Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2016

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.

Open to Ruble Observation Department of the Treasury Internal Revenue Service For the 2016 calendar year, or tax year beginning 2016, and ending Name of organization D Employer identification number HISTORIC DISTRICT DEVELOPMENT CORP Check if applicable Address change Doing business as 58-1447368 Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return 522 AUBURN AVENUE NE (404) 215-9095 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated **G** Gross receipts \$ 357,458 Amended return ATLANTA 30312-1900 F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes Application pending H(b) Are all subordinates included? MTAMANIKA YOUNGBLOOD 522 AUBURN AVE ATLANTA GA 30312 Yes 501(c) (Tax-exempt status X 501(c)(3) (insert no.) 4947(a)(1) or 523 2 Website: ► WWW.HDDC.NET H(c) Group exemption number 🕨 Other P Form of organization: X Corporation Association L Year of formation 1980 M State of legal domicile Partil Summary Briefly describe the organization's mission or most significant activities: THE HISTORIC DISTRICT DEVELOPMENT CORPORATION IS A COMMUNITY BASED NONPROFIT WHOSE MISSION IS TO FACILITATE THE PRESERVATION **Governance** AND REVITALIZATION OF THE MLK, JR. NATIONAL HISTORIC DISTRICT AND OTHER HISTORIC/PRESERVATION COMMUNITIES. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). . Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Ò Total number of volunteers (estimate if necessary) 6 4 Total unrelated business revenue from Part VIII, column (C)-line 12 0. 7a b Net unrelated business taxable income from Form 990-T. line 34 \(\frac{1}{2}\) 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 10,000. 162,500. Program service revenue (Part VIII, line 2g) 61,850. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 182,515. 152,108. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 -187,863. -19,000. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 4,652 357,458 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 17 130,528. 367,814 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . 130,528 367,814. 19 Revenue less expenses Subtract line 18 from line 12 -125,876 -10,356 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . . 2,763,607 2,824,424 21 Total liabilities (Part X, line 26) 1,317,012 1,425,780 Net assets or fund balances. Subtract line 21 from line 20 446,595 ,398,644 Part I Signature Block npanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and nict preparer has any knowledge umano 01/31/18 Sign Here MTAMANIKA YOUNGBLOOD EXECUTIVE DIRECTOR Print/Type preparer's name Date P00541124 Paid RYAN C. MCGEE. CPA 01/31/18 self-employed Preparer Moody Bennett McGee Use Only Firm's address 230 Peachtree St NW Firm's EIN > 81-3680700 Atlanta GA 30303 Phone no (404) 377-4911

TEEA0101 11/16/16

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

Form 990 (2016)

Form	990 (2016)	HISTORIC	DISTRICT	DEVELOPME	ENT_CORP		58-14	47368	Page 2
1504			•	ice Accomp					
	Chec	k if Schedule O	contains a resp	onse or note to	any line in this Part	<u> </u>	<u> </u>		<u> </u>
. 1	Briefly descri	be the organizat	ion's mission:						
					ORPORATION				
	IS A CON	MUNITY BA	SED_NONPE	OFIT WHOS	E_MISSION_IS	TO FACILITAT	E THE PRESI	RVATION	
-	See Form 99	0, Page 2, Part	III, Line 1 (cont	tinued)					
	-					which were not listed of	•	_	_
					<i></i>			· Yes	X No
	-	ribe these new s						_	_
3	_		_	_	changes in how it co	nducts, any program se	ervices?	· Yes	X No
	•	ribe these chang	•						-
4	Describe the	organization's p	rogram service	accomplishme	nts for each of its thr	ee largest program ser	vices, as measur	ed by expense	8.
	and revenue	, if any, for each	program service	ce reported.	to report the amount	of grants and allocation	ns to outers, the t	orai exhelises	•
			-						
4 a	(Code:) (Expen	ses \$	223.733.	including grants of	\$ (),)(Revenue	\$ 67	6,457.)
	• —		· ——			EXEMPT PURPOS		·	0,10,1 ,
					ING RENTALS.		222		
	1.007.12.1			2.0 _2.02	THO REMINES.				
4 h	(Code:) (Expen	ses \$	- · · ·	including grants of	\$) (Revenue	\$	<u> </u>
~	(OOGO,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		moleculary grants of	Ÿ 	/ (///۵۷۵///۵۵	×	
4.5	(Code) (Expen	9 999		including grants of	\$) (Revenue	\$	<u> </u>
70	(0000	/(Expen	,		including grants or	¥) (Nevenue	٧	
			. – – – – –						
	Other proces	m services (Des	scribe in School	ule O)					
40	(Expenses	services (Des \$		ule O.) including grants	of ¢	\/D=::=	מ מ		,
-40		m service expen			of \$.733.) (Rever	iuo p		<u>, </u>
BAA	, otal progra	ou vice experi			TEEA0102 11/16/18		 -	Forr	n 990 (2016)

TEEA0102 11/16/18

Page 3

Par	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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		х
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		<u>x</u>
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
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		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	x	
t	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	116		х
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	11 c		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	11 d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	ļ
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	111		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	<u> </u>	x
t	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	12 b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	├	<u> </u>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	├	<u>X</u>
ŧ	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		х
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		х
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		х
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
BAA		For	n 990	(2016)

