710 | 45-3455657 |
| CONSERVATION DEVELOPMENT PROPERTIES, INC. | 708 THIRD AVE, SUITE 710 | 33-1091602 |
| COMMUNITY DEVELOPMENT PROPERTIES DUBOIS ST II, INC | 708 THIRD AVE, SUITE 710 | 20-3579331 |
| ECCO PROPERTIES | 708 THIRD AVE, SUITE 710 | 26-1159772 |
| EDISON DEVELOPMENT CORPORATION | 708 THIRD AVE, SUITE 710 | 46-3757191 |
| COMMUNITY DEVELOPMENT PROPERTIES FORT COLLINS, INC | 708 THIRD AVE, SUITE 710 | 84-1536591 |
| FYI PROPERTIES | 708 THIRD AVE, SUITE 710 | 26-2473717 |
| COMMUNITY DEVELOPMENT PROPERTIES GAF-MUCL, INC. | 708 THIRD AVE, SUITE 710 | 13-3678913 |
| GOAT HILL PROPERTIES | 708 THIRD AVE, SUITE 710 | 20-2059121 |
| GREATER SALT LAKE DEVELOPMENT CORPORATION | 708 THIRD AVE, SUITE 710 | 46-3784495 |
| GREATER UNIVERSITY CIRCLE CAPITAL CORPORATION | 708 THIRD AVE, SUITE 710 | 45-3951456 |
| GREENBRIDGE EDUCATION PROPERTIES | 708 THIRD AVE, SUITE 710 | 26-3455229 |
| HEDC NEW MARKETS, INC. | 708 THIRD AVE, SUITE 710 | 38-3646931 |
| HOUSING DEVELOPMENT GROUP, INC. | 708 THIRD AVE, SUITE 710 | 22-3838603 |
| HOUSING DEVELOPMENT GROUP II, INC. | 708 THIRD AVE, SUITE 710 | 20-3401600 |
| COMMUNITY DEVELOPMENT PROPERTIES HUMBOLT, INC. | 708 THIRD AVE, SUITE 710 | 06-1536865 |
| COMMUNITY DEVELOPMENT PROPERTIES ITHACA, INC. | 708 THIRD AVE, SUITE 710 | 51-0434683 |
| COMMUNITY DEVELOPMENT PROP. KING COUNTY II, INC. | 708 THIRD AVE, SUITE 710 | 13-3707632 |
| COMMUNITY DEVELOPMENT PROP. KING COUNTY III, INC. | 708 THIRD AVE, SUITE 710 | 13-3952793 |
| LAKE TAPPS PARKWAY PROPERTIES | 708 THIRD AVE, SUITE 710 | 06-1525146 |
| COMMUNITY DEVELOPMENT PROPERTIES LANCASTER, INC. | 708 THIRD AVE, SUITE 710 | 22-3736890 |
| COMMUNITY DEVELOPMENT PROP LOS ANGELES COUNTY, INC | 708 THIRD AVE, SUITE 710 | 27-3473882 |
| COMMUNITY DEVELOPMENT PROPERTIES MACY, INC. | 708 THIRD AVE, SUITE 710 | 46-1054307 |
| COMMUNITY DEVELOPMENT PROPERTIES MADISON, INC. | 708 THIRD AVE, SUITE 710 | 91-2089254 |
| COMMUNITY DEVELOPMENT PROPERTIES MADISON II, INC. | 708 THIRD AVE, SUITE 710 | 37-1421792 |

