

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2021 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization**  
**AVESTA HOUSING DEVELOPMENT CORPORATION**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**307 CUMBERLAND AVENUE**  
 City or town, state or province, country, and ZIP or foreign postal code  
**PORTLAND, ME 04101**

**D Employer identification number**  
**01-0315296**

**E Telephone number**  
**207-553-7777**

**F Name and address of principal officer: ERIC BOUCHER**  
**SAME AS C ABOVE**

**G Gross receipts \$** **13,267,206.**

**H(a) Is this a group return for subordinates? .....**  Yes  No  
**H(b) Are all subordinates included?**  Yes  No  
 If "No," attach a list. See instructions  
**H(c) Group exemption number** ▶

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

**J Website:** ▶ **N/A**

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** **1972** **M State of legal domicile:** **ME**

<b>Part I Summary</b>			
<b>1</b> Briefly describe the organization's mission or most significant activities: <b>DEVELOPMENT AND MAINTENANCE OF LOW INCOME HOUSING.</b>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....	<b>5</b>	<b>55</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> <b>4,275,186.</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		<b>4,873,193.</b>	<b>6,458,804.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		<b>1,237,392.</b>	<b>1,097,594.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		<b>0.</b>	<b>0.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		<b>10,385,771.</b>	<b>13,114,873.</b>
<b>Expenses</b>		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>4,308,760.</b>	<b>4,644,311.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>5,465,232.</b>	<b>5,723,829.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>9,773,992.</b>	<b>10,368,140.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>611,779.</b>	<b>2,746,733.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> <b>63,197,411.</b>	<b>End of Year</b> <b>69,411,595.</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>44,682,781.</b>	<b>46,479,976.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>18,514,630.</b>	<b>22,931,619.</b>

**Part II Signature Block**

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

**Sign Here** ▶ Signature of officer **ERIC BOUCHER, CFO** Date

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name **GREGORY GEISSER** Preparer's signature Date Check if self-employed  PTIN **P01216187**

