Department of the Treasury

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

DLN: 93493221002492 OMB No. 1545-0047

Open to Public . Inspection

| | | enue Servic | | | | | | |
|-----------------------------|---------|--|--|---|--------------------|---------------------|---------------------|------------------------|
| A F | or th | e 2020 (| | ning 10-01-2020 , and ending 09- | 30-2021 | | | |
| | | ipplicable: | C Name of organization COUNTY CORP | | | D Employe | r identifi | cation number |
| | | change | | | | 31-0978 | 908 | |
| □ Na | | - | Doing business as | | | | | |
| | | n/terminate | d | | | | | |
| ☐ Am | nende | d return | | ail is not delivered to street address) Room/s | uite | E Telephone | e number | |
| □ Ар | plicati | on pendin | 130 W 2ND STREET NO 1420 | | | (937) 22 | 25-6328 | |
| | | | City or town, state or province, cour | ntry, and ZIP or foreign postal code | | | | |
| | | | DAYTON, OH 45402 | | | G Gross red | eipts \$ 2, | 677,415 |
| | | | F Name and address of principa | l officer: | H(a) I | s this a group ret | urn for | |
| | | | STEPHEN NAAS | | | subordinates? | | □Yes ☑ No |
| | | | 130 W 2ND STREET NO 1420 DAYTON, OH 45402 | | H(b) A | Are all subordinate | es | ☐ Yes ☐No |
| I Ta: | x-exei | mpt status | <u> </u> | | | ncluded? | | |
| | | | ☑ 501(c)(3) ☐ 501(c)() ◄ | (insert no.) 4947(a)(1) or 527 | | f "No," attach a li | • | • |
| J W | ebsit | te:► W | WW.COUNTYCORP.COM | | "(c) (| Group exemption | number | |
| | | | | | I Year of | formation: 1979 | M State (| of legal domicile: |
| K Forr | n of o | rganization | n: 🗹 Corporation 🗌 Trust 🔲 Asso | ciation 🔲 Other 🟲 | L rear or | Torritation: 1979 | OH | or regar dominate. |
| De | art I | Sun | nmary | | | | | |
| Гс | | | escribe the organization's mission o | r most significant activities: | | | | |
| | | | | GOMERY COUNTY RESIDENTS THROUGH | I IMPROVE | D HOUSING OPPO | DRTUNIT | IES |
| 36 | - | | | | | | | |
| na L | - | | | | | | | |
| Governance | | | | | | | | |
| ÓS. | | | nis box ▶ ∟ if the organization dis of voting members of the governir | scontinued its operations or disposed of | more than | 25% of its net as | sets. 3 | 19 |
| | l | | • | • , , , , | • • | | 4 | 19 |
| S e | l | | - | the governing body (Part VI, line 1b) | | | | |
| Ě | l | | , , | lendar year 2020 (Part V, line 2a) . | | | 5 | 29 |
| Activities & | l | | • | cessary) | | | 6 | 0 |
| ⋖ | l | | | : VIII, column (C), line 12 | | | 7a | 0 |
| | b | Net unre | elated business taxable income fror | n Form 990-T, line 39 | | | 7b | 0 |
| | | | | | | Prior Year | | Current Year |
| Qi. | 8 | Contribu | utions and grants (Part VIII, line 1h) | | | 2,268,4 | 90 | 1,678,777 |
| Ě | 9 | Program | n service revenue (Part VIII, line 2g) | | | 1,144,0 | 80 | 550,109 |
| Ravenue | 10 | Investm | ent income (Part VIII, column (A), l | ines 3, 4, and 7d) | | 4,7 | 85 | -91,007 |
| <u> </u> | 11 | Other re | evenue (Part VIII, column (A), lines | 5. 6d. 8c. 9c. 10c. and 11e) | | 51,8 | 10 | 54,060 |
| | l | | | st equal Part VIII, column (A), line 12) | | 3,469,1 | | 2,191,939 |
| | _ | | and similar amounts paid (Part IX, o | | | 615,1 | 51 | 343,111 |
| | l | | paid to or for members (Part IX, co | , ,, | | 013/1 | 0 | 0 |
| | l | | , | enefits (Part IX, column (A), lines 5–10) | | 1,467,1 | | |
| 88 | l | | | , | | 1,467,1 | _ | 767,521 |
| ર્કે | l | | ional fundraising fees (Part IX, colu | , , , | | | 0 | 0 |
| Expenses | l | | draising expenses (Part IX, column (D), | | | | | |
| ш | l | | xpenses (Part IX, column (A), lines | • | | 823,2 | 75 | 1,340,640 |
| | 18 | Total ex | penses. Add lines 13–17 (must equ | ıal Part IX, column (A), line 25) | | 2,905,5 | 91 | 2,451,272 |
| | 19 | Revenue | e less expenses. Subtract line 18 fr | om line 12 | | 563,5 | 74 | -259,333 |
| % & 6 & | | | | | Begir | ning of Current Ye | ear | End of Year |
| ang et | | | | | | | | |
| Net Assets or Fund Balances | l | | sets (Part X, line 16) | | | 18,040,8 | | 17,636,660 |
| ₹ <u>₽</u> | 21 | Total lia | bilities (Part X, line 26) | | | 3,095,9 | | 2,951,037 |
| Zű. | 22 | Net asse | ets or fund balances. Subtract line : | 21 from line 20 | | 14,944,9 | 56 | 14,685,623 |
| | ırt II | | nature Block | | | | | |
| | | | | ined this return, including accompanyin . Declaration of preparer (other than off | | | | |
| any k | | | er, it is true, correct, and complete | . Declaration of preparer (other than on | icer) is ba | seu on an illioitha | ICIOII OI W | mich preparer has |
| , | | T. | | | | | | |
| | | ***** | ** ture of officer | | | 2022-08-08 Date | | |
| Sign | | y Sigila | ture of officer | | | Date | | |
| Here | • | | HEN NAAS PRESIDENT | | | | | |
| | | | or print name and title | | | | | |
| _ | | | Print/Type preparer's name | | Date 2022-08-08 | | TIN 01686651 | |
| Paid | t | L | | | ∠∪∠∠-∪8-U8 | self-employed | | · |
| Pre | | er [| Firm's name | KETT & CO | | Firm's EIN ► 31-0 | 0800053 | _ |
| Use | | F | Firm's address ► 10100 INNOVATION DI | RIVE | | Phone no. (937) 2 | 26-0070 | |
| | | | | | | (937) 2 | .20-00/0 | |
| | | | DAYTON, OH 45342 | | | 1 | | |
| | | | s this return with the preparer show | | | <u></u> . | ∠ ∨ | es 🗆 No |
| For P | aper | work Re | eduction Act Notice, see the sep | arate instructions. | Cat. | No. 11282Y | | Form 990 (2020) |

| Form | 990 (2020) | | | | | Page 2 |
|------|------------------------|----------------------|-----------------------|---------------------------|--|-----------------------|
| Pa | rt III Statement | of Program Sei | vice Accomplis | hments | | |
| | Check if Sche | dule O contains a re | esponse or note to a | any line in this Part III | | 🗹 |
| 1 | Briefly describe the o | organization's missi | on: | | | |
| | | | MERY COUNTY CON | MUNITY BY OFFERING A | AFFORDABLE HOUSING AND E | ECONOMIC PROGRAMS FOR |
| KESI | DENTS AND SMALL BU | JSINESSES. | | | | |
| | | | | | | |
| 2 | Did the organization | undertake any sign | ificant program serv | vices during the year whi | ich were not listed on | |
| | the prior Form 990 o | or 990-EZ? | | | | ☐ Yes ☑ No |
| | If "Yes," describe the | ese new services on | Schedule O. | | | |
| 3 | Did the organization | cease conducting, o | or make significant o | changes in how it conduc | cts, any program | |
| | services? | . 🗆 Yes 🗹 No | | | | |
| | If "Yes," describe the | ese changes on Sch | edule O. | | | |
| 4 | | nd 501(c)(4) organiz | zations are required | to report the amount of | argest program services, as m grants and allocations to oth | |
| 4a | (Code: |) (Expenses \$ | 293,803 | including grants of \$ | 5,600) (Revenue \$ | 181,129) |
| | See Additional Data | | | | | |
| 4b | (Code: |) (Expenses \$ | 588,207 | including grants of \$ | 280,794) (Revenue \$ | 6,260) |
| | See Additional Data | | | | | |
| 4c | (Code: |) (Expenses \$ | 551,190 | including grants of \$ | 0) (Revenue \$ | 0) |
| | See Additional Data | | | | | |
| | See Additional Data | Table | | | | |
| 4d | Other program servi | | | | | |
| | (Expenses \$ | 697,567 | including grants of | \$ 56,71 | .7) (Revenue \$ | 325,304) |
| | V | <u> </u> | | | | <u> </u> |

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19

| | New Charlette of Paguinad Cabadulas | | | |
|-----|---|-----|-----|-----|
| Pai | t 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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | No |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part 93 | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | Yes | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| | 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 | | No |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2 | 11c | | No |
| | 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 2 | 11d | Yes | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦 | 11e | Yes | |
| f | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 | 11f | | No |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No_ |
| | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 17 | | No |
| 10 | Did the exercise ties were then \$15,000 total of fine decision event agent income and contributions on Dout \(\text{III} \) | | | I |

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

lines 1c and 8a? If "Yes," complete Schedule G, Part II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Nο

Nο

No

18

19

20a

20b

21

| Form | 990 (2020) | | | Page 4 |
|------|--|-----|-----|---------------|
| Par | Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒 | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| 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 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 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 | Yes | |
| Pa | Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | . ; | | |
| | Entantha number namental in Day 2 of Farm 1000 Fatar O March and limb | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1,485 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |

| Pai | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|---------|---|--------------------|-----|--------|
| 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 | 29 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | . 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority or financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: | | | No |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA | AR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizat solicit any contributions that were not tax deductible as charitable contributions? | | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible? | were 6b | | |
| 7 | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s provided to the payor? | services 7a | | No |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282? | to file 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | . 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required? | s 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F 1098-C? | Form 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | . 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | . 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| р 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: | | | |
| a | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | · 13a | | |
| | 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 | _ | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or e | 14b | | |
| | parachute payment(s) during the year? | . 15 | | No |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O. | 16 | | No |

| orm | 990 (2020) | | | Page 6 |
|-----|--|--------|-----------|---------------|
| Pa | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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 | " resp | onse to l | ines |
| Se | ction A. Governing Body and Management | | | |
| | Established with a second and of the convenience based at the condition to the form of the condition of the convenience based at the c | | Yes | No |
| 1a | 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 1b 19 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes | |
| 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 | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | Yes | |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | 9.) | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| 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 | Yes | _ |
| 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 | Yes | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | Yes | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | No |
| Se | ction C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed▶ OH | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: TRACY SCHULTZ 130 W 2ND STREET SUITE 1420 DAYTON, OH 45402 (937) 225-6328 | | | |
| | | | orm 004 | 1 (2020) |

Part VII

TRUSTEE

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 $\mbox{VII}\,\,$. 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