## Statement 1 - Form 8868 - Group Members Included in Extension (continued)

| Business Name | Address | EIN |
|---|---|---|
| COMMUNITY DEVELOPMENT PROP MADISON SENIOR NFP | 708 THIRD AVE, SUITE 710 | 20-0454678 |
| COMMUNITY DEVELOPMENT PROPERTIES NEWBURGH, INC. | 708 THIRD AVE, SUITE 710 | 20-5631355 |
| COMMUNITY DEVELOPMENT PROPERTIES NEW ENGLAND, INC. | 708 THIRD AVE, SUITE 710 | 20-0992522 |
| COMMUNITY DEVELOPMENT PROP NEW MARKETS MM, INC. | 708 THIRD AVE, SUITE 710 | 20-5962057 |
| NJB PROPERTIES | 708 THIRD AVE, SUITE 710 | 20-5535917 |
| COMMUNITY DEVELOPMENT PROP PARKWAY GARDENS NFP | 708 THIRD AVE, SUITE 710 | 27-3118859 |
| REDMOND COMMUNITY PROPERTIES | 708 THIRD AVE, SUITE 710 | 26-0073775 |
| COMMUNITY DEVELOPMENT PROPERTIES RIFLE, INC. | 708 THIRD AVE, SUITE 710 | 26-1852116 |
| RIVERSIDE COMMUNITY PROPERTIES DEVELOPMENT, INC. | 708 THIRD AVE, SUITE 710 | 46-2556598 |
| COMMUNITY DEVELOPMENT PROPERTIES SEATAC, INC. | 708 THIRD AVE, SUITE 710 | 20-5787438 |
| COMMUNITY DEVELOPMENT PROPERTIES STAMFORD, INC. | 708 THIRD AVE, SUITE 710 | 20-2498177 |
| COMMUNITY DEVELOPMENT PROPERTIES SYRACUSE, INC. | 708 THIRD AVE, SUITE 710 | 45-3455233 |
| COMMUNITY DEVELOPMENT PROPERTIES TEXAS, INC. | 708 THIRD AVE, SUITE 710 | 20-3401110 |
| TES PROPERTIES | 708 THIRD AVE, SUITE 710 | 26-1159878 |
| TSB PROPERTIES | 708 THIRD AVE, SUITE 710 | 20-0741062 |
| TUMWATER OFFICE PROPERTIES | 708 THIRD AVE, SUITE 710 | 26-0073671 |
| COMMUNITY DEVELOPMENT PROP VANDERBILT/LARNED, INC. | 708 THIRD AVE, SUITE 710 | 13-3615032 |
| WASHINGTON BIOMEDICAL RESEARCH PROPERTIES I | 708 THIRD AVE, SUITE 710 | 75-3096321 |
| WASHINGTON BIOMEDICAL RESEARCH PROPERTIES II | 708 THIRD AVE, SUITE 710 | 01-0838053 |
| WASHINGTON BIOMEDICAL RESEARCH FACILITIES 3 | 708 THIRD AVE, SUITE 710 | 27-3042530 |
| WBRP 32 | 708 THIRD AVE, SUITE 710 | 27-3468946 |
| WBRP 33 | 708 THIRD AVE, SUITE 710 | 27-3469226 |
| COMMUNITY DEVELOPMENT PROP WICHITA FALLS, INC. | 708 THIRD AVE, SUITE 710 | 20-0526092 |
| COMMUNITY DEVELOPMENT PROPERTIES WILSON, INC. | 708 THIRD AVE, SUITE 710 | 20-1644196 |
| COMMUNITY DEVELOPMENT PROPERTIES YONKERS PIER, INC | 708 THIRD AVE, SUITE 710 | 20-3584528 |

# Federal Statements

## Form 990, Part IX, Line 24e - All Other Expenses

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|---|---|---|---|---|
| MANAGEMENT FEES | $ 2,361,162 | $ 2,361,162 | $ | $ |
| ORGANIZATION FEE EXPENSE | 1,840,320 | 1,840,320 | | |
| TAXES & INSURANCE | 1,761,610 | 1,761,610 | | |
| EXCESS PARKING REV. DIST. | 739,586 | 739,586 | | |
| SUPPORT OF NFP | 624,174 | 624,174 | | |
| COMMITMENT FEE | 287,260 | 287,260 | | |
| INVESTMENT LOSS | 266,724 | 266,724 | | |
| RENT REFUND | 246,041 | 246,041 | | |
| LEASE EXPENSE | 245,351 | 245,351 | | |
| BAD DEBTS | 209,930 | 209,930 | | |
| BANK FEES | 150,711 | 150,711 | | |
| REMARKETING AGREEMENT | 95,341 | 95,341 | | |
| MISCELLANEOUS FEES | 68,595 | 68,595 | | |
| MISCELLANEOUS EXPENSES | 44,609 | 44,609 | | |
| WSHFC FEE | 39,579 | 39,579 | | |
| DEVELOPER FEE EXPENSE | 35,058 | 35,058 | | |
| TRUSTEE FEES | 15,555 | 15,555 | | |
| ARBITRAGE FEE | 1,750 | 1,750 | | |
| PROF. FEES FOR ARBITRAGE | 500 | 500 | | |
| TOTAL | $ 9,033,856 | $ 9,033,856 | $ 0 | $ 0 |