	990 (2016) HISTORIC DISTRICT DEVELOPMENT CORP	58-1447368		Pa	ge 4
Par	Checklist of Required Schedules (continued)		14		
_ 20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20		8	No X
h	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?)h	Т	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		"	+	
	domestic government on Part IX, column (A), line 1? If Yes, complete Schedule I, Parts I and II	· · · · · · · <u>2</u> 1	4	_	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Parcolumn (A), line 2? If Yes,' complete Schedule I, Parts I and III	1 IX,	2		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	current	3		х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 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) as of	10		x
t	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		1b	+	
ď	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to deany tax-exempt bonds?		4c		
•	1 Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?		4d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		5a		х
t	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ye that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' con Schedule L. Part I	nplete	5b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any currer former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	-		x	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantic contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family me of any of these persons? If Yes,' complete Schedule L, Part III	al ember			×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part I' instructions for applicable filing thresholds, conditions, and exceptions):	500			
ε	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		Ba		X
ì	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	21	8b		х
ď	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	as an	8c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yes,' complete Schedule M	2	9		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified consercontributions? If 'Yes,' complete Schedule M	vation	0		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If Yes,' complete Schedule N, Part	:1	1	\Box	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		2		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations s 301.7701-2 and 301.7701-3? If Yes, complete Schedule R, Part I	ections 3	3		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or I and Part V, line 1	v, 	4		
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		5a	\Box	Х
1	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	i <u>3</u>	5b		х
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		6		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization a treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	nd that is	7		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 1 Note. All Form 990 filers are required to complete Schedule O	9?	8	x	
RAA		F.	·~ 0	0 70	4400

Form 990 (2016) HISTORIC DISTRICT DEVELOPMENT CORP Party Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	• • • •	• • •	للن
			Yes	No
		0		
	· · · · · · · · · · · · · · · · · · ·	0		
c i	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a i	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	0		
bi	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
ı	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a 1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
bl	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a /	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		х
b	If Yes,' enter the name of the foreign country: ▶		1, 7,	
:	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	14.8	L. C. Tripl	,
5 a \	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\dots \dots \dots \dots$	5 a	<u> </u>	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c l	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
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?	6 a		х
b	If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 (Organizations that may receive deductible contributions under section 170(c).	143		17
al	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?	7 a	<u> </u>	X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c	{	x
	If Yes,' Indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		 	-
8	as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	38 C	8-5125	Carrie
(organization have excess business holdings at any time during the year?			
9 ;	Sponsoring organizations maintaining donor advised funds.		2.0%	
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a	<u> </u>	<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	11	4.4	
	Initiation fees and capital contributions included on Part VIII, line 12			. 1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			15.5
	Section 501(c)(12) organizations. Enter:	13.3	1	LL.
	Gross income from members or shareholders			14.
1	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	0.000	1000
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		(4.4	1.7.
	Section 501(c)(29) qualified nonprofit health insurance issuers.		7	5.55
	Is the organization licensed to issue qualified health plans in more than one state?	. 13 a	10000	100
	Note. See the instructions for additional information the organization must report on Schedule O	100		#
1	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			
	Enter the amount of reserves on hand	-		V
	Did the organization receive any payments for indoor tanning services during the tax year?		+	X
BAA	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			(2016)

Form 990 (2016) HISTORIC DISTRICT DEVELOPMENT CORP 58-1447368 Page 6 Partific 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. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х Did the organization make any significant changes to its governing documents Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by Х X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X 12 c 13 X 14 Х 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? 15a 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

t	o 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
Sec	tion C. Disclosure	-1
17	List the states with which a copy of this Form 990 is required to be filed ► Georgia	
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 for public inspection. Indicate how you made these available. Check all that apply. Own website Other (explain in Schedule O)) available
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available public during the tax year.	ble to
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	
	MTAMANIKA YOUNGBLOOD 522 AUBURN AVENUE ATLANTA GA 30312	404) 215-9095
BAA	TERANO AMOUN	Form 000 (2016)

16 a

Form 990 (2016) HISTORIC DISTRICT DEVELOPMENT CORP	58-1447368	Page 7
Partivil Compensation of Officers, Directors, Trustees, Key Employ Independent Contractors	ees, Highest Compensated Employ	ees, and
Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>	<u> []</u>
Section A. Officers, Directors, Trustees, Key Employees, and Highes	st Compensated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the cale organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or 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 	on of 'key employee'	
 List the organization's five current highest compensated employees (other than an off who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISO organization and any related organizations. 	icer, director, trustee, or key employee)	
 List all of the organization's former officers, key employees, and highest compensated of reportable compensation from the organization and any related organizations. 	semployees who received more than \$100,000	
 List all of the organization's former directors or trustees that received, in the capacity organization, more than \$10,000 of reportable compensation from the organization and any 		
List persons in the following order: individual trustees or directors; institutional trustees; office employees; and former such persons.	ers; key employees; highest compensated	
X Check this box if neither the organization nor any related organization compensated any	current officer, director, or trustee	

				(C)			Ť			
(A) Name and Title	(B) Average hours per	"	Position (do not cher than one box, unless is both an officer of director/truster				1	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	me organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) MTAMANIKA YOUNGBLOOD CHAIR	3.00	x		x				0.	0.	0.
(2) TRES DYE VICE CHAIR	2.00	x		х				0.	0.	0.
(3) UTE BANSE SECRETARY	_1.00	х		х				0.	0.	0.
(4) HARRIET MACKLIN TREASURER	1.00	x		х				0.	0.	0.
(5) HERMAN HOWARD DIRECTOR	1.00	х						0.	0.	0.
(6) JULIA NEIGHBORS DIRECTOR	1.00	х						0.	0.	0.
(7) ECONOMY JACKSON DIRECTOR	1.00	x						0.	0.	0.
(8) DONELL WOODSON DIRECTOR	1.00	x						0.	0.	0.
(9) DARRELL GLASCO DIRECTOR	1.00	x						0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)					1		\vdash			