- 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, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations

| of reportable compensation from the organization | n and any relate | d orgai | nizati | ons. | | | · | • | · | | |
|--|---|-----------------------------------|--------------------------|----------------------------|---|--|-----------|---|--|--|--|
| • List all of the organization's former directo organization, more than \$10,000 of reportable co | ompensation fro | m the | | | | | | | | | |
| See instructions for the order in which to list the | • | | | | | | | | | | |
| LJ Check this box if neither the organization no (A) Name and title | (B) Average hours per week (list any hours | Position that pers | on (do an on on is | (C) not e bo both | t cho x, u h an | | ore er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the organization and | |
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Highest compensated employee Key employee | | Former | (W-2/1099- MISC) | (W-2/1099- MISC) | related organizations | |
| (1) STEPHEN D NAAS ASST. SECRETARY/PRESIDENT | 22.00 8.00 | | | х | | | | 130,467 | 0 | 20,626 | |
| (2) TRACY L SCHULTZ ASSISTANT TREASURER | 28.00 9.00 | | | x | | | | 84,336 | 0 | 34,390 | |
| (3) LANCE DETRICK CHAIR (OCT-JAN)/IMM. PAST CHAIR (JAN-SEPT) | 2.00 | Х | | х | | | | 0 | 0 | 0 | |
| (4) BONNIE PARISH V. CHAIR (OCT-JAN)/CHAIR (JAN-SEPT) | 2.00 | Х | | х | | | | 0 | 0 | 0 | |
| (5) JOHN F KUNTZ III TTEE (OCT-JAN)/V. CHAIR (JAN-SEPT) | 2.00 | Х | | x | | | | 0 | 0 | 0 | |
| (6) THOMAS WHALEN SECRETARY | 2.00 | Х | | х | | | | 0 | 0 | 0 | |
| (7) FRANK WINSLOW TREASURER | 2.00 | X | | x | | | | 0 | 0 | 0 | |
| (8) WALT HIBNER IMM. PAST CHAIR (OCT-JAN)/TTEE (JAN-DEC) | 2.00 | X | | x | | | | 0 | 0 | 0 | |
| (9) CHARLES CRAWFORD TRUSTEE | 2.00 | х | | | | | | 0 | 0 | 0 | |
| (10) MARY ELLINGTON TRUSTEE | 2.00 | Х | | | | | | 0 | 0 | 0 | |
| (11) RENAE ESHLEMAN TRUSTEE | 2.00 | Х | | | | | | 0 | 0 | 0 | |
| (12) STEPHAN GAYTKO TRUSTEE | 2.00 | Х | | | | | | 0 | 0 | 0 | |
| (13) CYNTHIA HATTON TEPE TRUSTEE | 2.00 | Х | | | | | | 0 | 0 | 0 | |
| (14) NATHANAEL JOHNSON TRUSTEE | 2.00 | Х | | | | | | 0 | 0 | 0 | |
| (15) VAL BEERBOWER TRUSTEE | 2.00 | Х | | | | | | 0 | 0 | 0 | |
| (16) KARLOS MARSHALL TRUSTEE | 2.00 | Х | | | | | | 0 | 0 | 0 | |
| (17) J THOMAS MAULTSBY | 2.00 | Х | | | | | | 0 | 0 | 0 | |

| | t VII Section A. Officers, Directors | i i | | | | | | 1 | | | | 1 | | |
|------|--|--|---|-----------------------|---------------|--------------|------------------------------|-----------------|--|---|-------------------------|---------------|--|--|
| | (A) Name and title | (B) Average hours per week (list any hours for related | verage Position (do not check more than one box, unless person is both an officer and a ory hours director/trustee) related (W | | | | | | compensa from th organiza (W-2/10 | (D) (E) Reportation from the granization 072/1099- (W-2/109 | | on d ns | Estim amount comper from organizat | ated of other isation the tion and |
| | | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | MISC |) | MISC) | | rela organiz | |
| ٠, | KEITH RIHM | 2.00 | × | | | | | | | 0 | | o | | (|
| TRUS | TEE IYL HALL SMITH | | •••• | | | | | | | | | | | |
| TRUS | | 2.00 | × | | | | | | | 0 | | 0 | | (|
| TRUS | TEE | 2.00 | × | | | | | | | 0 | | 0 | | (|
| | DAVE VANDERCHER TEE | 2.00 | × | | | | | | | 0 | | 0 | | 0 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| c T | Sub-Total | /II, Section A | | | | > | | | 214,80 | 3 | | 0 | | 55,016 |
| 2 | Total number of individuals (including bu of reportable compensation from the org. | t not limited to | | | | ve) w | ho re | ceive | ed more tha | n \$100 | ,000 | • | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J for</i> | | | | emp • | loye • | e, or h | ighe • | st compens | ated e | mployee on | 3 | | No |
| 4 | For any individual listed on line 1a, is the organization and related organizations gr individual | sum of reportareater than \$150 | ble com 0,000? . | npens If "Ye | atio s," o | n an comp | d othe olete S | er coi Sched | mpensation dule J for su | from t <i>ch</i> | he | | V | |
| 5 | Did any person listed on line 1a receive of services rendered to the organization? If | | | | | | | | | | | 4 | Yes | |
| Se | ection B. Independent Contractors | | | | | / | | | | | | 5 | | No |
| 1 | Complete this table for your five highest from the organization. Report compensat | compensated in | | | | | | | | | | npen | sation | |
| | Name and | (A) business address | | | | | | | | Descrin | (B) tion of services | | (C Comper | |
| RICH | ARD W GOSSARD | susmess dudress | | | | | | | | RUCTIO | | | сотпрет | 219,717 |
| BEAV | SUNNYSIDE DRIVE ERCREEK, OH 45432 | | | | | | | | | | | | | |
| 8755 | TAR ROOFING & SIDING S STATE ROUTE 201 | | | | | | | | CONST | RUCTIC | PΝ | | | 171,222 |
| | CITY, OH 45371 RTS REMODELING | | | | | | | | CONST | RUCTIO | DN . | | | 152,763 |
| | BRAHMS BLVD ON, OH 45449 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | otal number of independent contractors (icompensation from the organization ► 3 | ncluding but no | t limited | d to t | hose | e liste | ed abo | ve) | who receive | d more | e than \$100,00 | 00 of | | |

| Part | | (2020) Statement | of F | Revenue | | | | | | Page 9 |
|---|------------|---|--------|--------------|---------|---------------------|------------------------|--|--------------------------------|--|
| ган | VIII | | | | a resp | onse 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 |
| | 1 a | Federated campaig | gns | | 1a | | L | revende | | 312 314 |
| Grants mounts | ь | Membership dues | | . [| 1b | | | | | |
| s, Gr Ama | | Fundraising events | | · L | 1c | | | | | |
| ar / | | Related organization | | | 1d | | | | | |
| is, C imi | e f | Government grants (and All other contributions | | Ļ | 1e | 1,040,490 | | | | |
| Contributions, Gift and Other Similar | ' | and similar amounts i | not ir | ncluded | 1f | 638,287 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions lines 1a - 1f:\$ | s incl | uded in | . | 222 570 | | | | |
| nd | h | Total. Add lines 1a | a-1f | | 1g | 223,578 | | | | |
| <u> </u> | | | | | | Business Code | 1,678,777 | | | T |
| | 2a | GROSS RENTAL INCO | OME | | | 531110 | 247,166 | 247,166 | | |
| nue nue | - | LOAN FEES, INTERES | T. A | | | - | 132,015 | 132,015 | | + |
| e ve | | | | | | 522291 | 400.000 | 100.000 | | |
| ce | C | ADMINISTRATIVE FEI | ES | | | 561000 | 109,838 | 109,838 | | |
| Program Service Revenue | d | MEN'S GATEWAY SHE | ELTER | ₹ | | 532000 | 52,176 | 52,176 | | |
| an | | DEVELOPER FEES | | | | | 9,000 | 9,000 | | |
| ¥ogı | | | | | | 531110 | | | | |
| 4 | f | All other program | serv | ice revenue | | | -86 | -86 | | |
| | g | Total. Add lines 2 | 2a-2 | f | . • | 550,109 | L | | | |
| | 3 | Investment income similar amounts) . | (inc | luding divid | ends, | interest, and other | 469 | | | 469 |
| | | Income from invest | | | | ond proceeds | • | | | |
| | 5 | Royalties | | | • | • | • | | | |
| | | | | (i) Re | al | (ii) Personal | - | | | |
| | | Gross rents | 6a | | 54,06 | 0 | | | | |
| | b | Less: rental expenses | 6b | | | 0 | | | | |
| | С | Rental income or (loss) | 6c | | 54,06 | 0 | | | | |
| | | Net rental income | | loss) | | | _ <u> </u> 54,060 | 54,060 | | |
| | | | | (i) Secur | | (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 7a | | | 394,00 | 0 | | | |
| | b | Less: cost or other basis and sales expenses | 7b | | | 485,47 | 6 | | | |
| | С | Gain or (loss) | 7c | | | -91,47 | 6 | | | |
| | | d Net gain or (loss) | | | | | -91,476 | -91,476 | | |
| Other Revenue | 8a | of Gross income from fur (not including \$ contributions reported See Part IV, line 18 | d on | of line 1c). | 8a | | | | | |
| r R | | Less: direct expen | | | 8b | | | | | |
| the | ' | : Net income or (los | ss) tr | om fundrais | sing ev | ents 🛌 | | | | |
| | | Gross income from See Part IV, line 19 | • | | 9a | | | | | |
| | | • Less: direct expen • Net income or (los | | | | ies | _ | | | |
| | 10 | a Gross sales of inve returns and allowa | entor | ry, less | 10a | | | | | |
| | ŀ | Less: cost of good | s sol | ld | 10b | | | | | |
| | _ | Net income or (los | | | inven | | | | | |
| | 11 | Miscellaneo La | us R | evenue | | Business Code | - | | | |
| | - | | | | | | | | | |
| | ŀ | · | | | | | | | | |
| | | | | | | | | | | |
| | ۱ | | | | | | | | | |
| | | 4 All other | | | | | | | | |
| | | d All other revenue Total. Add lines 1 | | | | ▶ | | | | |
| | | 2 Total revenue. S | | | | | | | | |
| | | - rotal revenue. 5 | ce II | isa actions | · · | · · · • | 2,191,939 | 512,693 | | 0 469 |

| Part IX Statement of Functional Expenses | | | | |
|--|--------------------------|------------------------------|---|--------------------------------|
| Section 501(c)(3) and 501(c)(4) organizations must | t complete all columns. | All other organizatio | ns must complete colu | mn (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, 'b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | g | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 343,111 | 343,111 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 271,202 | 271,202 | | |
| 6 Compensation not included above, to disqualified persons (a defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | s | | | |
| 7 Other salaries and wages | 345,160 | 230,243 | 103,425 | 11,492 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 108,603 | 86,882 | 19,549 | 2,172 |
| 10 Payroll taxes | 42,556 | 34,045 | 7,660 | 851 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 9,372 | 8,638 | 734 | |
| c Accounting | 30,460 | 4,380 | 26,080 | |
| 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) | 52,516 | 37,200 | 15,316 | |
| 12 Advertising and promotion | 384 | | 384 | |
| 13 Office expenses | 74,956 | 9,307 | 65,649 | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| | 92,746 | 54,070 | 38,676 | |
| 17 Travel | 415 | 402 | 13 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 2,438 | 1,137 | 1,301 | |
| 20 Interest | 28,331 | 28,331 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 247,232 | 242,769 | 4,463 | |
| 23 Insurance | 30,968 | 8,889 | 22,079 | |
| 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 YOUTHBUILD/AMERICORPS | 554,936 | 551,190 | 3,746 | |
| b RENTAL EXPENSES | 212,299 | 212,299 | | |
| c TITLE/CREDIT/RECORDING | 1,344 | 1,344 | 0 | 0 |
| d | | | | |
| e All other expenses | 2,243 | 5,328 | -3,085 | |
| Total functional expenses. Add lines 1 through 24e | 2,451,272 | 2,130,767 | 305,990 | 14,515 |
| 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). | | | | |

Page **11**

533,747

2,369,441

235,439

331,175

6.973.742

5,742,589

535,000

907,576

589.309

168.886

2,139,319

53,523

2.951.037

14,685,623

14,685,623

17,636,660

Form 990 (2020)

17,636,660

7,951

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

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Accounts payable and accrued expenses .

Cash-non-interest-bearing Savings and temporary cash investments . . .

Pledges and grants receivable, net . . .

Loans and other payables to any current or former officer, director, trustee,

Accounts receivable, net .

key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net

Inventories for sale or use . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation

Investments—publicly traded securities .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

10a 10b Investments—other securities. See Part IV, line 11 .

Investments—program-related. See Part IV, line 11

Other assets. See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 33) .

8,183,156 2,440,567

5,527,899 10c 534,085 484,952 18,040,886 220,062

Beginning of year

564,620

393.785

297.187

7.599.171

21,210

2,617,977

1

2

3

4

5

6

7

8

9

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

248.564

2,593,492

33,812

3.095.930

14,922,347

14,944,956

18,040,886

22,609

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.

3a

3b

Yes

Yes (2020)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 31-0978908

Name: COUNTY CORP

Form 990 (2020)

AFFORDABLE LONG-TERM RENTALS.