## Statement 1 - Form 990, Page 1, Line H(b) - Affiliated Group Return Information

| Business Name | Address | EIN |
|---|---|---|
| COMMUNITY DEVELOPMENT PARTNERS, INC. | 708 THIRD AVE, SUITE 710 | 03-0453754 |
| COMMUNITY DEVELOPMENT PROPERTIES, INC. | 708 THIRD AVE, SUITE 710 | 13-3598617 |
| COMMUNITY DEVELOPMENT PROPERTIES ABILENE, INC. | 708 THIRD AVE, SUITE 710 | 13-3707776 |
| COMMUNITY PROPERTIES ALASKA, INC. | 708 THIRD AVE, SUITE 710 | 45-5454746 |
| COMM. DEV. PROP. ARTLOFT HOUSING DEV. FUND CO. INC | 708 THIRD AVE, SUITE 710 | 13-4087937 |
| COMMUNITY DEVELOPMENT PROPERTIES ATLANTA, INC. | 708 THIRD AVE, SUITE 710 | 27-2451881 |
| COMMUNITY DEVELOPMENT PROPERTIES BEAUMONT, INC. | 708 THIRD AVE, SUITE 710 | 13-3907101 |
| BROADWAY OFFICE PROPERTIES | 708 THIRD AVE, SUITE 710 | 22-3837437 |
| COMMUNITY DEVELOPMENT PROPERTIES BRONX, INC. | 708 THIRD AVE, SUITE 710 | 20-3943129 |
| COMMUNITY DEVELOPMENT PROPERTIES BROOKLYN, INC. | 708 THIRD AVE, SUITE 710 | 46-0906358 |
| COMMUNITY DEVELOPMENT PROPERTIES CANON CITY, INC. | 708 THIRD AVE, SUITE 710 | 20-1794523 |
| COMMUNITY DEVELOPMENT PROPERTIES CARVER, INC. | 708 THIRD AVE, SUITE 710 | 75-2958825 |
| COMMUNITY DEVELOPMENT PROPERTIES CLINTON CTY, INC. | 708 THIRD AVE, SUITE 710 | 26-1151516 |
| CLEVELAND SMALL BUSINESS GROWTH FUND | 708 THIRD AVE, SUITE 710 | 45-4121646 |
| CLEVELAND COOPERATIVE ASSISTANCE FUND | 708 THIRD AVE, SUITE 710 | 45-4120817 |
| COB PROPERTIES | 708 THIRD AVE, SUITE 710 | 45-3455657 |
| CONSERVATION DEVELOPMENT PROPERTIES, INC. | 708 THIRD AVE, SUITE 710 | 33-1091602 |
| COMMUNITY DEVELOPMENT PROPERTIES DUBOIS ST II, INC | 708 THIRD AVE, SUITE 710 | 20-3579331 |
| ECCO PROPERTIES | 708 THIRD AVE, SUITE 710 | 26-1159772 |