Form 990 (2016) HISTORIC DISTRICT DEVEL	OPMENT	CO	RP						58-144736	8 Page 8
Partivil Section A. Officers, Directors, Tru	stees,	Key	En			es,	anc	Highest Con	pensated Emp	loyees (continued)
. (A) Name and title	Average hours per week	box	, unle cer a	ss pe nd a c	ition more rson i	than or s both or/trusta	an Be)	(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
-	hours for related organiza - tions below dotted line)	individual trustee or director	ishtutional trustee	Officer	Key employee	Highest compensated employee	omer	(W-2/1099-MISC)	(W-2/10 99- MISC)	from the organization and related organizations
(15)										
(16)										
(17)				-						
(18)		-	-	-				!		
(19)		-								
(20)										
(21)		1								
(22)		1								
(23)				-						
(24)					I^-					
(25)		1			1					
1 b Sub-total			• •	• •	• •	• •	▶	0.	0.	0.
d Total (add lines 1b and 1c)							>	0.	0.	
2 Total number of individuals (including but not limited from the organization ►	to those	listed	d ab	ove)	who	rece	eive	d more than \$100,	000 of reportable co	pmpensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in									nployee	Yes No 7.2 % X
4 For any individual listed on line 1a, is the sum of repute the organization and related organizations greater to such individual	portable c han \$150,	ompe ,0007	nsa If '	tion /es,	and con	other	r co e Sc	mpensation from thedule J for		4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or services rendered to the organization?										5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ad ladaa	ndo.	1 00		-1			al lad man than 6	400,000 -3	
compensation from the organization. Report compe	nsation fo	r the	cale	enda	ir ye	ar en	ding	with or within the	organization's tax y	ear.
(A) Name and business addre	ess							Description) of services	(C) Compensation
			_				_			
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin	nited	to t	hose	e list	ed ab	ove) who received mo	ore than	