Form 990, Part III, Line 4a:

THE NEIGHBORHOOD STABILIZATION PROGRAM: PURCHASED AND REHABILITATED FORECLOSED HOMES OR APARTMENT UNITS IN THE CITIES OF HUBER HEIGHTS. TROTWOOD, WEST CARROLLTON, AND RIVERSIDE. THE HOMES WERE REHABILITATED TO HIGH STANDARDS TO ENSURE LONG-TERM AFFORDABILITY AND ENERGY CONSERVATION FOR HOUSEHOLDS AT OR BELOW 120% OF THE AREA MEDIAN INCOME. APARTMENT UNITS ARE TO BE HELD AS AFFORDABLE LONG-TERM RENTALS.COUNTY CORP UTILIZED NSP 3 FUNDS IN HARRISON TOWNSHIP TO PURCHASE HOMES AND LOTS FOR A SECOND PHASE DEVELOPMENT CURRENTLY IN THE PLANNING PHASE. THIS ADDITIONAL DEVELOPMENT WILL LIKELY BE PRIMARILY FUNDED BY AN ALLOCATION OF AFFORDABLE HOUSING TAX CREDITS. THE REHABILITATION OF THE 20 UNIT COMPLEX CALLED NORTHCLIFF SQUARE IN THE CITY OF RIVERSIDE WAS COMPLETED IN 2013. THE APARTMENT UNITS ARE HELD AS

Form 990, Part III, Line 4b:

REHABILITATE RESIDENTIAL PROPERTIES. THE ORGANIZATION ALSO SERVICED 265 LOANS.

LOANS AND GRANTS FOR RESIDENTIAL REHABILITATION:A) COUNTY CORP ADMINISTERS AN EMERGENCY ASSISTANCE AND ACCESSIBILITY PROGRAM TO ASSIST HOUSEHOLDS EARNING AT OR BELOW 80% OF THE AREA MEDIAN INCOME ("AMI"). FOR EMERGENCY ASSISTANCE FOR REPAIRS OR ACCESSIBILITY IMPROVEMENTS, HOMEOWNERS CAN APPLY FOR A GRANT UP TO \$7,500. HOUSEHOLDS MAY QUALIFY FOR REPAIRS OR REPLACEMENTS OF MECHANICAL SYSTEMS THAT CAUSE A DANGER TO THE STRUCTURE AND THE RESIDENTS. WE ALSO PROVIDE GRANTS FOR MODIFICATIONS, SUCH AS RAMPS AND ROLL-IN SHOWERS TO IMPROVE ACCESS FOR RESIDENTS WITH DISABILITIES. THIS PROGRAM IS OPEN TO OWNER OCCUPIED HOUSING AND RENTAL PROPERTIES SUBJECT TO OWNER APPROVAL THIS PROGRAM IS AVAILABLE TO RESIDENTS WHO LIVE IN MONTGOMERY COUNTY BUT OUTSIDE CITIES OF KETTERING AND DAYTON. B) COUNTY CORP ADMINISTERS FUNDS PROVIDED BY THE OHIO DEVELOPMENT SERVICES AGENCY (CURRENTLY THE OHIO DEPARTMENT OF DEVELOPMENT), FOR EMERGENCY REPAIRS AND ACCESSIBILITY MODIFICATIONS. THIS FUNDING PROVIDES OPPORTUNITIES TO RESIDENTS WHO LIVE WITHIN MONTGOMERY COUNTY. THE HOUSEHOLD INCOME CANNOT EXCEED 50% OF THE AREA MEDIAN INCOME. THE MAXIMUM AMOUNT OF ASSISTANCE IS \$7.500 FOR EMERGENCY REPAIRS AND ACCESSIBILITY MODIFICATIONS. THE EMERGENCY REPAIRS ARE AVAILABLE TO OWNER-OCCUPANTS. ADDITIONAL CDBG FUNDING WAS ALSO PROVIDED BY MONTGOMERY COUNTY AND CITY OF DAYTON FOR THIS PROGRAM.C) COUNTY CORP ADMINISTERS CDBG AND GENERAL FUNDS PROVIDED BY THE CITY OF MIAMISBURG FOR THE OWNER OCCUPIED HOME REPAIR & IMPROVEMENT PROGRAM. THIS FUNDING WAS PROVIDED TO RESIDENTS IN THE CITY OF MIAMISBURG WITH HOUSEHOLD INCOME AT OR BELOW 80% OF THE AREA MEDIAN INCOME. THE MAXIMUM

AMOUNT OF ASSISTANCE IS \$7,100, ADDITIONAL MATCH FUNDING, IN THE FORM OF LOW INTEREST LOANS, WAS PROVIDED TO HOMEOWNERS BY COUNTY CORP TO ADDRESS NECESSARY REPAIRS THAT EXCEEDED THE MAXIMUM GRANT AMOUNT. THE TYPES OF HOME REPAIRS AND IMPROVEMENTS FUNDED WITH THIS PROGRAM INCLUDE ENERGY AUDITS AND WEATHERIZATION, ROOF, HVAC, WATER HEATER, GUTTER & DOWNSPOUTS, FENCING, DRIVEWAY, NEW PORCH, AND SELECTIVE DEMOLITION. D) COUNTY CORP ADMINISTERS CHOICE NEIGHBORHOOD FUNDS PROVIDED BY GREATER DAYTON PREMIERE MANAGEMENT FOR THE GERMANTOWN CORRIDOR AREA. THIS PROGRAM IS A FACADE IMPROVEMENT PROGRAM FOCUSING ON EXTERIOR REPAIRS INCLUDING BUT NOT LIMITED TO ROOF REPLACEMENT. SIDING, PORCH REPAIR, STEPS AND DRIVEWAYS, APPLICANTS CAN ACCESS UP TO \$10,000 IN THE FORM OF A FORGIVABLE LOAN, COUNTY CORP MANAGES THE CONSTRUCTION.E) COUNTY CORP ADMINISTERS GENERAL FUNDS PROVIDED BY THE CITY OF SPRINGBORO FOR OWNER OCCUPIED HOME REPAIR & IMPROVEMENT PROGRAM. THIS PROGRAM IS A FACADE IMPROVEMENT PROGRAM FOCUSING ON EXTERIOR REPAIRS INCLUDING BUT NOT LIMITED TO ROOF REPLACEMENT, SIDING. PORCH REPAIR, STEPS AND DRIVEWAYS, APPLICANTS CAN ACCESS UP TO \$7.500 IN THE FORM OF A GRANT, COUNTY CORP MANAGES THE CONSTRUCTION.F) THE FEDERAL HOME LOAN BANK OF CINCINNATI AWARDED AFFORDABLE HOUSING PROGRAM FUNDS TO COUNTY CORP FOR A HOMEOWNER REHAB PROGRAM. ADDITIONAL

CDBG FUNDING WAS ALSO PROVIDED BY MONTGOMERY COUNTY AND CITY OF DAYTON FOR THIS PROGRAM, THIS PROGRAM PROVIDES SUBSTANTIAL REHAB OPPORTUNITIES TO 20 HOUSEHOLDS AT OR BELOW 50% OF THE MEDIAN INCOME. THE MAXIMUM AMOUNT OF ASSISTANCE, IN THE FORM OF A GRANT, IS \$15,300, THE REHAB IS MANAGED BY COUNTY CORP AND COMPLETED BY QUALIFIED CONTRACTORS. THE REHAB IS LIMITED TO INTERIOR AND EXTERIOR REPAIRS, IMPROVEMENTS AND ACCESSIBILITY MODIFICATIONS NECESSARY TO KEEP THE HOMEOWNERS SAFELY IN THEIR HOMES. G) THE FEDERAL HOME LOAN BANK OF CINCINNATI HAS APPROVED COUNTY CORP AS A SPONSOR FOR THEIR DISASTER RECOVERY PROGRAM, HOMEOWNERS UNINSURED OR UNDERINSURED DIRECTLY IMPACTED BY THE MEMORIAL DAY TORNADOES OF 2019 CAN APPLY FOR UP TO \$20,000 EACH IN FUNDING FOR REPAIRS TO THEIR HOMES. COUNTY CORP MANAGES THE CONSTRUCTION.H) COUNTY CORP ADMINISTERS CDBG FUNDS PROVIDED BY THE CITY OF DAYTON FOR THE CARILLON HOME IMPROVEMENT PROGRAM. THE PROGRAM INCLUDES EXTERIOR HOME REPAIRS AND EXTERIOR ACCESSIBILITY MODIFICATIONS FOR HOUSEHOLDS AT OR BELOW 80% OF THE MEDIAN INCOME. THE REPAIRS HAD TO ADDRESS CITY OF DAYTON CODE ENFORCEMENT VIOLATIONS BEFORE ADDITIONAL REPAIRS WERE MADE. THE PROJECT WAS IN SUPPORT OF THE CARLLON-EDGEMONT NEIGHBORHOOD PLAN IN WHICH HOUSING STABILIZATION AND HOMEOWNER SUPPORT WAS A STATED GOAL FINANCED OR FACILITATED 34 LOANS AND/OR GRANTS USED TO

Form 990, Part III, Line 4c:

IN OCTOBER 2016, COUNTY CORP WAS AWARDED A DEPARTMENT OF LABOR YOUTHBUILD GRANT IN THE AMOUNT OF \$1,100.000 WHICH PROVIDED FUNDING FOR 40 MONTHS TO PREPARE AT RISK YOUNG ADULTS FOR THE WORKFORCE OR HIGHER EDUCATION AND FOLLOW-UP AND MONITORING OF THEIR PROGRESS, YOUTHBUILD IS AN EDUCATIONAL AND TRAINING PROGRAM THAT WORKS WITH AT-RISK AND EX-OFFENDING YOUNG ADULTS BETWEEN THE AGES OF 18-24 IN HELPING THEM IMPROVE THEIR LITERACY AND NUMERACY BY ONE EDUCATIONAL FUNCTIONING LEVEL AND ACHIEVE THEIR GED OR HIGH SCHOOL DIPLOMA WHILE BEING TRAINED AND EARNING

CERTIFICATIONS IN THE CONSTRUCTION OR HEALTHCARE FIELD. ALL STUDENTS IN THE PROGRAM ARE THEN AIDED IN JOB PLACEMENT OR MOVE ON TO POST-SECONDARY EDUCATION. THE YOUTHBUILD STUDENTS WILL LEARN JOB READINESS AND CONSTRUCTION OR HEALTHCARE SKILLS WHILE WORKING WITH TRADE PROFESSIONALS CONSTRUCTING A SINGLE FAMILY HOME OR VOLUNTEERING IN HOSPITALS OR NURSING HOMES IN THE AREA. COUNTY CORP. CONTRACTED WITH

ADMINISTRATORS AND TEACHERS FOR THE PROGRAM, COUNTY CORP FINALIZED THIS GRANT LAST FISCAL YEAR IN FEBRUARY 2019, COUNTY CORP WAS AWARDED A DEPARTMENT OF LABOR YOUTHBUILD GRANT IN THE AMOUNT OF \$1.100.000 WHICH PROVIDED FUNDING FOR 40 MONTHS TO PREPARE OPPORTUNITY YOUTH FOR THE WORKFORCE OR HIGHER EDUCATION AND FOLLOW-UP AND MONITORING OF THEIR PROGRESS. YOUTHBUILD IS AN EDUCATIONAL AND TRAINING PROGRAM THAT WORKS WITH AT-RISK AND EX-OFFENDING YOUNG ADULTS BETWEEN THE AGES OF 17-24 IN HELPING THEM IMPROVE THEIR LITERACY AND NUMERACY BY ONE EDUCATIONAL FUNCTIONING LEVEL AND ACHIEVE THEIR GED OR HIGH SCHOOL DIPLOMA WHILE BEING TRAINED AND EARNING CERTIFICATIONS IN THE CONSTRUCTION OR HEALTHCARE FIELD. ALL STUDENTS IN THE PROGRAM ARE THEN AIDED IN JOB PLACEMENT OR MOVE ON TO POST-SECONDARY EDUCATION. THE YOUTHBUILD STUDENTS WILL LEARN 10B READINESS AND CONSTRUCTION OR HEALTHCARE SKILLS WHILE WORKING WITH TRADE PROFESSIONALS CONSTRUCTING A SINGLE FAMILY