| EDISON DEVELOPMENT CORPORATION | 708 THIRD AVE, SUITE 710 | 46-3757191 |
| COMMUNITY DEVELOPMENT PROPERTIES FORT COLLINS, INC | 708 THIRD AVE, SUITE 710 | 84-1536591 |
| FYI PROPERTIES | 708 THIRD AVE, SUITE 710 | 26-2473717 |
| COMMUNITY DEVELOPMENT PROPERTIES GAF-MUCL, INC. | 708 THIRD AVE, SUITE 710 | 13-3678913 |
| GOAT HILL PROPERTIES | 708 THIRD AVE, SUITE 710 | 20-2059121 |
| GREATER SALT LAKE DEVELOPMENT CORPORATION | 708 THIRD AVE, SUITE 710 | 46-3784495 |
| GREATER UNIVERSITY CIRCLE CAPITAL CORPORATION | 708 THIRD AVE, SUITE 710 | 45-3951456 |
| GREENBRIDGE EDUCATION PROPERTIES | 708 THIRD AVE, SUITE 710 | 26-3455229 |
| HEDC NEW MARKETS, INC. | 708 THIRD AVE, SUITE 710 | 38-3646931 |
| HOUSING DEVELOPMENT GROUP, INC. | 708 THIRD AVE, SUITE 710 | 22-3838603 |
| HOUSING DEVELOPMENT GROUP II, INC. | 708 THIRD AVE, SUITE 710 | 20-3401600 |
| COMMUNITY DEVELOPMENT PROPERTIES HUMBOLT, INC. | 708 THIRD AVE, SUITE 710 | 06-1536865 |
| COMMUNITY DEVELOPMENT PROPERTIES ITHACA, INC. | 708 THIRD AVE, SUITE 710 | 51-0434683 |
| COMMUNITY DEVELOPMENT PROP. KING COUNTY II, INC. | 708 THIRD AVE, SUITE 710 | 13-3707632 |
| COMMUNITY DEVELOPMENT PROP. KING COUNTY III, INC. | 708 THIRD AVE, SUITE 710 | 13-3952793 |
| LAKE TAPPS PARKWAY PROPERTIES | 708 THIRD AVE, SUITE 710 | 06-1525146 |
| COMMUNITY DEVELOPMENT PROPERTIES LANCASTER, INC. | 708 THIRD AVE, SUITE 710 | 22-3736890 |
| COMMUNITY DEVELOPMENT PROP LOS ANGELES COUNTY, INC | 708 THIRD AVE, SUITE 710 | 27-3473882 |
| COMMUNITY DEVELOPMENT PROPERTIES MACY, INC. | 708 THIRD AVE, SUITE 710 | 46-1054307 |
| COMMUNITY DEVELOPMENT PROPERTIES MADISON, INC. | 708 THIRD AVE, SUITE 710 | 91-2089254 |
| COMMUNITY DEVELOPMENT PROPERTIES MADISON II, INC. | 708 THIRD AVE, SUITE 710 | 37-1421792 |