<u> </u>		Check if Schedule O a	ontains a res	ponse	or note to any lin	e 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
tts	1 a	Federated campaigns .	1	1 a					
호형	b	Membership dues	\cdots	1 b					
₩.Ē	C	Fundraising events	🗀	1 c					
	d	Related organizations .	[1	1 d	162,500.				
e E	0	Government grants (contribution	ons) [1	1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grasimilar amounts not included a	ants, and bove 1	11					
튙윙	g	Noncash contributions included	d in lines 1a-1f:	\$					
<u>යි දි</u>	h	Total. Add lines 1a-1f .	· · · · · ·			162,500.			
TLe					Business Code				
Z .	2 a	RENTAL INCOME _		53	31110	61,850.	61,850.	0.	0.
Program Service Revenue	b								
.8	C								
3	đ								
톭	8								
````		All other program service							
4	9	Total. Add lines 2a-2f .				61,850.	14.		74.792.80
	3	Investment income (inclu other similar amounts) .	ding dividen	ds, inte	erest and		_	_	
						16.	0.	<u> </u>	16.
	4	Income from investment	-		•		<b> </b>		<u> </u>
	5	Royalties	(ı) Real	<del>· · · ·</del>	(II) Personal				**************************************
		C	(i) Real	{	(II) Personal				
		Gross rents			<del></del>				
		Less. rental expenses							
		Rental income or (loss)	-1			76.5 3665 28 X X X			
	ŀ	d Net rental income or (loss)		(ii) Other	1988 - NAMEN Francis and F	SS Dan Suranage SSD SSD -		10.00	
	7 a	Gross amount from sales of assets other than inventory	(1) 566611061	<del>"                                    </del>					
					152,092,			5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	b	Less: cost or other basis and sales expenses						10 P	
	_ ا	Gain or (loss)			150 000	4			
		Net gain or (loss)			152,092.	150 000	150 000		
				Г		152,092.	152,092.	U.	
3	8a	Gross income from fundr (not including \$	aising events	s			2. L. L. S. A.		
venue	Ì	of contributions reported	on line 1c).	- 1					
a		See Part IV, line 18		. a					
₽.	Ь	Less: direct expenses		. Ы				20.40	
Other R	Į.	Net income or (loss) from		-	ts		1 8 2 3 3 3		
	ļ	Gross income from gami See Part IV, line 19	_	- 5	·				
		Less: direct expenses						<b>B</b> AR PLAN	
		Net income or (loss) from							
	l	, ,	-	ſ		A. A. A. B.		(20 NO) 34 OF	76-66 TO 78 TO 08:08
	IVA	Gross sales of inventory, and allowances		. a				44.4	
	b	Less: cost of goods sold		. ы	<del></del>		and the state of		
	1	: Net income or (loss) from			y				
		Miscellaneous Revenu	10		Business Code	STAN WES	<b>可以不知识的</b>	Service Services	\$5.375 V.Y. (48.38) 7 M
	11 a	LOSS ON INVESTMENT IN	SUBSIDIARI	ES 9	00099	-19,000.	-19,000.	0.	0.
	b								
	C								
	d	All other revenue		$\cdot \Box$					
	e	Total. Add lines 11a-11d	l <i></i>			-19,000.		<b>建设工</b>	
	12	Total revenue. See instr	ructions			357,458.	194,942.	0.	16.

Sect	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 n 6b, 7	the contains a respective of the contains a r	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
. 1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic individuals. See Part IV, line 22			,					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members								
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):								
	Management	5,884.	5,884.	0.	0.				
	Legal	1,500.	0.	1,500.	0.				
	Accounting	39,963.	0.	39,963.	0.				
_	Lobbying								
e	Professional fundraising services. See Part IV, line 17			And the Contract of					
f g	(A) amount, list line 11g expenses on Schedule O.)		<u> </u>						
12									
13	Office expenses	1,572.	0.	1,572.	0.				
14	Information technology				<del></del>				
15	Royalties	<del> </del>	<del></del>						
16	Occupancy	10,824.	0.	10,824.	0.				
17	Travel								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19 20	Conferences, conventions, and meetings Interest								
21	Payments to affiliates	<del></del>							
22	Depreciation, depletion, and amortization	26,012.	26,012.	0.	0.				
23	Insurance	25,645.	11,647.	13,998.	0.				
24	Other expenses. Itemize expenses not	<b>美 東 元 ま 西</b> 母	<b>有其长线</b> 其的	* 1 * 1 * 4	<b>化基本数 集 图</b>				
	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10%	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 4 2 2 4 A	2 2 3 5 5 8	<b>化学多数</b> (2)				
	of line 25, column (A) amount, list line 24e expenses on Schedule O.)			14174					
ε	DIRECT PROGRAM COSTS	141,149	141,149.		0.				
	REPAIRS AND MAINTENANCE	39.041	39.041.	0	0				
•									
•	;								
€	All other expenses	76,224.	0.	76,224.	0.				
_25	Total functional expenses. Add lines 1 through 24e	367,814.	223,733.	144,081.	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								
	SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>	<u></u>					
BAA		TEEA0110 11	/18/16		Form 990 (2016)				

		Check if Schedule O contains a response or note to any line in this Part X			
-			(A) Beginning of year		( <b>B</b> ) End of year
$\Box$	1	Cash non-interest-bearing	78,668.	1	83,298.
-	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	- <del></del>
	4	Accounts receivable, net	12,773.	4	10,667.
I	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	
23	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges	5,723.	9	6,587.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	2,238,015,	10 c	2,262,683.
	11	Investments – publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
1	13	Investments – program-related. See Part IV, line 11		13	
1	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11	428,428.	15	461,189.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,763,607.	16	2,824,424.
	17	Accounts payable and accrued expenses	85,106.	17	28,794.
1	18	Grants payable		18	
,	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
. <u></u>	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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	99,216.	22	113,027.
	23	Secured mortgages and notes payable to unrelated third parties	558,023.	23	709,704.
	24	Unsecured notes and loans payable to unrelated third parties		24	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	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	574,667.	25	574,255.
	26	Total liabilities. Add lines 17 through 25	1,317,012.	26	1,425,780.
أري		Organizations that follow SFAS 117 (ASC 958), check here X and complete	化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	4.3	<b>北大学学院</b> 张文
arroes		lines 27 through 29, and lines 33 and 34.	1.30 2.30 3.30 3.30		
	27	Unrestricted net assets	1,680,854.	27	1,632,903.
8	28	Temporarily restricted net assets		28	
짇	29	Permanently restricted net assets	-234,259.	29	-234,259.
Net Assets or Fund Bal		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
23	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	1,446,595.	33	1,398,644.
لــــا	34	Total liabilities and net assets/fund balances	2,763,607.	34	2,824,424.
BA	A	· <del></del>			Form 990 (2016)

Forn	1990 (2016) HISTORIC DISTRICT DEVELOPMENT CORP 58-	1447368	F	Page 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	357	458.