HOME OR VOLUNTEERING IN HOSPITALS OR NURSING HOMES IN THE AREA. COUNTY CORP CONTRACTED WITH ADMINISTRATORS AND TEACHERS FOR THE PROGRAM. IN JULY 2021, COUNTY CORP WAS AWARDED A DEPARTMENT OF LABOR YOUTHBUILD GRANT IN THE AMOUNT OF \$1,500,000 WHICH WILL PROVIDE FUNDING FOR 40 MONTHS TO PREPARE OPPORTUNITY YOUTH FOR THE WORKFORCE OR HIGHER EDUCATION AND FOLLOW-UP AND MONITORING OF THEIR PROGRESS. YOUTHBUILD IS AN EDUCATIONAL AND TRAINING PROGRAM THAT WORKS WITH AT-RISK AND EX-OFFENDING YOUNG ADULTS BETWEEN THE AGES OF 16-24 IN HELPING THEM IMPROVE THEIR LITERACY AND NUMERACY BY ONE EDUCATIONAL FUNCTIONING LEVEL AND HIGH SCHOOL DIPLOMA WHILE BEING TRAINED AND EARNING CERTIFICATIONS IN THE CONSTRUCTION, HEALTHCARE, OR ADVANCED MANUFACTURING FIELD, ALL STUDENTS IN THE PROGRAM ARE THEN AIDED IN JOB PLACEMENT OR MOVE ON TO POST-SECONDARY EDUCATION. THE YOUTHBUILD STUDENTS WILL LEARN JOB READINESS AND CONSTRUCTION, HEALTHCARE OR MANUFACTURING SKILLS WHILE WORKING

WITH TRADE PROFESSIONALS CONSTRUCTING A SINGLE FAMILY HOME, VOLUNTEERING IN HOSPITALS OR NURSING HOMES OR VOLUNTEERING IN LOCAL MANUFACTURING COMPANIES IN THE AREA. COUNTY CORP CONTRACTED WITH ADMINISTRATORS AND TEACHERS FOR THE PROGRAM, COUNTY CORP WAS AWARDED A GRANT FOR THE 2016-2017 AND THE 2017-2018 GRANT YEARS IN THE AMOUNT OF \$35,000, AND FOR THE 2018-2019 GRANT YEAR IN THE AMOUNT OF \$36,750 TO BE USED IN CONJUNCTION WITH THE DOL GRANT AWARDED IN 2016, COUNTY CORP WAS AWARDED A GRANT FOR THE 2019-2020 GRANT YEAR IN THE AMOUNT OF \$36,750, AND FOR THE 2020-2021 GRANT YEAR IN THE AMOUNT OF \$75,000 TO BE USED IN CONJUNCTION WITH THE DOL GRANT AWARDED IN 2016 AND 2019. COUNTY COUNTY CORP WAS AWARDED A GRANT FOR THE 2021-2022 GRANT YEAR IN THE AMOUNT OF \$86,500 TO BE USED IN CONJUNCTION WITH THE DOL GRANT AWARDED IN

CORP WAS AWARDED A GRANT FOR THE 2020-2021 GRANT YEAR IN THE AMOUNT OF \$75,000 TO BE USED IN CONJUNCTION WITH THE DOL GRANT AWARDED IN 2018.

AN EDUCATION AWARD TO AID IN THEIR SECONDARY EDUCATION OR APPRENTICESHIP PROGRAMS THEY MAY PURSUE AFTER THEY COMPLETE THE PROGRAM. THE DOL

YOUTHBUILD GRANT AND THE YOUTHBUILD USA AMERICORPS GRANTS ARE COMPLIMENTED WITH ADDITIONAL FUNDING FROM PARTNERS OF THE COMMUNITY VIA

MATCH AND LEVERAGED FUNDS. THESE PROGRAMS HAVE ASSISTED 74 STUDENTS WITH THE 2016 GRANT AND 70 STUDENTS WITH THE 2018 GRANT.

2020. YOUTHBUILD USA'S AMERICORPS PROGRAM WORKS TOGETHER WITH THE DEPARTMENT OF LABOR YOUTHBUILD PROGRAM TO HELP MEMBERS FARN THEIR GED OR HIGH SCHOOL DIPLOMA WHILE COMPLETING SERVICE HOURS IN THE CONSTRUCTION FIELD. ONCE THE MEMBERS HAVE COMPLETED THEIR SERVICE HOURS. THEY EARN

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

\$273,000.

others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,122 including grants of \$) (Revenue \$

THE ORGANIZATION PROVIDED FREE PRIVATE COUNSELING SESSIONS FOR FORECLOSURE INTERVENTION AND PREVENTION TO ELIGIBLE (Code: including grants of \$ 0) (Revenue \$) (Expenses \$ 116.977 29,491)

SOUTH GETTYSBURG ROAD IN DAYTON TO A THIRD PARTY. THE FACILITY PROVIDED HOMELESS MEN 24 HOUR SHELTER WITH 178 BEDS AND 60

CLIENTS. THE ORGANIZATION COMPLETED 828 CASES. MEN'S GATEWAY SHELTER: THE ORGANIZATION DELEGATED THE MANAGEMENT OF THE MEN'S GATEWAY SHELTER PROJECT LOCATED AT 1921

EMERGENCY COTS. THE ORGANIZATION MANAGED A RESERVE ACCOUNT, FUNDED BY LOCAL GOVERNMENTS, FOR LIABILITY INSURANCE AND THE REPLACEMENT OF MAJOR SYSTEMS OF THE BUILDING. THE LEASEHOLD IMPROVEMENTS THIS YEAR WERE \$0. DONATED FACILITIES OF

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

PREVIOUSLY PURCHASED BASE.

REHABILITATION AND RENTAL AND HOME OWNERSHIP PROJECTS.

(Code:

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code: including grants of \$) (Revenue \$) (Expenses \$ 204,807 122,398)

RENTAL AND HOME OWNERSHIP OPPORTUNITY PROGRAM: COUNTY CORP FACILITATED THE TORNADO SURVIVORS' PATHWAY TO

WORK OF REPAIRING AND REBUILDING TORNADO DAMAGED HOMES. IN CLOSELY WORKING WITH MONTGOMERY COUNTY, JURISDICTIONAL LEADERS, VOLUNTEER BUILD TEAMS, AND MANY OTHERS, AN OPPORTUNITY AROSE THAT RESULTED IN CONSTRUCTION AND/OR REHAB OF HOMES FOR OCCUPANCY AND OWNERSHIP BY SURVIVORS OF THE 2019 MEMORIAL DAY TORNADO OUTBREAK. ELIGIBLE APPLICANTS ARE SURVIVORS OF THE 2019 MEMORIAL DAY TORNADO OUTBREAK WHO ARE AT OR BELOW 120% OF THE AREA MEDIAN INCOME (AMI) WITH PRIORITY TO THOSE AT 80% AMI. HOMEOWNERS ARE RECRUITED FROM THE CASE MANAGEMENT FILES OF MIAMI VALLEY LONG-TERM

AFTERMATH OF THE 2019 MEMORIAL DAY TORNADOES. COUNTY CORP WILL MARKET THESE HOMES TO THESE SURVIVORS. IF. AFTER ATTEMPTING TO MARKET THESE HOMES TO TORNADO SURVIVORS FROM INCEPTION TO 60 DAYS AFTER OBTAINING AN OCCUPANCY PERMIT, COUNTY CORP WILL MARKET THE HOMES TO ANY INCOME ELIGIBLE HOUSEHOLD AND/OR PURCHASER. THE HOMES ARE LOCATED WITHIN THE TORNADO IMPACTED JURISDICTIONS OF THE CITY OF DAYTON, TROTWOOD AND HARRISON TOWNSHIP. THE ORGANIZATION PURCHASED OR RECEIVED DONATED LOTS FOR THIS PROGRAM AND STARTED CONSTRUCTION OR REHAB ON 15 UNITS. MANAGED AND MAINTAINED

ADDRESSED ISSUES SUCH AS INSULATION. FURNACE REPAIR OR REPLACEMENT, HOT WATER HEATER REPAIR OR REPLACEMENT AND SUPPORTING OF THE ADDITIONAL EXPENSE OF UPGRADING MECHANICAL AND BUILDING COMPONENTS FROM STANDARD GRADE TO ENERGY-STAR RATED EOUIPMENT IN HOUSING UNITS WITH NATURAL GAS HEATING. DISBURSED 21 GRANTS IN CONJUNCTION WITH RESIDENTIAL

HOMEOWNERSHIP PROGRAM (PATHWAYS). THE PROGRAM EVOLVED OUT OF THE MIAMI VALLEY LONG TERM RECOVERY OPERATIONS GROUP'S

RECOVERY OPERATIONS GROUP TO THE PROGRAM. THESE POTENTIAL HOMEOWNERS WILL DOCUMENT THEIR LOSS OF RENTAL HOUSING IN THE

) (Expenses \$ 32,935 including grants of \$ 32,935) (Revenue \$ RESIDENTIAL HOME WEATHERIZATION PROGRAM: PROVIDED ASSISTANCE TO HOUSEHOLDS AT OR BELOW 80% OF THE AREA MEDIAN INCOME.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

TOTALING \$22,010,000.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 164,012 including grants of \$ 23,782) (Revenue \$ -9,574)

HOUSING TRUST & COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION PROGRAMS: PROVIDED FUNDING FOR LOW AND MODERATE INCOME

HOUSING UNITS IN MONTGOMERY COUNTY, PROJECTS INCLUDED ACOUISITION, REHABILITATION, AND CONSTRUCTION OF HOUSING UNITS.

FINANCED OR FACILITATED LOANS AND/OR GRANTS IMPACTING 6 HOUSING UNITS WHICH WERE USED TO ACQUIRE AND REHABILITATE

RESIDENTIAL PROPERTIES. THE ORGANIZATION ALSO SERVICED 101 LOANS. MANAGED THE HOME CONNECTOR PROGRAM IN PARTNERSHIP

WITH THE NATIONAL COMMUNITY STABILIZATION TRUST TO MAKE VACANT, BANK OWNED PROPERTIES AVAILABLE TO SOCIALLY RESPONSIBLE

DEVELOPMENT PARTNERS AND OTHER AFFORDABLE HOUSING NON-PROFITS TO REHABILITATE UNITS INTO AFFORDABLE HOUSING. COUNTY CORP LEVERAGED AN ADDITIONAL \$181,778 INVESTMENT INTO 2 PROPERTIES THROUGHOUT THE GREATER MONTGOMERY COUNTY REGION.

(Code:) (Expenses \$ 174,714 including grants of \$) (Revenue \$ 183,075) MONTGOMERY COUNTY LAND REUTILIZATION CORPORATION, THE HOMEOWNERSHIP CENTER OF GREATER DAYTON, INC. AND CORONAVIRUS

RELIEF FUND: THE ORGANIZATION CONTRACTED WITH THE MONTGOMERY COUNTY LAND REUTILIZATION CORP AND THE HOMEOWNERSHIP CENTER OF GREATER DAYTON, INC. TO ACCESS COUNTY CORP RESOURCES. THE ORGANIZATION ALSO CONTRACTED WITH MONTGOMERY COUNTY TO ADMINISTER THE CORONAVIRUS RELIEF FUNDS TO BUSINESSES AFFECTED BY COVID-19. COUNTY CORP ISSUED 1,447 CHECKS Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

INTEREST RELATED TO BRANDT MEADOWS AND CAMBRIDGE HOUSE PROJECTS.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

) (Expenses \$ including grants of \$ (Code:) (Revenue \$

ESTABLISHED TO ACQUIRE A 19 ACRE PARCEL OF LAND IN MONTGOMERY COUNTY, OHIO. THE PROPERTY WAS ACQUIRED FROM AN UNRELATED

PARTNERSHIP INVESTMENT: THE ORGANIZATION HOLDS A 60% INTEREST IN THE PARTNERSHIP HARSHMAN HOLDINGS, LLC WHICH WAS

AN AFFORDABLE HOUSING PROJECT, WHILE MAINTAINING THE CONSERVATION EASEMENT ON THE REMAINING LAND. COUNTY CORP SERVES AS

PARTY IN A BARGAIN PURCHASE. IN CONJUNCTION WITH A SETTLEMENT BETWEEN THE SELLER AND THE ENVIRONMENTAL PROTECTION AGENCY. AS PART OF THE TRANSACTION, HARSHMAN HOLDINGS, LLC IS OBLIGATED TO MAINTAIN A CONSERVATION EASEMENT WITH RESPECT TO APPROXIMATELY 8.7 ACRES OF THE PARCEL. HARSHMAN HOLDINGS, LLC IS OTHERWISE ABLE TO DEVELOP THE REMAINING 10.3 ACRES. THE ORGANIZATION AND ITS PARTNER SOLD APPROXIMATELY 4 ACRES OF THE PARCEL FOR RETAIL USE DURING 2014. AND SOLD 6.3 ACRES FOR