Firm's name ▶ **OTIS ATWELL** Firm's EIN ▶ **20-3690847**

Firm's address ▶ **324 GANNETT DRIVE SOUTH PORTLAND, ME 04106-3263** Phone no. **207-780-1100**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: DEVELOPMENT AND MAINTENANCE OF LOW INCOME HOUSING.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 10,368,140. including grants of \$ ) (Revenue \$ 7,556,398. ) ALL EXPENSES RELATE TO DEVELOPMENT AND MAINTENANCE OF LOW INCOME ELDERLY HOUSING AND SECTION 8 EXISTING HOUSING RENTAL PROGRAMS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 10,368,140.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 on Schedule O.		
	1a	19	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	19	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		X
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on 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 **AVESTA HOUSING - 207-553-7777**  
**307 CUMBERLAND AVE., PORTLAND, ME 04101**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANA TOTMAN CHIEF EXECUTIVE OFFICER	1.00 40.00			X			230,571.	0.	45,500.	
(2) ERIC BOUCHER CHIEF FINANCIAL OFFICER	1.00 40.00			X			167,506.	0.	36,245.	
(3) KATY SMITH VP OF SENIOR LIVING	1.00 40.00			X			146,150.	0.	45,248.	
(4) REBECCA HATFIELD SENIOR VP OF REAL ESTATE	1.00 40.00			X			137,940.	0.	39,000.	
(5) KIM FARRAR VP OF STRATEGIC INITIATIVE	1.00 40.00			X			133,527.	0.	15,150.	
(6) TONY CIPOLLONE DIRECTOR	1.00	X					0.	0.	0.	
(7) JONATHAN CULLEY CHAIR	1.00	X					0.	0.	0.	
(8) JANICE DE LIMA DIRECTOR	1.00	X					0.	0.	0.	
(9) KIMBERLY TWITCHELL SECRETARY	1.00	X					0.	0.	0.	
(10) RENEE FAY-LEBLANC, MD DIRECTOR	1.00	X					0.	0.	0.	
(11) LORI PARHAM DIRECTOR	1.00	X					0.	0.	0.	
(12) TIMOTHY AGNEW TREASURER	1.00	X					0.	0.	0.	
(13) PETER BASS DIRECTOR	1.00	X					0.	0.	0.	
(14) CHOMBA KALUBA DIRECTOR	1.00	X					0.	0.	0.	
(15) JIM ELKINS DIRECTOR	1.00	X					0.	0.	0.	
(16) ANDREA PATSTONE DIRECTOR	1.00	X					0.	0.	0.	
(17) KATHERINE GRIFFIN DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RAISSA KAZE DIRECTOR	1.00	X						0.	0.	0.
(19) JEFFREY SHAW DIRECTOR	1.00	X						0.	0.	0.
(20) NATHAN POORE DIRECTOR	1.00	X						0.	0.	0.
(21) DOUG STOCKBRIDGE DIRECTOR	1.00	X						0.	0.	0.
(22) PETER PITEGOFF DIRECTOR	1.00	X						0.	0.	0.
(23) ARTHUR SABITI DIRECTOR	1.00	X						0.	0.	0.
(24) AMY SMITH DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								815,694.	0.	181,143.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								815,694.	0.	181,143.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CURTIS THAXTER LLC 1 CANAL PLAZA, PORTLAND, ME 04101	LEGAL	114,865.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>			
	<b>b</b>	Membership dues	<b>1b</b>			
	<b>c</b>	Fundraising events	<b>1c</b>			
	<b>d</b>	Related organizations	<b>1d</b>			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	4,223,242.		
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,335,233.		
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$		
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		5,558,475.		
Program Service Revenue	<b>2 a</b>	DEVELOPMENT OPERATIONS	Business Code 531110	3,912,537.	3,912,537.	
	<b>b</b>	TENANT RENTS	531110	1,838,372.	1,838,372.	
	<b>c</b>	STATE REFUNDABLE CREDITS	531110	369,045.	369,045.	
	<b>d</b>	LAUNDRY & MISCELLANEOUS	531110	338,850.	338,850.	
	<b>e</b>					
	<b>f</b>	All other program service revenue				
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		6,458,804.		
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		229,427.	229,427.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds				
	<b>5</b>	Royalties				
	<b>6 a</b>	Gross rents	(i) Real			
			(ii) Personal			
	<b>6 b</b>	Less: rental expenses				
	<b>6 c</b>	Rental income or (loss)				
	<b>d</b>	Net rental income or (loss)				
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other	1020500.		
	<b>7 b</b>	Less: cost or other basis and sales expenses		152,333.		
<b>7 c</b>	Gain or (loss)		868,167.			
<b>d</b>	Net gain or (loss)		868,167.	868,167.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
<b>8 b</b>	Less: direct expenses					
<b>c</b>	Net income or (loss) from fundraising events					
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19					
<b>9 b</b>	Less: direct expenses					
<b>c</b>	Net income or (loss) from gaming activities					
<b>10 a</b>	Gross sales of inventory, less returns and allowances					
<b>10 b</b>	Less: cost of goods sold					
<b>c</b>	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	<b>11 a</b>		Business Code			
	<b>b</b>					
	<b>c</b>					
	<b>d</b>	All other revenue				
	<b>e</b>	<b>Total.</b> Add lines 11a-11d				
<b>12</b>	<b>Total revenue.</b> See instructions			13,114,873.	7,556,398.	0.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	815,694.	815,694.		
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,956,087.	2,956,087.		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	621,457.	621,457.		
<b>10</b> Payroll taxes	251,073.	251,073.		
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	282,854.	282,854.		
<b>b</b> Legal	37,193.	37,193.		
<b>c</b> Accounting	126,641.	126,641.		
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	51,395.	51,395.		
<b>13</b> Office expenses				
<b>14</b> Information technology	28,439.	28,439.		
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	21,531.	21,531.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	1,117,260.	1,117,260.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,015,522.	1,015,522.		
<b>23</b> Insurance	124,812.	124,812.		
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>CONTRACTED SERVICES</b>	664,319.	664,319.		
<b>b</b> <b>UTILITIES</b>	617,442.	617,442.		
<b>c</b> <b>REPAIRS &amp; MAINTENANCE</b>	562,069.	562,069.		
<b>d</b> <b>ADMINISTRATIVE &amp; MISCEL</b>	337,815.	337,815.		
<b>e</b> All other expenses <b>SEE SCH O</b>	736,537.	736,537.		
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	10,368,140.	10,368,140.	0.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,429,441.	<b>1</b>	6,102,743.
	<b>2</b> Savings and temporary cash investments .....	2,933,332.	<b>2</b>	3,019,241.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	498,370.	<b>4</b>	539,304.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	124,287.	<b>9</b>	154,413.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 39,602,420.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 17,493,985.	22,822,196.	<b>10c</b> 22,108,435.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	33,389,785.	<b>15</b>	37,487,459.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	63,197,411.	<b>16</b>	69,411,595.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,483,820.	<b>17</b>	1,883,237.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	344,784.	<b>19</b>	347,427.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	42,008,786.	<b>23</b>	43,130,317.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	845,391.	<b>25</b>	1,118,995.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	44,682,781.	<b>26</b>	46,479,976.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	18,005,937.	<b>27</b>	22,931,619.
	<b>28</b> Net assets with donor restrictions .....	508,693.	<b>28</b>	0.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	18,514,630.	<b>32</b>	22,931,619.
	<b>33</b> Total liabilities and net assets/fund balances .....	63,197,411.	<b>33</b>	69,411,595.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,114,873.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,368,140.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,746,733.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,514,630.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,670,256.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,931,619.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2021)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3437789.	3361542.	4130603.	4275186.	5558475.	20763595.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3437789.	3361542.	4130603.	4275186.	5558475.	20763595.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						20763595.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	3437789.	3361542.	4130603.	4275186.	5558475.	20763595.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	143,120.	163,919.	159,469.	1237392.	1097594.	2801494.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						23565089.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	26,320,740.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	88.11 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	91.44 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		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	<b>Total annual distributions.</b> 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.	8
9	Distributable amount for 2021 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) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**AVESTA HOUSING DEVELOPMENT CORPORATION**