## Statement 1 - Form 990, Page 1, Line H(b) - Affiliated Group Return Information (continued)

| Business Name | Address | EIN |
|---|---|---|
| COMMUNITY DEVELOPMENT PROP MADISON SENIOR NFP | 708 THIRD AVE, SUITE 710 | 20-0454678 |
| COMMUNITY DEVELOPMENT PROPERTIES NEWBURGH, INC. | 708 THIRD AVE, SUITE 710 | 20-5631355 |
| COMMUNITY DEVELOPMENT PROPERTIES NEW ENGLAND, INC. | 708 THIRD AVE, SUITE 710 | 20-0992522 |
| COMMUNITY DEVELOPMENT PROP NEW MARKETS MM, INC. | 708 THIRD AVE, SUITE 710 | 20-5962057 |
| NJB PROPERTIES | 708 THIRD AVE, SUITE 710 | 20-5535917 |
| COMMUNITY DEVELOPMENT PROP PARKWAY GARDENS NFP | 708 THIRD AVE, SUITE 710 | 27-3118859 |
| REDMOND COMMUNITY PROPERTIES | 708 THIRD AVE, SUITE 710 | 26-0073775 |
| COMMUNITY DEVELOPMENT PROPERTIES RIFLE, INC. | 708 THIRD AVE, SUITE 710 | 26-1852116 |
| RIVERSIDE COMMUNITY PROPERTIES DEVELOPMENT, INC. | 708 THIRD AVE, SUITE 710 | 46-2556598 |
| COMMUNITY DEVELOPMENT PROPERTIES SEATAC, INC. | 708 THIRD AVE, SUITE 710 | 20-5787438 |
| COMMUNITY DEVELOPMENT PROPERTIES STAMFORD, INC. | 708 THIRD AVE, SUITE 710 | 20-2498177 |
| COMMUNITY DEVELOPMENT PROPERTIES SYRACUSE, INC. | 708 THIRD AVE, SUITE 710 | 45-3455233 |
| COMMUNITY DEVELOPMENT PROPERTIES TEXAS, INC. | 708 THIRD AVE, SUITE 710 | 20-3401110 |
| TES PROPERTIES | 708 THIRD AVE, SUITE 710 | 26-1159878 |
| TSB PROPERTIES | 708 THIRD AVE, SUITE 710 | 20-0741062 |
| TUMWATER OFFICE PROPERTIES | 708 THIRD AVE, SUITE 710 | 26-0073671 |
| COMMUNITY DEVELOPMENT PROP VANDERBILT/LARNED, INC. | 708 THIRD AVE, SUITE 710 | 13-3615032 |
| WASHINGTON BIOMEDICAL RESEARCH PROPERTIES I | 708 THIRD AVE, SUITE 710 | 75-3096321 |
| WASHINGTON BIOMEDICAL RESEARCH PROPERTIES II | 708 THIRD AVE, SUITE 710 | 01-0838053 |
| WASHINGTON BIOMEDICAL RESEARCH FACILITIES 3 | 708 THIRD AVE, SUITE 710 | 27-3042530 |
| WBRP 32 | 708 THIRD AVE, SUITE 710 | 27-3468946 |
| WBRP 33 | 708 THIRD AVE, SUITE 710 | 27-3469226 |
| COMMUNITY DEVELOPMENT PROP WICHITA FALLS, INC. | 708 THIRD AVE, SUITE 710 | 20-0526092 |
| COMMUNITY DEVELOPMENT PROPERTIES WILSON, INC. | 708 THIRD AVE, SUITE 710 | 20-1644196 |
| COMMUNITY DEVELOPMENT PROPERTIES YONKERS PIER, INC | 708 THIRD AVE, SUITE 710 | 20-3584528 |

Form **8868**

(Rev January 2014)

Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Enter filer's identifying number, see instructions**

| Type or print | Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or |
|---|---|---|
| | NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN | 91-1884698 |
| File by the due date for filing your return See instructions | Number, street, and room or suite no If a P O box, see instructions<br>708 THIRD AVENUE 710 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions<br>NEW YORK NY 10017 | |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

ADAM ENNIS
708 THIRD AVENUE, SUITE 710

- The books are in the care of ▶ NEW YORK NY 10017

Telephone No ▶ 212-682-1106 FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 9219 If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [X] and attach a list with the names and EINs of all members the extension is for SEE STATEMENT 1

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/14 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 2013 or

▶ [ ] tax year beginning , and ending

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

| | | | |
|---|---|---|---|
| 3a | If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions | 3a | $ 0 |
| b | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit | 3b | $ 0 |
| c | **Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | 3c | $ 0 |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

DAA

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

## Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Enter filer's identifying number, see instructions

| Type or print | Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or |
|---|---|---|
| File by the due date for filing your return See instructions | NDC HOUSING & ECONOMIC DEVELOPMENT CORPORATION-GROUP RETURN | 91-1884698 |
| | Number, street, and room or suite no If a P O box, see instructions<br>708 THIRD AVENUE 710 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions<br>NEW YORK NY 10017 | |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

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708 THIRD AVENUE, SUITE 710

- The books are in the care of ▶ NEW YORK NY 10017
  Telephone No ▶ 212-682-1106 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 9219 If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [X] and attach a list with the names and EINs of all members the extension is for SEE STMT 1

4 I request an additional 3-month extension of time until 11/15/14

5 For calendar year 2013 , or other tax year beginning , and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

| | | | |
|---|---|---|---|
| 8a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions | 8a | $ 0 |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | 8b | $ 0 |
| c | **Balance due.** Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | 8c | $ 0 |

### Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Title ▶ Date ▶ 08/01/14