MANAGING MEMBER OR GENERAL PARTNER IN SEVERAL OTHER DEVELOPMENTS OF AFFORDABLE HOUSING. THE HOUSING DEVELOPMENTS

INCLUDE NEW CONSTRUCTION AND PRESERVATION OF EXISTING AFFORDABLE UNITS. COUNTY CORP OWNS BRANDT MEADOWS, INC. TO

SERVES AS MANAGING MEMBER OF BRANDT MEADOWS ASSOCIATES, LLC AND COUNTY CORP SERVES AS CO-GENERAL PARTNER IN DCG CAMBRIDGE HOUSE, L.P. THE REVENUE REPRESENTS DEVELOPER FEES AND INTEREST INCOME ON LOANS AND THE EXPENSE REPRESENTS

| efil | e GR/ | APHIC pri | nt - DO NOT PROCESS | As Filed Data - | DLN: 9 | DLN: 93493221002492 | | | | | |
|--------|----------|---|---|--|---------------------------------------|-------------------------------------|---|---|--|--|--|
| SCI | | ULE A | Dublic (| Charity Statu | e and Dul | olic Supp | ort | OMB No. 1545-0047 | | | |
| | m 99 | | | ganization is a sect 4947(a)(1) nonexe Attach to Form ! | ion 501(c)(3) empt charitable | organization or trust. | | 2020 | | | |
| | | the Treasury | ► Go to <u>www.irs</u> | .gov/Form990 for i | nstructions and | I the latest info | ormation. | Open to Public Inspection | | | |
| Nam | | ne Service he organiza D | tion | | | | Employer identific | <u> </u> | | | |
| COON | IT COK | F | | | | | 31-0978908 | | | | |
| | rt I | | for Public Charity Statu | | | | See instructions. | | | | |
| 1 ne c | rganiz | | a private foundation because | • | - | | (A)(:) | | | | |
| | | • | onvention of churches, or as: | | | | | | | | |
| 2 | | | scribed in section 170(b)(1 | | , | , , | | | | | |
| 3 | | · | or a cooperative hospital serv | - | | | - | | | | |
| 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, s | tate, or local government or | governmental unit de | scribed in sectio | on 170(b)(1)(A | ı)(v). | | | | |
| 7 | ✓ | | ation that normally receives a (O(b)(1)(A)(vi). (Complete | | s support from a | governmental u | nit or from the gener | al public described in | | | |
| 8 | | A communi | ty trust described in section | 170(b)(1)(A)(vi). | (Complete Part I | I.) | | | | | |
| 9 | | | ural research organization de rant college of agriculture. Se | | | | | ege or university or a | | | |
| 10 | | from activit | ation that normally receives: ties related to its exempt fun- income and unrelated busing See section 509(a)(2). (Co | ctions—subject to cert ess taxable income (le | tain exceptions, | and (2) no more | than 331/3% of its su | ipport from gross | | | |
| 11 | | An organiza | ation organized and operated | exclusively to test for | r public safety. S | ee section 509 | (a)(4). | | | | |
| 12 | | more public | ation organized and operated cly supported organizations d through 12d that describes | escribed in section 5 | 09(a)(1) or sec | ction 509(a)(2 |). See section 509(a | | | | |
| a | | Type I. A so | supporting organization opera n(s) the power to regularly a Part IV, Sections A and B. | ated, supervised, or co | ontrolled by its s | upported organiz | zation(s), typically by | | | | |
| b | | Type II. A manageme | supporting organization super nt of the supporting organiza plete Part IV, Sections A a | tion vested in the san | | | | | | | |
| С | | Type III f | unctionally integrated. A s organization(s) (see instruction | upporting organizatio | | | | ted with, its | | | |
| d | | Type III n | on-functionally integrated integrated. The organization (s). You must complete Par | I. A supporting organi generally must satis | ization operated fy a distribution | in connection wi requirement and | th its supported orgar | | | | |
| e | | Check this | box if the organization receiv or Type III non-functionally | ed a written determin | ation from the I | | pe I, Type II, Type II | [functionally | | | |
| f | Enter | | | | - | | <u> </u> | | | | |
| g | Provi | de the follow | ing information about the su | pported organization(| s). | | | | | | |
| | (i) N | Name of supp organization | | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | | anization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | |
| | | | | | Yes | No | | | | | |
| | | | I | | | | | | | | |
| | | | | | | | | | | | |
| Tota | | | tion Act Notice, see the In | | | | | | | | |

| | include any "unusual grant.") | 1,692,155 | 1,461,499 | 2,549,104 | 2,268,490 | 1 | ,6/8,/// | 9,650,025 |
|-------------|---|-----------------------|---------------------|---------------------|-------------------|------------|-------------|--------------|
| | 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 | 273,000 | 273,000 | 273,000 | 273,000 | | 273,000 | 1,365,000 |
| | the organization without charge | | | | | | | |
| | Total. Add lines 1 through 3 | 1,965,155 | 1,734,499 | 2,822,104 | 2,541,490 | 1 | ,951,777 | 11,015,025 |
| 5 | The portion of total contributions by | | | | | | | |
| | each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | 110 401 |
| | supported organization) included on line 1 that exceeds 2% of the | | | | | | | 110,481 |
| | amount shown on line 11, column (f) | | | | | | | |
| | amount shown on line 11, column (1) | | | | | | | |
| 6 | Public support. Subtract line 5 | | | | | | | |
| • | from line 4. | | | | | | | 10,904,544 |
| S | ection B. Total Support | • | • | | | | | |
| | Calendar year | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2 | 020 | (f) Total |
| | (or fiscal year beginning in) ▶ | (a) 2010 | (D) 2017 | (6) 2018 | (u) 2019 | (6) 2 | .020 | (1) Total |
| 7 | Amounts from line 4 | 1,965,155 | 1,734,499 | 2,822,104 | 2,541,490 | 1 | .,951,777 | 11,015,025 |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | 8,795 | 19,388 | 28,843 | 6,906 | | 469 | 64,401 |
| | securities loans, rents, royalties and | ' | , | , | , | | | • |
| 9 | income from similar sources. Net income from unrelated business | | | | | | - | |
| 9 | 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 | | | | | | | 11,079,426 |
| 12 | 10 Gross receipts from related activities, | etc (see instructio | ns) | | | 12 | | 3,479,163 |
| | ' | • | , | | | | | |
| 13 | First 5 years. If the Form 990 is for t | = | | | • | | | ation, check |
| | this box and $stop\ here\ .\ .\ .\ .\ .$ | | | | | <u> ▶</u> | · <u> </u> | |
| S | ection C. Computation of Public | c Support Perce | entage | | | | | |
| 14 | Public support percentage for 2020 (lin | ne 6, column (f) di | vided by line 11, o | column (f)) | | 14 | | 98.420 % |
| 15 | Public support percentage for 2019 Sc | hedule A, Part II, l | ine 14 | | | 15 | | 99.360 % |
| 16 a | 33 1/3% support test—2020. If the | organization did n | ot check the box | on line 13, and lin | e 14 is 33 1/3% o | r more, ch | neck this b | ох |
| | and stop here. The organization qual | ifies as a publicly s | upported organiza | tion | | | | . ▶ ☑ |
| b | 33 1/3% support test-2019. If th | | | | | | | this |

vo $f support\ test-2019.$ If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2020. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported h 10%-facts-and-circumstances test-2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990 or 990-EZ) 2020

| Р | Support Schedule for | | | | | | |
|-----|---|------------------------|---------------------|---------------------|--------------------|------------------|----------------|
| | (Complete only if you c | | | | | | er Part II. If |
| | the organization fails to | quality under | the tests listed | pelow, please co | omplete Part II. |) | |
| Se | ection A. Public Support | | | | | | 1 |
| | Calendar year | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | (or fiscal year beginning in) ► Gifts, grants, contributions, and | | | | | | |
| - | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") . | | | | | | |
| 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 | | | | | | |
| 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 | | | | | | |
| 5 | to or expended on its behalf The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 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. | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | |
| | from line 6.) | | | | | | |
| | ection B. Total Support | | 1 | 1 | Γ | Π | 1 |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | I | | | | | |
| | securities loans, rents, royalties and | I | | | | | |
| | income from similar sources. | | | | | | |
| b | Unrelated business taxable income | I | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, | I | | | | | |
| | 1975. | I | | | | | |
| C | Add lines 10a and 10b. | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | I | | | | | |
| | whether or not the business is | I | | | | | |
| 12 | regularly carried on. | | - | | | | 1 |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | 1 | | | | | |
| | (Explain in Part VI.) | 1 | | | | | |
| 13 | | | | | | | |
| | 11, and 12.). | | <u> </u> | 1.6 11 601 1 | | F04()(2) | <u> </u> |
| 14 | First 5 years. If the Form 990 is for the | - | | | • | . , , , | · — |
| | check this box and stop here | | | | | <u></u> | <u>▶⊔</u> |
| | ection C. Computation of Public S | | | 1 (6) | | | |
| 15 | Public support percentage for 2020 (lin | | | | | 15 | |
| 16 | Public support percentage from 2019 S | | | | | 16 | |
| | ection D. Computation of Investi | | | | ., | | |
| 17 | Investment income percentage for 202 | • | ., | • | • • | 17 | |
| 18 | Investment income percentage from 2 | 019 Schedule A, | Part III, line 17 . | | | 18 | |
| 19a | 331/3% support tests—2020. If the | organization did r | not check the box | on line 14, and lin | ne 15 is more thar | 33 1/3%, and lin | e 17 is not |
| | more than 33 1/3%, check this box and s | stop here. The o | rganization qualifi | es as a publicly su | ipported organiza | tion | . ▶□ |
| | 33 1/3% support tests—2019. If the | | | | | | |
| | not more than 33 1/3%, check this box | and stop here. | The organization | qualifies as a publ | icly supported org | anization | . ▶ □ |
| 20 | Private foundation. If the organization | on did not check a | a box on line 14, 1 | l9a, or 19b, check | this box and see | instructions | ▶ 🗆 |

Page 4

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

| 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. | 1 | | |
| 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 lines 3b and | | | |
| | 3c 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. | | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | | |

| | III Section 303(a)(1) or (2). | 2 | | | |
|----|--|---|--|--|--|
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and | | | | |
| | 3c 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 | | | | | |
| | checked box 12a or 12b in Part I, answer lines 4b and 4c below. | | | | |
| | | | | | |

| | the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | | | | | |
|----|---|--|--|--|--|--|
| | determination. | | | | | |
| С | 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 | any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | | | | |
| | checked box 12a or 12b in Part I, answer lines 4b and 4c below. | | | | | |
| b | 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. | | | | | |
| С | old the organization support any foreign supported organization that does not have an IRS determination under sections [01(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. | | | | | |
| 5а | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the | | | | | |

| C | | | | | | |
|----|---|--|--|--|--|--|
| | 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 box 12a or 12b in Part I, answer lines 4b and 4c 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. | | | | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes. | | | | | |
| | | | | | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the | | | | | |
| | organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | | | | | |
| | | | | | | |

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5с Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 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. 6

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

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

| Pa | rt IV | Supporting Organizations (continued) | | | | |
|----|--|--|--------|---------|-----|--|
| | | | | Yes | No | |
| | | e organization accepted a gift or contribution from any of the following persons? | | | | |
| а | | on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization? | 11a | | | |
| b | A fami | ily member of a person described in 11a above? | 11b | | | |
| | | o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part | 11c | | | |
| _ | VI. | B. Type I Supporting Organizations | | | | |
| | ection | b. Type I Supporting Organizations | | Yes | No | |
| 1 | appoir descrit activit remov | e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly be or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year. | 1 | | | |
| 2 | Did the | e 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. | | | | | |
| _ | | | | | | |
| 5 | ection | 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 | | 163 | 110 | |
| - | each d | of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | | |
| S | ection | 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? | | | | | |
| 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | | | |
| _ | | | | | | |
| 3 | voice i | ison of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | | |
| S | ection | E. Type III Functionally-Integrated Supporting Organizations | | | | |
| 1 | | the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi | ons): | | | |
| | a 🗌 | The organization satisfied the Activities Test. Complete line 2 below. | | | | |
| | ь 🗆 | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | | |
| | c 🗌 | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instru | ctions) | | |
| 2 | Activit | ies Test. Answer lines 2a and 2b below. | | Yes | No | |
| | suppor o rgan respor | bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported lizations and explain how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted | 2- | | | |
| | | entially all of its activities. e activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the | 2a | | | |
| | organi <i>organi</i> | zation's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the zation's position that its supported organization(s) would have engaged in these activities but for the organization's ement. | 2b | | | |
| 3 | | of Supported Organizations. Answer lines 3a and 3b below. | 20 | | | |
| | a Did the | e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in Part VI . | 3a | | | |
| | | e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i> | 3b | | | |
| | | | 30 | | | |