2	Total expenses (must equal Part IX, column (A), line 25)	2	367	814.
3	Revenue less expenses. Subtract line 2 from line 1	3	-10	356.
. 4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,446	595.
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	-37	595.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
-	column (B))	10	1,398	644.
Art.	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			П
			Ye	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		18 to 18	3 6 6
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
21	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х
	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:	3		
	Separate basis Consolidated basis Both consolidated and separate basis			SE 200.00
1	b Were the organization's financial statements audited by an independent accountant?		26	l x
	If Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		C 5 13	2 W.W.
	basis, consolidated basis, or both:			9.4
	Separate basis Consolidated basis Both consolidated and separate basis		3.713	944
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an Independent accountant?	dit,	2 6	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		1.1 .1	
3 :	a 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?		3 a	х
1	of Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit	1 1	1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
BAA	· · · · · · · · · · · · · · · · · · ·		Form 99	0 (2016)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# **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

2016

નાલિકને નાલક લાલિકને નાલક

Employer identification number

HIS'	TORIC DISTRICT DEVELO					58-1447368	3
Pari						art.) See instruction	S
	rganization is not a private foundati	•		-			
1	A church, convention of church					\)(i).	<b>07</b>
2	A school described in section		•				
3	A hospital or a cooperative hos						
4	A medical research organization	on operated in conjunct	tion with a hospital descr	ibed in s	ection 1	170(b)(1)(A)(iii). Enter th	e hospital's
_	name, city, and state:						
5	An organization operated for tr section 170(b)(1)(A)(iv). (Cor	ne benefit of a college omplete Part II.)	or university owned or or	erated b	y a gove	emmental unit described	in
6 7	A federal, state, or local govern					•	
•	X An organization that normally r in section 170(b)(1)(A)(vi). (C	receives a substantial p Complete Part II.)	part of its support from a	governm	nental un	it or from the general pu	blic described
8	A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II.)				
9	An agricultural research organi						
	or university or a non-land-grad	nt college of agriculture	e (see Instructions). Ente	r the nar	ne, city,	and state of the college	or
	university:						
10	An organization that normally refrom activities related to its exemple investment income and unrelated June 30, 1975. See section 5	empt functions—subjec ted business taxable in	t to certain exceptions, a come (less section 511	ınd (2) no	o more ti	nan 33-1/3% of its suppo	ort from gross
11	An organization organized and	I operated exclusively t	to test for public safety. S	See <b>sect</b>	ion 509(	a)(4).	
12	An organization organized and or more publicly supported org	anizations described ir	n section 509(a)(1) or se	ection 50	09(a)(2).	See section 509(a)(3).	rposes of one Check the box in
a	lines 12a through 12d that des Type I. A supporting organization(s) the power to re complete Part IV, Sections A	tion operated, supervise	ed, or controlled by its si	upported	organiza	ation(s), typically by givin	ng the supported tion. <b>You must</b>
b		ition supervised or conf	trolled in connection with the same persons that	its supp control o	orted or r manag	ganization(s), by having e the supported organiz	control or ation(s) You
c	П	ed. A supporting organ	nization operated in conn	ection w	ith, and	functionally integrated w	ith, its supported
d		parated. A supporting of	prognization operated in	connecti	on with i	ts supported organizatio an attentiveness require	n(s) that is not ment (see
	Check this box if the organizat	ion received a written o	determination from the IF				
	integrated, or Type III non-fund	ctionally integrated sup	porting organization.				·
f	Enter the number of supported on	•			• • • •	• • • • • • • • • • • • • • • • • • • •	· · · · L
g	Provide the following information						45.4
	(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(iv) is organization in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
	<del></del>						
(A)		Į		] ;			
<u> </u>				<del> </del>		<del></del>	
(B)		ì					
(C)				<b> </b>	ļ		
(D)					ļ		
<u>(E)</u>							
					Sec. les		
Total		AF 19 . FR 1 19 . 5	<b>表下于被违</b> 项	4		ĺ	l

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)

Sec	tion A. Public Support						
begir	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	9,298.	5,667.	106,	10,000.	162,500.	187,571.
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	9,298.	5,667.	106.	10,000.	162,500.	187,571.
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						187,571.
Sec	tion B. Total Support	<b>*</b>					
	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	9,298.	5,667.	106.	10,000.	162,500.	187,571.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						187,571.
12	Gross receipts from related activit	ies, etc. (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organization of the stop here	on's first, second, t	hird, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support F	Percentage			<u> </u>	
14	Public support percentage for 201						100.00%
15	Public support percentage from 20	015 Schedule A, Pa	art II, line 14	• • • • • • • • •		15	48.25 %
16a	33-1/3% support test—2016. If the and stop here. The organization of	he organization did qualifies as a public	not check the box cly supported organ	on line 13, and lin	ne 14 is 33-1/3% or	more, check this b	oox 
b	33-1/3% support test—2015. If the and stop here. The organization	e organization did qualifies as a publi	not check a box or cly supported orga	ı line 13 or 16a, ar nization	nd line 15 is 33-1/3	% or more, check t	this box
17a	10%-facts-and-circumstances to or more, and if the organization meets the facts-attended to the facts at the f	est—2016. If the or eets the 'facts-and and-circumstances	ganization did not o -circumstances' tes ' test. The organiza	check a box on lin- at, check this box a ation qualifies as a	e 13, 16a, or 16b, and <b>stop her</b> e. Exp publicly supported	and line 14 is 10% plain in Part VI how I organization	′ <b>. ►</b> [
	10%-facts-and-circumstances to or more, and if the organization morganization meets the facts-and-	eets the 'facts-and -circumstances' tes	-circumstances' tes it. The organization	st, check this box a qualifies as a put	and <b>stop here.</b> Exp plicly supported org	plain in Part VI how panization	′the