Employer identification number

**01-0315296**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  <b>AVESTA HOUSING DEVELOPMENT CORPORATION</b>	Employer identification number  <b>01-0315296</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>MAINEHOUSING</u>  <u>353 WATER STREET</u>  <u>AUGUSTA, ME 04330</u>	\$ <u>3,096,698.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>NEIGHBORWORKS AMERICA</u>  <u>1325 G STREET, N.W.</u>  <u>WASHINGTON, DC 20005</u>	\$ <u>496,288.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>ANDROSCOGGIN VALLEY COUNCIL OF GOVERNMENTS</u>  <u>125 MANLEY ROAD</u>  <u>AUBURN, ME 04210</u>	\$ <u>202,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>JOHNE T. GORMAN FOUNDATION</u>  <u>ONE CANAL PLAZA, SUITE 800</u>  <u>PORTLAND, ME 04101</u>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>SMALL BUSINESS ADMINISTRATION</u>  <u>409 THIRD STREET SW</u>  <u>WASHINGTON, DC 20416</u>	\$ <u>622,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>BANGOR SAVINGS BANK</u>  <u>99 FRANKLIN STREET</u>  <u>BANGOR, ME 04401</u>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AVESTA HOUSING DEVELOPMENT CORPORATION</b>	Employer identification number  <b>01-0315296</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>AVESTA HOUSING DEVELOPMENT CORPORATION</b>	Employer identification number  <b>01-0315296</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



SCHEDULE D (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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization AVESTA HOUSING DEVELOPMENT CORPORATION Employer identification number 01-0315296

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,332,234.		3,332,234.
b Buildings		36,270,186.	17,493,985.	18,776,201.
c Leasehold improvements				
d Equipment				
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				22,108,435.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) TENANT SECURITY DEPOSITS	158,950.
(2) OTHER ASSETS	34,700,444.
(3) DUE FROM AFFILIATES	2,628,065.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	37,487,459.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PREPAID RENT	39,355.
(3) TENANT SECURITY DEPOSITS	161,144.
(4) NOTE PAYABLE - RELATED PARTY	918,496.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,118,995.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **AVESTA HOUSING DEVELOPMENT CORPORATION** Employer identification number **01-0315296**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANA TOTMAN CHIEF EXECUTIVE OFFICER	(i)	230,571.	0.	0.	26,000.	19,500.	276,071.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ERIC BOUCHER CHIEF FINANCIAL OFFICER	(i)	167,506.	0.	0.	16,745.	19,500.	203,751.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATY SMITH VP OF SENIOR LIVING	(i)	146,150.	0.	0.	25,748.	19,500.	191,398.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) REBECCA HATFIELD SENIOR VP OF REAL ESTATE	(i)	137,940.	0.	0.	19,500.	19,500.	176,940.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