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors

(explain in detail in Part VI): 2

Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

5

7

Enter greater of line 2 or line 3 4

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

1 2 3

3

4

5

6

7

8

4

5

6

Schedule A (Form 990 or 990-F7) 2020

Current Year

| _1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
|----|--|---|--|
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 | |
| | | | |

| 7 Total annual distributions. Add lines 1 through 6. | 7 | | | |
|---|-----------------------------|--------------------------------------|-----|---|
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | | | | |
| 9 Distributable amount for 2020 from Section C, line 6 | 9 | | | |
| 10 Line 8 amount divided by Line 9 amount | | | 10 | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributio Pre-2020 | ons | (iii) Distributable Amount for 2020 |
| 1 Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 Underdistributions if any for years prior to 2020 | | | | |

| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | | | | 8 | |
|---|-----------------------|-----------------------------|--------------------------------------|-----|---|
| 9 Distributable amount for 2020 fr | rom Section C, line 6 | | | 9 | |
| 10 Line 8 amount divided by Line 9 | amount | | | 10 | |
| Section E - Distribution (see instruction | | (i) Excess Distributions | (ii) Underdistributio Pre-2020 | ons | (iii) Distributable Amount for 2020 |
| 1 Distributable amount for 2020 from | om Section C, line 6 | | | | |
| 2 Underdistributions, if any, for yea (reasonable cause required <i>exp</i> See instructions. | | | | | |
| 3 Excess distributions carryover, if | any, to 2020: | | | | |
| a From 2015 | | | · | | |
| b From 2016 | | | | | |

| (see instructions) | Excess Distributions | Underdistributions Pre-2020 | Distributable Amount for 2020 |
|---|----------------------|--------------------------------|----------------------------------|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020: | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see | | | |

| See instructions. | | |
|--|--|--|
| 3 Excess distributions carryover, if any, to 2020: | | |
| a From 2015 | | |
| b From 2016 | | |
| c From 2017 | | |
| d From 2018 | | |
| e From 2019 | | |
| f Total of lines 3a through e | | |
| g Applied to underdistributions of prior years | | |
| h Applied to 2020 distributable amount | | |
| Carryover from 2015 not applied (see instructions) | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 Distributions for 2020 from Section D, line 7: | | |
| \$ | | |
| Applied to underdistributions of prior years | | |
| b Applied to 2020 distributable amount | | |

| f Total of lines 3a through e | | |
|--|--|--|
| g Applied to underdistributions of prior years | | |
| h Applied to 2020 distributable amount | | |
| Carryover from 2015 not applied (see instructions) | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 Distributions for 2020 from Section D, line 7: | | |
| \$ | | |
| a Applied to underdistributions of prior years | | |
| b Applied to 2020 distributable amount | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 Remaining underdistributions for years prior to | | |

Schedule A (Form 990 or 990-EZ) (2020)

2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

See instructions.

d Excess from 2019.

a Excess from 2016. **b** Excess from 2017. c Excess from 2018.

e Excess from 2020.

3j and 4c. 8 Breakdown of line 7:

| Schedule A (| Form 990 or 990-EZ) 2020 Page 8 |
|--------------|---|
| Part VI | 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). |
| | Facts And Circumstances Test |
| | |

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493221002492

OMB No. 1545-0047

(Form 990)

Department of the Treasury

Internal Revenue Service

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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| | me of the organization JNTY CORP | | | Employer ic | lentification | number |
|-----|--|---|--|--------------------|----------------|------------|
| CUL | JNTY CORP | | | 31-0978908 | | |
| Pa | art I Organizations Maintaining Donor Advis | | | r Accounts. | | |
| | Complete if the organization answered "Ye | | | | 1 1 1 | |
| | Tabal mush an about of case. | (a) Donor advis | sed funds | (b) Fun | ds and other | accounts |
| | Total number at end of year | | | | | |
| | Aggregate value of contributions to (during year) | | | | | |
| • | Aggregate value of grants from (during year) | | | | | |
| | Aggregate value at end of year | | | | | |
| • | Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex | | | | | Yes 🗌 No |
| 5 | Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit? | or donor advisor, or for a | any other purpose o | | rmissible | Yes 🗌 No |
| Pa | Conservation Easements. | o" on Form 000 Dort I | IV line 7 | | | |
| | Complete if the organization answered "Ye | | | | | |
| • | Purpose(s) of conservation easements held by the organ | · — · | | | | |
| | ☐ Preservation of land for public use (e.g., recreation | n or education) | Preservation of an | , | ' | irea |
| | Protection of natural habitat | Ц | Preservation of a c | certified historic | structure | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a | qualified conservation co | ntribution in the for | | | |
| | easement on the last day of the tax year. | | ı | | at the End o | f the Year |
| а | Total number of conservation easements | | | 2a | | |
| b | Total acreage restricted by conservation easements | | 2b | | | |
| С. | Number of conservation easements on a certified historic | 2c | | | | |
| d | Number of conservation easements included in (c) acqui structure listed in the National Register | | I | 2d | | |
| 1 | Number of conservation easements modified, transferre tax year ▶ | d, released, extinguished | l, or terminated by | the organizatio | n during the | |
| ļ | Number of states where property subject to conservatio | n easement is located > | | | | |
| ; | Does the organization have a written policy regarding thand enforcement of the conservation easements it holds | ne periodic monitoring, in | spection, handling o | of violations, | ☐ Yes | □ No |
| • | Staff and volunteer hours devoted to monitoring, inspec | cting, handling of violation | ns, and enforcing co | onservation eas | | |
| , | Amount of expenses incurred in monitoring, inspecting, \$ \\$ | handling of violations, ar | nd enforcing conser | vation easemer | nts during the | year |
| 3 | Does each conservation easement reported on line 2(d) | above satisfy the require | ements of section 1 | 70(h)(4)(B)(i) | | |
| | and section $170(h)(4)(B)(ii)$? | | | (-)(-)(-)(-) | ☐ Yes | □ No |
|) | In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen | footnote to the organizat | | | | |
| ar | Organizations Maintaining Collections Complete if the organization answered "Ye | of Art, Historical Tre | | er Similar A | ssets. | |
| .a | If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statem. | C 958, not to report in its lic exhibition, education, e | s revenue statemer or research in furth | | | |
| b | If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items: | C 958, to report in its rev | venue statement ar | | | |
| (| (i) Revenue included on Form 990, Part VIII, line 1 | | | ▶\$ | | |
| | ii)Assets included in Form 990, Part X | | | _ | | |
| 2 | If the organization received or held works of art, historic following amounts required to be reported under FASB A | cal treasures, or other sin | nilar assets for fina | _ | vide the | |
| а | Revenue included on Form 990, Part VIII, line 1 | - | | ▶ \$_ | | |
| b | Assets included in Form 990, Part X | | | ▶\$ | | |
| | Panerwork Peduction Act Notice see the Instruction | f E 000 | Cat Na | E3303D C-1 | andula D /Ea | 000\ 202 |

d Equipment .

| Par | t 111 | Organizations Ma | aintaining Coll | ections o | f Art, H | istori | cal Tı | easure | s, or Other | Similar As | ssets (| continued) |
|------------|-------|--|------------------------------|---------------|-----------------|----------|----------|-------------|-----------------|-----------------|------------|---------------------|
| 3 | | ng the organization's acq ns (check all that apply): | | , and other | records, | check a | any of | the follow | ving that are a | a significant u | use of its | s collection |
| а | | Public exhibition | | | | d | | Loan or | exchange pro | grams | | |
| b | | Scholarly research | | | | e | | Other | | | | |
| С | | Preservation for future | e generations | | | | | | | | | |
| 4 | | vide a description of the t | organization's coll | ections and | explain h | now the | y furth | ner the or | ganization's e | exempt purpo | se in | |
| 5 | | ring the year, did the orga ets to be sold to raise fur | | | | | | | | | □ Ye | es 🗆 No |
| Pa | rt IV | Complete if the org X, line 21. | ganization answ | ered "Yes" | | | | | | | ınt on F | Form 990, Part |
| 1a | | he organization an agent uded on Form 990, Part X | | | | | | | | | □ Ye | es 🗹 No |
| b | If " | Yes," explain the arrange | ement in Part XIII | and comple | te the fol | lowing | table: | | | Α | mount | |
| С | Beg | inning balance | | | | | | | 1c | | | |
| d | Add | litions during the year . | | | | | | | 1d | | | |
| е | | tributions during the year | | | | | | | 1e | | | |
| f | | ling balance | | | | | | | 1f | | | |
| 2a | Did | the organization include | an amount on Fo | rm 990. Parl | t X. line 2 | 1. for e | escrow | or custo | dial account li | iability? | | es 🗹 No |
| b | | Yes," explain the arrange | | | | | | | | | _ | 55 E 110 |
| | rt V | | | Check here | ii die ex | pianati | OII IIas | been pro | vided iii Fait | ×111 · · · · | <u> </u> | |
| | | Complete if the or | | ered "Yes" | on For | n 990, | , Part | IV, line | 10. | | | |
| | | | | (a) Curren | | | rior yea | | Two years back | (d) Three year | ars back | (e) Four years back |
| 1 a | Begii | nning of year balance . | | | | | | | | | | |
| b | Cont | ributions | | | | | | | | | | |
| C | Net i | nvestment earnings, gair | ns, and losses | | | | | | | | | |
| d | Gran | ts or scholarships | • | | | | | | | | | |
| е | | r expenditures for facilitie programs | es | | | | | | | | | <u> </u> |
| f | Adm | inistrative expenses . | | | | | | | | | | |
| g | End | of year balance | | | | | | | | | | |
| 2 | Pro | vide the estimated perce | ntage of the curre | nt year end | balance | (line 1g | g, colu | mn (a)) h | eld as: | | | |
| а | Boa | ard designated or quasi-e | ndowment ► | | | | | | | | | |
| b | Per | manent endowment ► | | | | | | | | | | |
| С | Ter | m endowment 🟲 | | | | | | | | | | |
| | The | percentages on lines 2a | , 2b, and 2c shoul | ld equal 100 | %. | | | | | | | |
| 3а | | there endowment funds anization by: | not in the possess | sion of the o | organizati | on that | are h | eld and a | dministered fo | or the | | Yes No |
| | (i) | Unrelated organizations | | | | | | | • | | | a(i) |
| | | Related organizations | | | | | | | • | | | a(ii) |
| b | | Yes" on 3a(ii), are the rel | = | | | | | ? | | | <u></u> : | 3b |
| 4 | | scribe in Part XIII the inte | | | ı s endow | ment f | unds. | | | | | |
| Рā | rt VI | Land, Buildings, Complete if the ord | | | on For | ກ ໑໑ຐ | Part | IV. line | 11a. See Fo | rm 990 Þa | ırt X lir | ne 10. |
| | Des | cription of property | (a) Cost or oth (investme | er basis | (b) Cost | | | | :) Accumulated | | | (d) Book value |
| 1a | Land | | | 504,721 | | | | | | | | 504,721 |
| | Build | | | 4,305,523 | | | | | | 1,023,024 | | 3,282,499 |
| | | ehold improvements | | 3,162,219 | | | | | | 1,224,101 | | 1,938,118 |

210,693

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

17,251

5,742,589

193,442

| Down With | (Form 990) 2020 | | | Page 3 |
|---|--|------------------------------|-----------------------|---|
| Part VII | Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category (including name of security) | Part IV, line (b) Book value | (c) Metho | Part X, line 12. d of valuation: -year market value |
| | al derivatives -held equity interests | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| (I) | | | | |
| Total. (Colum | nn (b) must equal Form 990, Part X, col. (B) line 12.) | . | | |
| Part VIII | | <u>'</u> | (b) Book value | Part X, line 13. (c) Method of valuation: Cost or end-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Colum | nn (b) must equal Form 990, Part X, col.(B) line 13.) | | • | |
| Part IX | Other Assets. Complete if the organization answered 'Yes' on Form 990, P | art IV, line | 11d. See Form 990, Pa | t X, line 15. |
| (1)INTERES | (a) Description | | <u>-</u> | (b) Book value 296,440 |
| (2)MISC RE (3) | | | | 611,136 |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (8) | | | | |
| (10) | | | | |
| | umn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. | | | 907,576 |
| 1. | Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability | art IV, IINE | TIE OF TIF.See Form | (b) Book value |
| | income taxes | | | |
| (2) INTERES (2) | DI PATABLE | | | 53,523 |
| | | | | |
| (3) | | | | |
| | | | | |
| (4) | | | | |
| (4) | | | | |
| (4) (5) (6) | | | | |
| (4) (5) (6) (7) | | | | |
| (3) (4) (5) (6) (7) (8) (9) | | | | |
| (4) (5) (6) (7) (8) | nn (b) must equal Form 990, Part X, col.(B) line 25.) | | • | 53,523 |

1

2

1

2

C

d

е 3

b

5

See Additional Data Table

4

Schedule D (Form 990) 2020

Page 4

2,645,504

453,565

0

2,191,939

2,191,939

2,904,837

453,565

2,451,272

d е

Recoveries of prior year grants

Subtract line 2e from line 1 3 4

Donated services and use of facilities . .