18	Private foundation. If the organize	zation did not checl	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	k and see instruction	ons ▶ [

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Totál
. 1	Gifts, grants, contributions, and membership fees received. (Do not include					<del></del>	
2	any 'unusual grants.').  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
3	tax-exempt purpose		<del></del> ,				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		·			<i>f</i>	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 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.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 i organization, check this box and s	top here	<del></del>	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
	tion C. Computation of Pu					<del></del>	<del></del>
	Public support percentage for 201						<del></del>
16	Public support percentage from 20					16	8
	tion D. Computation of Inv						
17	Investment income percentage for	-		•	**	<del></del>	
18	Investment income percentage fro					10	
	33-1/3% support tests—2016. If it is not more than 33-1/3%, check t	his box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization	▶ [ ]
	33-1/3% support tests—2015. If it line 18 is not more than 33-1/3%, Private foundation. If the organiz	check this box and	stop here. The o	rganization qualific	es as a publicly sup	ported organiza	tion · · · · · ▶ 📙

Partive Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		- No.
	Yes	No
1		
2		
3a		
3b		
	SAME.	
44		
46		
4c		
5a		
5b	<u>La</u>	71
5c		
7		
		žia i
	***	3.
9a 3 9b	1	35 7 24
9c	1831	2
		*
10a 10b		Sa.
, . ~	1	1

Pa	মাস্ক্র Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
,	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	etion B. Type I Supporting Organizations	1110	لــــــــــــــــــــــــــــــــــــــ	
360	Cition D. 14pe ( Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		i
Sec	ction C. Type II Supporting Organizations			
		·	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	i Karisi Karisi	
Sec	ction D. All Type III Supporting Organizations			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization mainteined a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		10 (30)
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions			
•				
	a The organization satisfied the Activities Test. Complete Iline 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
1	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ıctions).		
2	Activities Test. Answer (a) and (b) below.	842 mon	Yes	No
,	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	-34	
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b	(A)	

	odule A (Form 990 or 990-EZ) 2016 HISTORIC DISTRICT DEVELOPMENT	CORP	58-144	7368 Page 6
120	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>janiza</u>	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Instructions. All other Type III non-functionally integrated supporting organizations	Nov. 20 must co	), 1970 (explain in Part VI mplete Sections A through	). <b>See</b> n E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1 a		
	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	d Total (add lines 1a, 1b, and 1c)	1 d		
_	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	4 % % % %	
2	Enter 85% of line 1.	2	* * * * * *	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4	<b>化学规语性</b>	
5	Income tax imposed in prior year	5	类似物体系	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	海洋溢流"	
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions).	ted Typ	e III supporting organizati	on

BAA

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizat	ions (continued)	
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	S,	
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	tion is responsive (provide	details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<del></del>		
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	· · · · · · / · · · · · · · · · · · · ·	William Control	
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
С	From 2013			
d	From 2014			
	From 2015			
f	Total of lines 3a through e			A THE STATE OF THE PARTY.
9	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)		77 (A) (B) (B) (B)	NA LONG TO STATE OF
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D.	A CONTRACTOR OF THE SECOND		
	line 7: \$			
8	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount	Contract Machine		
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any.  Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<del></del>	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
	Breakdown of line 7:			
a		7.		
	Excess from 2013	The state of the s		TANK TAKE
	Excess from 2014	THE RESERVE OF THE PARTY OF THE		8 1 3 3 5 7
	Excess from 2015			
	Excess from 2016	Park State of the	A MARKET AND A MAR	

BAA

Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

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

Attach to Form 990.

2016

ભારામાં કોરો કેટલ આ મામ કોરો કેટલ આ મામ કોરો કેટલ

Department of the Treasury Internal Revenue Service Name of the organization

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

HISTORIC DISTRICT DEVELOPMENT CORP 58-1447368 Partill Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . . . . Aggregate value at end of year . . . . . . . No □ Yes 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? No Part 12 Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 3.44 a Total number of conservation easements . . . . . . . . 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . . . 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? . . . . . . . . . . . . No 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a 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: 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: 

	RIC DISTRICT			58-144			Page 2
Pুন্থায় Organizations Mainta	ining Collections	s of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (c	<u>ontinue</u>	9d)
3 Using the organization's acquisition items (check all that apply):	n, accession, and othe	er records, check	any of the following that	are a significant use of its	3 collecti	on	
a Public exhibition		đ 🔲 Loan d	or exchange programs				
b Scholarly research		e Other					
c Preservation for future general	tions						
4 Provide a description of the organizer XIII.	zation's collections an	d explain how the	y further the organization	n's exempt purpose in			
5 During the year, did the organization to be sold to raise funds rather than	n to be maintained as	part of the organi	zation's collection?		Yes		No
Partive Escrow and Custodia line 9, or reported an a	I Arrangements. mount on Form 9	Complete if th 90, Part X, line	ne organization ans: e 21.	wered 'Yes' on Form	ı 990, I	Part IV	<b>',</b>