Prior year adjustments

Subtract line 2e from line 1

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . b

Total expenses and losses per audited financial statements

Add lines **4a** and **4b** C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

4a 4b

2a

2b

2c

2d

4a 4b

2a

2b

2c

2d

362,089

91,476

362,089

91,476

2e

3

4c 5

2e 3 4c

Schedule D (Form 990) 2020

| b | Other (Describe in Part XIII.) . | 4b | | | | | | | |
|---|------------------------------------|---|----|----------|--|--|--|--|--|
| С | Add lines 4a and 4b | | 4c | | | | | | |
| 5 | Total expenses. Add lines 3 and 4 | c. (This must equal Form 990, Part I, line 18.) | 5 | 2,451,23 | | | | | |
| Par | 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. | | | | | | | | | |
| | Return Reference | Explanation | | | | | | | |
| | | | | | | | | | |

| Page 5 | | chedule D (Form 990) 2020 | | |
|---------------|----------------------|--|--|--|
| | ormation (continued) | Part XIII Supplemental Information (continued) | | |
| | Explanation | Return Reference | | |
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Schedule D (Form 990) 2020

Additional Data

Software ID: Software Version:

EIN: 31-0978908

Name: COUNTY CORP

LOSS ON SALE OF PROPERTIES GROUPED WITH EXPENSES 91,476.

Explanation

Return Reference PART XI, LINE 2D - OTHER

ADJUSTMENTS:

| Supplemental Information | |
|---|--|
| Return Reference | Explanation |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | LOSS ON SALE OF PROPERTIES GROUPED WITH EXPENSES 91,476. |

| Supplemental Imelination | |
|------------------------------|---|
| Return Reference | Explanation |
| SCHEDULE D, PART IV, LINE 9: | COUNTY CORP ANSWERED "YES" TO FORM 990, PART IV, LINE 9 BECAUSE THE ORGANIZATION PROVIDES CREDIT COUNSELING SERVICES AS PART OF ITS TAX EXEMPT MISSION. THE ORGANIZATION DOES NOT HA VE AN ESCROW OR CUSTODIAL ACCOUNT LIABILITY NEITHER DOES THE ORGANIZATION SERVE AS A CUSTO |

DIAN FOR AMOUNTS NOT LISTED ON ITS BALANCE SHEET IN PART X.

Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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

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

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

DLN: 93493221002492

Open to Public Inspection

| ame of the organization | | | | | | Employer identific | cation number | |
|--|--|---|---|--|---|--|-------------------------------------|-----|
| OUNTY CORP | | | | | | 31-0978908 | | |
| Part I General Inform | nation on Grants | and Assistance | | | | | | |
| Does the organization mai the selection criteria used | | | | | for the grants or assistanc | e, and | ☑ Yes | □No |
| Describe in Part IV the org | • | _ | _ | | | | | |
| Part II Grants and Other that received more | Assistance to Don than \$5,000. Part II | nestic Organizations a I can be duplicated if ad | and Domestic Governm ditional space is needed. | ents. Complete if the o | rganization answered "Yes" | on Form 990, Part IV, line | e 21, for any recipient | |
| (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 noncash assistance | (h) Purpose of gra or assistance | ant |
| 1) | | | | | | | | |
| 2) | | | | | | | | |
| 3) | | | | | | | | |
| 4) | | | | | | | | |
| 5) | | | | | | | | |
| 6) | | | | | | | | |
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| 11) | | | | | | | | |
| 12) | | | | | | | | |
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(Form 990)

Department of the

Treasury

Page **2**

Schedule I (Form 990) 2020

(2) RESIDENTIAL REHABILITATION GRANTS 37,528 BOOK WRITE DOWN 1/5 ORIGINAL BALANCE (3) RESIDENTIAL REHABILITATION GRANTS 132,642 16

32,935

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2020

VECTREN/CENTERPOINTE ENERGY WEATHERIZATION GRANTS

(4) (5)

(6)

(7)

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

Part IV

Return Reference Explanation

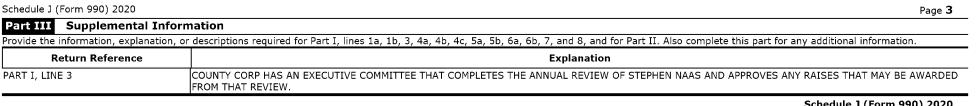
PART I, LINE 2: THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BASED ON THE CRITERIA IN THE CONTRACT FROM THE PROVIDER OF THE FUNDS. PERIODIC REPORTS

ARE SUBMITTED TO THE GRANT FUND PROVIDER.

| efil | le GRAPHIC pr | rint - DO NOT PROCESS | As Filed Data | a - | DLN: 934 | 19322 | 1002 | 492 |
|------------|---|---|----------------------|--|---------------------|------------|--------|----------|
| Schedule J | | C | ompensati | on Information | ОМ | 1B No. | 1545-0 | 047 |
| (For | m 990) | For certain Office ▶ Complete if the ore | 2020 | | | | | |
| • | tment of the Treasury al Revenue Service | ► Go to <u>www.irs.go</u> | | to Form 990. instructions and the latest informa | ation. O | pen t | o Pul | |
| Nar | me of the organiz | Iation | | E | mployer identificat | | | |
| COL | JNTY CORP | | | 3 | 31-0978908 | | | |
| Pa | rt I Questi | ons Regarding Compensa | ation | | | | | |
| | | | | | | | Yes | No |
| 1a | | | | the following to or for a person listed y relevant information regarding these | | | | |
| | | s or charter travel | | Housing allowance or residence for pe | | | | |
| | | companions | 님 | Payments for business use of persona | | | | |
| | | nification and gross-up payment | ts 📙 | Health or social club dues or initiation | | | | |
| | LI Discretion | nary spending account | | Personal services (e.g., maid, chauffe | eur, cner) | | | |
| b | | | | follow a written policy regarding paym ve? If "No," complete Part III to explai | | 1 b | | Ī |
| 2 | | | | or allowing expenses incurred by all r, regarding the items checked on Line | . 152 | 2 | | |
| | unectors, truste | es, officers, including the CEO/ | Executive Director | , regarding the items checked on line | : та: | | | |
| 3 | | | | d to establish the compensation of the | 2 | | | |
| | | | | not check any boxes for methods CEO/Executive Director, but explain in | Part III. | | | |
| | ✓ Compens | | | Muithon and a man had a min at | | | | |
| | | ation committee ent compensation consultant | H | Written employment contract Compensation survey or study | | | | |
| | | of other organizations | F | Approval by the board or compensati | on committee | | | |
| 4 | | , did any person listed on Form | 990, Part VII, Se | ction A, line 1a, with respect to the fili | | | | |
| | _ | | | | | | | l Ni |
| a b | | ance payment or change-of-cor | | fied retirement plan? | | 4a 4b | | No No |
| C | • | | • | nsation arrangement? | | 4c | | No |
| · | | | , | licable amounts for each item in Part I | | | | |
| | | | | | | | | |
| _ | |), 501(c)(4), and 501(c)(29 | · - | • | | | | |
| 5 | compensation c | ed on Form 990, Part VII, Section ontingent on the revenues of: | on A, line 1a, did t | the organization pay or accrue any | | | | |
| a | = | n? | | | | 5a | | No |
| b | | anization? | | | | 5b | | No_ |
| 6 | For persons liste | • | | the organization pay or accrue any | | | | |
| а | The organization | n? | | | | 6a | | No |
| b | = | | | | | 6b | | No |
| | If "Yes," on line | 6a or 6b, describe in Part III. | | | | | | |
| 7 | | | | the organization provide any nonfixed rt III | | 7 | | No |
| 8 | subject to the ir | nitial contract exception describe | ed in Regulations | red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," des | | | | No. |
| 9 | If "Yes" on line | 8, did the organization also follo | ow the rebuttable | presumption procedure described in R | egulations section | 9 | | No_ |
| For F | Paperwork Redu | iction Act Notice, see the Ins | structions for Fo | rm 990. Cat. No. 50 | 053T Schedule J | (Form | 990) | 2020 |

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

| | | | y Employees, and Hi | | | | | | |
|----------------------------|-------|---|--|-------------------|--|---------------------------------|------------------------------------|--|--|
| instructions, on row (ii). | Do no | ot list any individuals that | rted on Schedule J, report t are not listed on Form 9 dividual must equal the to | 90, Part VII. | | _ | | nt individual. | |
| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & incentive (iii) Other compensation reportable | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation i column (B) reported as deferred on prio Form 990 | |
| 1 STEPHEN D NAAS | 100 | 130,467 | 0 | compensation 0 | 6,174 | 44.453 | 454.000 | 0 | |
| ASST. SECRETARY/PRESIDENT | (i) | | 0 | 0 | 6,174 | 14,452 | 151,093 | | |
| SECRETARY/PRESIDENT | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493221002492 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2020 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** COUNTY CORP 31-0978908 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . 220,437 SELLING PRICE Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (SOFTWARE) 3,141 SELLING PRICE 26 Other ▶ (______) 27 Other ▶ (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2020) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

| Schedule M (Form 990) (2020) | Page 2 | | | | | | |
|--|--|--|--|--|--|--|--|
| | tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization | | | | | | |
| is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. | | | | | | | |
| Return Reference | Explanation | | | | | | |
| | Schedule M (Form 990) (2020) | | | | | | |

| efile GRAPH | DLN: 93493221002492 | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| SCHEDUL (Form 990 or EZ) | 990- Complete to provide information for respois Form 990 or 990-EZ or to provide any Attach to Form 990 or 50 to 100 for the conference of the conference o | ases to specific questions on additional information. r 990-EZ. Open to Public | | | | | | |
| Namel Betherofg COUNTY CORP 990 Schedul | e O, Supplemental Information | Employer identification number 31-0978908 | | | | | | |
| Return Reference | Explanation | | | | | | | |
| FORM 990, PART VI, SECTION A, LINE 1 | THE ORGANIZATION'S GOVERNING BODY HAS DELEGATED AUTHORITY TO ACT ON ITS BEHALF TO THE EXEC UTIVE COMMITTEE, WHICH IS MADE UP OF 5 MEMBERS OF THE GOVERNING BODY, FOR THE FOLLOWING IT EMS: 1) TAKE ANY ACTION WHICH THE BOARD OF TRUSTEES HAS SPECIFICALLY AUTHORIZED, 2) REVIEW THE PERFORMANCE OF THE PRESIDENT AND RECOMMEND HIS OR HER COMPENSATION AND OTHER TERMS OF EMPLOYMENT, 3) AUTHORIZE ANY EXPENDITURE OF LESS THAN \$10,000, AND 4) EXERCISE AUTHORITY DELEGATED BY THE BOARD OF TRUSTEES AND ACT UPON ANY OTHER MATTERS INCIDENTIAL TO THE FUNCT IONS OF AN EXECUTIVE COMMITTEE. | | | | | | | |

Return Explanation

LINE 6

FORM 990, THE ORGANIZATION HAS A SINGLE CLASS OF MEMBERS ALL WITH EQUAL VOTING RIGHTS. THE MEMBERS E LECT THE MEMBERS OF THE GOVERNING BODY, THE COUNTY CORP BOARD OF TRUSTEES.

SECTION A,

Return Explanation Reference

| FORM 990, | THE ORGANIZATION HAS A SINGLE CLASS OF MEMBERS ALL WITH EQUAL VOTING RIGHTS. THE MEMBERS E |
|------------|--|
| PART VI, | LECT THE MEMBERS OF THE GOVERNING BODY, THE COUNTY CORP BOARD OF TRUSTEES. |
| SECTION A, | |

LINE 7A

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 11B

AY HAVE.

Return

| Reference | Explanation |
|------------|--|
| FORM 990, | ALL COUNTY CORP BOARD OF TRUSTEES AND EMPLOYEES ARE REQUIRED TO READ AND SIGN A CONFLICT O |
| PART VI, | FINTEREST POLICY FORM ANNUALLY OR UPON APPOINTMENT AS A NEW TRUSTEE OR UPON HIRE AS A NEW |
| SECTION B, | EMPLOYEE. THIS POLICY STATES THAT THE TRUSTEE OR EMPLOYEE WHO HAS A CONFLICT OF INTEREST |
| LINE 12C | WITH RESPECT TO A MATTER SHALL NOTIFY THE CORPORATION AND OTHER TRUSTEES PRESENT BEFORE DI |
| | SCUSSION OF SUCH MATTER BEGINS AND ABSTAIN FROM VOTING IN THAT PARTICULAR MATTER. THE ORGA |
| | NIZATION ALSO REGULARLY AND CONSISTENTLY MONITORS THE AFFILIATIONS ITS TRUSTEES AND EMPLOY |
| | |

Explanation

EES HAVE AS TO ASSIST THE TRUSTEE OR EMPLOYEE IN REPORTING ANY CONFLICT OF INTEREST THEY M

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15 | THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S PRESIDENT IS A FUNCTION OF THE EXECUTIVE COMMITTEE WHO HAS THE AUTHORITY TO PERFORM MID-YEAR AND ANNUAL REVIEWS OF THE PRESIDENT AND MAY AWARD AN INCREASE WITHIN THE PARAMETERS OF A PREVIOUSLY APPROVED ALLO TMENT FOR ALL EMPLOYEES OF COUNTY CORP. THE EXECUTIVE COMMITTEE REVIEWS AND RECOMMENDS FOR APPROVAL TO THE COUNTY CORP BOARD OF TRUSTEES AN ANNUAL BUDGET THAT MAY INCLUDE AN ALLOTM ENT FOR POTENTIAL INCREASES WHICH MAY BE DISBURSED ON A MERIT BASIS. THE PERSONNEL COMMITT EE REVIEWS SALARY STUDIES AND/OR SALARY COMPARISONS OF SIMILAR ORGANIZATIONS AND APPROVES ANY ADJUSTMENT IN SALARIES OR SALARY RANGES AS NEEDED FOR ALL EMPLOYEES OF COUNTY CORP. THE PRESIDENT AND MANAGERIAL EMPLOYEES ARE RESPONSIBLE FOR COMPLETING MID-YEAR AND ANNUAL RE VIEWS FOR THEIR EMPLOYEES AND INCREASES MAY BE AWARDED WITHIN THE PARAMETERS OF A PREVIOUS LY APPROVED ALLOTMENT FOR ALL EMPLOYEES BASED ON MERIT. |

Return Explanation

FORM 990, PART VI, STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

LINE 19

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC | , OH 45423-1013. FRANK WINSLOW - 10661 CHESTNUT HILL LANE, DAYTON, OH 45458. WALT HIBNER - 1335 E. DAYTON YELLOW SPRINGS ROAD, FAIRBORN, OH 45324. CHARLES CRAWFORD - 819 XENIA AVEN |

990 Schedule O, Supplemental Information

Return Explanation

| Reference | |
|-----------|--|
| | COUNTY CORP'S AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE INDEPENDENT AUDIT AND SE |
| PART XII, | LECTION OF THE INDEPENDENT AUDITOR. THIS PROCESS IS CONSISTENT WITH THE PRIOR YEAR. |
| LINE 2C: | |

| Return Reference | Explanation |
|---|---|
| PART IX, LINES 7, 9, 10 24E & SCHEDULE R, PART V, | PART IX, LINES 7, 9, & 10 OF FORM 990 REPORTS THE AGGREGATE WAGES AND BENEFITS OF COUNTY C ORP AND ITS RELATED ORGANIZATIONS, HOMESTART, HOMEOWNERSHIP CENTER OF GREATER DAYTON, AND COUNTY CORP DEVELOPMENT. THE ALLOCATED PAYROLL ON PART IX, LINE 24E REPRESENTS THE PORTION OF THE JOINT WAGE AND BENEFIT COSTS THAT WERE INITIALLY PAID BY COUNTY CORP AND ALLOCATED AMONGST THE RELATED ORGANIZATIONS FOR REPAYMENT. DURING 2020, HOMESTART, HOMEOWNERSHIP CE NTER OF GREATER DAYTON, AND COUNTY CORP DEVELOPMENT REIMBURSED COUNTY CORP FOR ITS SHARE OF ALLOCATED WAGES AND BENEFITS \$644,416. |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE R | Related

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

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.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047 **2020**

DLN: 93493221002492

Open to Public Inspection

Schedule R (Form 990) 2020

Employer identification number

| Department of the Treasury | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|
| Internal Revenue Service | | | | | | | | |
| Name of the organization | | | | | | | | |

COUNTY CORP

(Form 990)

| | | | | | | | 31-0 | 978908 | | | | |
|--|-------------------|-------------------------------|---|---|--------------------|-----------------------|-----------------|---|-------|-------------------------------------|--------------|---------------------------------------|
| Part I Identification of Disregarded Entities. Comp | lete if the orgar | nization answered | "Yes | s" on Form 99 | 0, Part | : IV, line 33 | | | | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | | (b) Primary activity | (c) (d) Legal domicile (state or foreign country) | | (d) Total incom | ome End-of-year ass | | ssets (f) Direct controlling entity | | trolling | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organi | | ete if the organiza | ation | answered "Ye | s" on l | Form 990, F | Part I | V, line 34 bed | cause | e it had one or r | more | |
| related tax-exempt organizations during the tax y (a) Name, address, and EIN of related organization | | (b) ary activity | | (c) I domicile (state oreign country) | Exempt | (d) : Code section | Publi (if se | (e) c charity status ction 501(c)(3)) | С | (f) Direct controlling entity | Section (b)(| g) on 512 (13) rolled |
| 1)HOMESTART INC | AFFORDABLE H | AFFORDABLE HOUSING | | ОН | | 501(C)(3) | | LINE 7 | | | Yes | No No |
| 30 W 2ND STREET SUITE 1420 OAYTON, OH 45402 1-1244736 | | | | | | | | | N/A | | | |
| 2)HOMEOWNERSHIP CENTER OF GREATER DAYTON INC 30 W 2ND STREET SUITE 1420 | COUNSELING/E | COUNSELING/EDUCATION SERVICES | | OH 501(C)(3 | | (3) LINE 7 | | N/A | | | No | |
| AYTON, OH 45402 6-4500925 | | | | | | | | | | | <u> </u> | <u> </u> |
| | | | | | | | | | | | | |
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Cat. No. 50135Y

| Page 2 |
|--|
| 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) | 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 | (I Disprop alloca | rtionate | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | ral or aging | (k) Percentage ownership |
|--|-----------------------------------|---|--------|---|---------------------------------|--|---------------------------------|----------|--|--------|-----------------|---------------------------------------|
| | | | | 514) | | | Yes | No | 1 | Yes | No | |
| | | | | | | | | | | | | |
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| Part IV Identification of Related Organizations Taxable as a Cobecause it had one or more related organizations treated as | | | | | zation ansv | vered "Ye | s" on F | orm 9 | 990, Part IV | , line | 34 | |
| | | | | | , , <u> </u> | (6) | | | | | | |

| Part IV Identification of Related On because it had one or more re | rganizations Taxable as a Co elated organizations treated as a | | | | nswered "Yes | " on Form 990 | 0, Part IV, line | 34 | |
|--|---|--|-------------------------------|---|--|---|---------------------------------------|--------------------|--|
| (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 | Section (13) co | (i) n 512(tontrolle ontry? No |
| (1)BRANDT MEADOWS INC 130 W SECOND STREET STE 1420 DAYTON, OH 45402 81-4191727 | AFFORDABLE HOUSING | ОН | COUNTY CORP | С | -129 | 482,957 | 100.000 % | | No |
| (2)CAMBRIDGE-COUNTY CORP INC 130 W SECOND STREET STE 1420 DAYTON, OH 45402 84-4658389 | AFFORDABLE HOUSING | ОН | COUNTY CORP | С | 43 | 52,043 | 100.000 % | | No |
| (3)WOLF CREEK HOMES INC 130 W SECOND STREET STE 1420 DAYTON, OH 45402 85-1115871 | AFFORDABLE HOUSING | ОН | COUNTY CORP | С | | | 100.000 % | | No |
| (4)HEMPSTEAD-COUNTY CORP INC 130 W SECOND STREET STE 1420 DAYTON, OH 45402 85-2620396 | AFFORDABLE HOUSING | ОН | COUNTY CORP | С | | | 100.000 % | | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | So | hedule R (Forn | 1 990) 2 | 020 |

Page **3**

| sactions With Related Organizations. | Complete if the organization and | swered "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 D | uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | No |
| ь | Gift, grant, or capital contribution to related organization(s) | 1 b | | No |
| c | Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| d | Loans or loan guarantees to or for related organization(s) | 1 d | Yes | |
| е | Loans or loan guarantees by related organization(s) | 1e | | No |
| f | Dividends from related organization(s) | 1 f | | No |
| g | Sale of assets to related organization(s) | 1 g | | No |
| h | Purchase of assets from related organization(s) | 1h | | No |
| i | Exchange of assets with related organization(s) | 1i | | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| ı | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | No |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| 0 | Sharing of paid employees with related organization(s) | 10 | Yes | |
| р | Reimbursement paid to related organization(s) for expenses | 1 p | Yes | + |
| q | Reimbursement paid by related organization(s) for expenses | 1 q | Yes | |
| r | Other transfer of cash or property to related organization(s) | 1r | | No |
| s | Other transfer of cash or property from related organization(s) | 1s | | No |

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

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 | domicile | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | 10 | (e) e all partners section 501(c)(3) ganizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | ľ | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | , | (k) Percentage ownership |
|--|--------------------------------|----------|---|-----|---|------------------------------------|--|---|----|---|-----------|-----|---------------------------------------|
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | Schedul | e R (Form | 990 | 0) 2020 |

| Schedule R (Fo | chedule R (Form 990) 2020 | | | | | | | | |
|----------------|---------------------------|--|--|--|--|--|--|--|--|
| Part VII | Supplemental Information | | | | | | | | |
| | Provide additional infor | mation for responses to questions on Schedule R. (see instructions). | | | | | | | |
| Retu | rn Reference | Explanation | | | | | | | |
| | | | | | | | | | |

Additional Data

HOMESTART INC

HOMESTART INC

HOMESTART INC

HOMEOWNERSHIP CENTER OF GREATER DAYTON INC

Software ID: **Software Version:**

EIN: 31-0978908 Name: COUNTY CORP

| Form 990, Schedule R, Part V - Transactions With Related Organizations | | | |
|--|--------------------|------------------------|---------------------------------------|
| (a) Name of related organization | (b) Transaction | (c) Amount Involved | (d) |
| Hame of Folders of gameration | type(a-s) | , aniounic zinvoiveu | Method of determining amount involved |

| Name of related organization | type(a-s) | Amount involved | Method of de |
|------------------------------|-----------|-----------------|--------------|
| HOMESTART INC | N | 5,971 | BOOK VALUE |

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