1 a is the organization an agent, truste on Form 990, Part X?	e, custodian or other	intermediary for c	ontributions or other ass	ets not included	Yes		7No
b if 'Yes,' explain the arrangement in							
				<b>  </b>	Amount		
c Beginning balance							
d Additions during the year				<del>}</del>			
e Distributions during the year							
f Ending balance							
2 a Did the organization include an am				- 1		L	No
b If 'Yes,' explain the arrangement in	Part XIII. Check here	if the explanation	n has been provided on F	Part XIII		· · · · L	<u>.</u>
Part Vi Endowment Funds. C	omplete if the org	anization ans	wered 'Yes' on Forn	n 990, Part IV, line 1	0.		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) F	our years	back
1 a Beginning of year balance							
<b>b</b> Contributions		\					
c Net investment earnings, galns, and losses							
d Grants or scholarships					1		
e Other expenditures for facilities and programs		1					
f Administrative expenses					T		
g End of year balance		7			T		
2 Provide the estimated percentage	of the current year en	d balance (line 1g	, column (a)) held as.				
a Board designated or quasi-endowr	ment ►						
b Permanent endowment	*						
c Temporarily restricted endowment	<b>&gt;</b>	*					
The percentages on lines 2a, 2b, a	and 2c should equal 1	<del>00</del> %.					
3 a Are there endowment funds not in organization by:			are held and administer	ed for the	ſ	Yes	No
(i) unrelated organizations			<i></i>		. 3a(i)		
(ii) related organizations					. 3a(ii)		<del> </del>
b if 'Yes' on line 3a(ii), are the related					. 3b		<del> </del>
4 Describe in Part XIII the intended u	_	•			.1 00 1		Ь
Part VI Land, Buildings, and	<u></u>	, , , o o , , d o , , , , o , , , , ,	31103.	<del></del>			
Complete if the organiz		Yes' on Form	990 Part IV line 11	a See Form 990 P	art X I	ine 10	1
Description of property	<del></del>			<del></del>			
Description of property		t or other basis evestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a)	Book va	IIU <del>O</del>
1 a Land			1,219,371.	(	1	,219	371
<b>b</b> Buildings			81,500.	23,192.	<del></del>		,308.
c Leasehold improvements			1,313,089.	328,743.			, <u>346.</u>
d Equipment			795	795			0 • 0 <del>5</del> 6 •

TEEA3302 08/15/16

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) . . . . .

BAA

486.

..... ► 2,262,683. Schedule D (Form 990) 2016

<u>658.</u>

Partition Investments - Other Securities.	(a.l F	2-4 11 / E 44h O 5 000 f	2-d V line 40
Complete if the organization answered	(b) Book value	(c) Method of valuation: Cost or end-of	
(a) Description of security or category (including name of security)  (1) Financial derivatives	(D) Book value	(c) Method of Valuation: Cost of end-of	-year market value
(2) Closely-held equity interests		<del> </del>	
(3) Other	<del></del>		<del></del>
(A)	<del></del>		
(B)			
(C)			
(D)			
(E)		<u> </u>	
(F)	<del></del>		
(G) (H)		<del></del>	<del></del>
(1)		<del></del>	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >			200
Partiful Investments - Program Related.	/on' on Farm 000 I	Bort IV line 440 See Form 200 F	2nd V. line 42
Complete if the organization answered `(a) Description of Investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)	(b) DOOK VAIUS	(c) Method of Valuation. Cost of eno-	Di-year market value
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>		<b></b>	<del></del>
(7)			<del></del>
(9)	<del></del>	<del> </del>	
(10)	<del></del>		
		CARGO SERVICIONE PROPERTIES LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMP	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Part X Other Assets.	/es' on Form 990		
Complete if the organization answered	es' on Form 990, i		
Complete if the organization answered (a) Des			Part X, line 15. (b) Book value -417, 322.
Complete if the organization answered (a) Des (1) INVESTMENT IN AFFILATES (2) DUE FROM AFFILIATES			Part X, line 15. (b) Book value
Complete if the organization answered (a) Des (1) INVESTMENT IN AFFILATES (2) DUE FROM AFFILIATES (3)			Part X, line 15. (b) Book value -417, 322.
Complete if the organization answered (a) Des (1) INVESTMENT IN AFFILATES (2) DUE FROM AFFILIATES			Part X, line 15. (b) Book value -417, 322.
Complete if the organization answered (a) Des (1) INVESTMENT IN AFFILATES (2) DUE FROM AFFILIATES (3) (4)			Part X, line 15. (b) Book value -417, 322.
Complete if the organization answered (a) Des  (1) INVESTMENT IN AFFILATES  (2) DUE FROM AFFILIATES  (3)  (4)  (5)  (6)  (7)			Part X, line 15. (b) Book value -417, 322.
Complete if the organization answered (a) Des  (1) INVESTMENT IN AFFILATES (2) DUE FROM AFFILIATES (3) (4) (5) (6) (7) (8)			Part X, line 15. (b) Book value -417, 322.
Complete if the organization answered (a) Des  (1) INVESTMENT IN AFFILATES (2) DUE FROM AFFILIATES (3) (4) (5) (6) (7) (8) (9)			Part X, line 15. (b) Book value -417, 322.
Complete if the organization answered (a) Des (1) INVESTMENT IN AFFILATES (2) DUE FROM AFFILIATES (3) (4) (5) (6) (7) (8) (9)	ecription	Part IV, line 11d. See Form 990, I	Part X, line 15. (b) Book value -417, 322. 878, 511.
Complete if the organization answered (a) Des  (1) INVESTMENT IN AFFILATES (2) DUE FROM AFFILIATES (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line (Column (B) Li	ne 15.)	Part IV, line 11d. See Form 990, I	Part X, line 15. (b) Book value -417, 322. 878, 511.
Complete if the organization answered (a) Des  (1) INVESTMENT IN AFFILATES  (2) DUE FROM AFFILIATES  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) lin  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fereign (Complete if the organization answered 'Yes' organ	ne 15.)	Part IV, line 11d. See Form 990, I	Part X, line 15. (b) Book value -417, 322. 878, 511.
Complete if the organization answered (a) Des  (1) INVESTMENT IN AFFILATES  (2) DUE FROM AFFILIATES  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) lin  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fermi (a) Description of liability	ne 15.)	Part IV, line 11d. See Form 990, I	Part X, line 15. (b) Book value -417, 322. 878, 511.
Complete if the organization answered (a) Des  (1) INVESTMENT IN AFFILATES  (2) DUE FROM AFFILIATES  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form (B) Description of liability  (1) Federal income taxes	ne 15.)	Part IV, line 11d. See Form 990, I	Part X, line 15. (b) Book value -417, 322. 878, 511.
Complete if the organization answered (a) Des  (1) INVESTMENT IN AFFILATES  (2) DUE FROM AFFILIATES  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) lin  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fermi (a) Description of liability	ne 15.)	Part IV, line 11d. See Form 990, I	Part X, line 15. (b) Book value -417, 322. 878, 511.
Complete if the organization answered (a) Des  (1) INVESTMENT IN AFFILATES  (2) DUE FROM AFFILIATES  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) lin  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form (a) Description of liability  (1) Federal income taxes  (2) DUE TO HDDC - AARC  (3) DUE TO HDDC - HDRP  (4) DUE TO INTOWN BUILDERS	ne 15.)	Part IV, line 11d. See Form 990, I	Part X, line 15. (b) Book value -417, 322. 878, 511.
Complete if the organization answered (a) Des  (1) INVESTMENT IN AFFILATES  (2) DUE FROM AFFILIATES  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) lin  PARX Other Liabilities.  Complete if the organization answered 'Yes' on Form (B) Description of liability  (1) Federal income taxes  (2) DUE TO HDDC - AARC  (3) DUE TO HDDC - HDRP  (4) DUE TO INTOWN BUILDERS  (5) TENANT SECURITY DEPOSITS	ne 15.)	Part IV, line 11d. See Form 990, I	Part X, line 15. (b) Book value -417, 322. 878, 511.
Complete if the organization answered (a) Des  (1) INVESTMENT IN AFFILATES  (2) DUE FROM AFFILIATES  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) lin  Part Complete if the organization answered 'Yes' on Form (a) Description of liability  (1) Federal income taxes  (2) DUE TO HDDC - AARC  (3) DUE TO HDDC - HDRP  (4) DUE TO INTOWN BUILDERS  (5) TENANT SECURITY DEPOSITS  (6)	ne 15.)	Part IV, line 11d. See Form 990, I	Part X, line 15. (b) Book value -417, 322. 878, 511.
Complete if the organization answered (a) Des  (1) INVESTMENT IN AFFILATES (2) DUE FROM AFFILIATES (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) lin  PARX Other Liabilities.  Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) DUE TO HDDC - AARC (3) DUE TO HDDC - HDRP (4) DUE TO INTOWN BUILDERS (5) TENANT SECURITY DEPOSITS (6) (7) (8)	ne 15.)	Part IV, line 11d. See Form 990, I	Part X, line 15. (b) Book value -417, 322. 878, 511.
Complete if the organization answered (a) Des  (1) INVESTMENT IN AFFILATES (2) DUE FROM AFFILIATES (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) lin  PARX Other Liabilities.  Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) DUE TO HDDC - AARC (3) DUE TO HDDC - HDRP (4) DUE TO INTOWN BUILDERS (5) TENANT SECURITY DEPOSITS (6) (7) (8) (9)	ne 15.)	Part IV, line 11d. See Form 990, I	Part X, line 15. (b) Book value -417, 322. 878, 511.
Complete if the organization answered (a) Des  (1) INVESTMENT IN AFFILATES (2) DUE FROM AFFILIATES (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) lin  Part Other Liabilities.  Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) DUE TO HDDC - AARC (3) DUE TO HDDC - HDRP (4) DUE TO INTOWN BUILDERS (5) TENANT SECURITY DEPOSITS (6) (7) (8) (9) (10)	ne 15.)	Part IV, line 11d. See Form 990, I	Part X, line 15. (b) Book value -417, 322. 878, 511.
Complete if the organization answered (a) Des  (1) INVESTMENT IN AFFILATES  (2) DUE FROM AFFILIATES  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) lin  Part Complete if the organization answered 'Yes' on Form (a) Description of liabilities.  Complete if the organization answered 'Yes' on Form (b) Due To HDDC - AARC  (3) DUE TO HDDC - AARC  (3) DUE TO HDDC - HDRP  (4) DUE TO INTOWN BUILDERS  (5) TENANT SECURITY DEPOSITS  (6)  (7)  (8)  (9)  (10)  (11)	ne 15.)	Part IV, line 11d. See Form 990, I	Part X, line 15. (b) Book value -417, 322. 878, 511.
Complete if the organization answered (a) Des  (1) INVESTMENT IN AFFILATES (2) DUE FROM AFFILIATES (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) lin  Part Other Liabilities.  Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) DUE TO HDDC - AARC (3) DUE TO HDDC - HDRP (4) DUE TO INTOWN BUILDERS (5) TENANT SECURITY DEPOSITS (6) (7) (8) (9) (10)	ne 15.)	Part IV, line 11d. See Form 990, I	Part X, line 15. (b) Book value -417,322. 878,511.

Schedule () (Form 990) 2016 HISTORIC DISTRICT DEVELOPMENT CORP 58	-1447368	Page 4
Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
Complete if the organization answered 'Yes' on 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 (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2 e	
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 4 a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Complete if the organization answered 'Yes' on 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:	600	
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)	- W. 8	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	. 3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2 7	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	

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

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . .

Part XIII Supplemental Information.

#### SCHEDULE L (Form 990 or 990-EZ)

### **Transactions With Interested Persons**

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is

OMB No 1545-0047 2016

্রিক্রান্ত্রিকর্নার্ট্রান্ত ভাষান্ত্রিকর্নার্ট্রান্ত

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

at www.irs.gov/form990.

HISTORIC DISTRICT DEVELOPMENT CORP 58-1447368 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Partil

4	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Cor	rected
•	(a) Name of disquainted persons	person and organization	(e) Description of this section	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		1			Т

Partille Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship (c) Put with organization of id	(c) Purpose (d) Loan to or (e) Or from the organization?	from the		from the		from the		from the		(e) Original principal amount	(f) Balance due	(g) In d	lefault?	(h) App by bos commi	roved ird or ltee?	(I) Wrl agreen	iten ient?
	Į.		To	From			Yes	No	Yes	No	Yes	No						
(1) MTAMANIKA YNGBLD	EXECUTIVE DIRECTOR	OPERATIONS	X		99,216.	113,027.		Х	Х		Х							
(2)																		
(3)																		
(4)	T																	
(5)	T																	
(6)	1																	
(7)	1																	
(8)	T																	
(9)	1						T					ī						
(10)	1																	
otal					▶\$	113,027.	1/36	100	No. of	19/ 9	44.19	4						

Partill Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2016

Schedule Li	(Form 990 or 990-FZ) 2018	HISTORIC DISTRICT	DEVELOPMENT	COPP
	(1 OIIII 880 OI 880-LE) 20 IO	MISTORIC DISTRICT	DEAPPORMENT	CURP

58-1447368

Page 2

Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	1	<u> </u>		Yes	No
(1)		[		I	
(2)					
(3)					
(4)	T				
(5)					
(6)	1				
(7)	1				
(8)					
(9)	T				
(10)					

Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions).

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

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.

OMB No 1545-0047

2016

Open to Fulfille the position

Department of the Treasury Internal Revenue Service Name of the organization

at www.irs.gov/form990. Employer identification number

HISTORIC DISTRICT DEVELOPMENT CORP

58-1447368

Pt VI, Line 11b

THE TAX RETURN WILL BE PRESENTED TO BOARD FOR REVIEW

MEMBERS MUST SIGN CONFLICT OF INTEREST FORM EA. YEAR; TO BE MAINTAINED

Pt VI, Line 12c BY HDDC OFFICES.