Area with multiple horizontal lines for providing supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization <b>AVESTA HOUSING DEVELOPMENT CORPORATION</b>	Employer identification number <b>01-0315296</b>
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FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS INCLUDE THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS ARE ELECTED BY ITS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR APPROVING GOVERNING DECISIONS.

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

THE FORM 990 IS SENT TO THE BOARD MEMBERS FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS PERFORM AN ANNUAL REVIEW OF CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION C, LINE 19:

ALL ORGANIZING AND OPERATING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON  
REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

CONSULTING:

PROGRAM SERVICE EXPENSES	264,394.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	264,394.



Name of the organization <b>AVESTA HOUSING DEVELOPMENT CORPORATION</b>	Employer identification number <b>01-0315296</b>
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**REAL ESTATE TAXES:**

PROGRAM SERVICE EXPENSES	145,498.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	145,498.

**SUPPLIES:**

PROGRAM SERVICE EXPENSES	117,145.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	117,145.

**MISCELLANEOUS OPERATING:**

PROGRAM SERVICE EXPENSES	108,410.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	108,410.

**SUPPORTIVE SERVICES:**

PROGRAM SERVICE EXPENSES	68,441.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	68,441.

**MISCELLANEOUS FINANCIAL EXPENSES:**

PROGRAM SERVICE EXPENSES	21,195.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Name of the organization <b>AVESTA HOUSING DEVELOPMENT CORPORATION</b>	Employer identification number <b>01-0315296</b>
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**TOTAL EXPENSES** **21,195.**

**DEVELOPMENT COSTS:**

**PROGRAM SERVICE EXPENSES** **8,105.**

**MANAGEMENT AND GENERAL EXPENSES** **0.**

**FUNDRAISING EXPENSES** **0.**

**TOTAL EXPENSES** **8,105.**

**PRINTING & POSTAGE:**

**PROGRAM SERVICE EXPENSES** **3,349.**

**MANAGEMENT AND GENERAL EXPENSES** **0.**

**FUNDRAISING EXPENSES** **0.**

**TOTAL EXPENSES** **3,349.**

**TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A** **736,537.**

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

**TRANSFERRED CAPITAL** **1,670,256.**

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **AVESTA HOUSING DEVELOPMENT CORPORATION** Employer identification number **01-0315296**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NOBLE HOUSING CORPORATION - 22-3253539 307 CUMBERLAND AVENUE PORTLAND, ME 04101	AFFORDABLE HOUSING	MAINE	501(C)(3)	170(B)(1)(A)(VI)	N/A		X
SACO HOUSING DEVELOPMENT CORPORATION - 23-7356002, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	MAINE	501(C)(3)	170(B)(1)(A)(VI)	N/A		X
HILL STREET TERRACE HOUSING CORPORATION - 01-0347202, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	MAINE	501(C)(3)	170(B)(1)(A)(VI)	N/A		X
VILLAGE SQUARE HOUSING CORPORATION - 22-3230622, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	MAINE	501(C)(3)	170(B)(1)(A)(VI)	N/A		X

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

Schedule R (Form 990) 2021

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MAPLE GROVE ELDERLY HOUSING CORPORATION - 01-0347203, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	MAINE	501(C)(3)	170(B)(1)(A)( VI)	N/A		X
JORDAN BAY PLACE - 01-0531223 307 CUMBERLAND AVENUE PORTLAND, ME 04101	AFFORDABLE HOUSING	MAINE	501(C)(3)	170(B)(1)(A)( VI)	N/A		X
SOUTH WINDHAM HOUSING CORPORATION - 20-2010603, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	MAINE	501(C)(3)	170(B)(1)(A)( VI)	N/A		X
FIVE GRAHAM STREET - 01-0531224 307 CUMBERLAND AVENUE PORTLAND, ME 04101	AFFORDABLE HOUSING	MAINE	501(C)(3)	170(B)(1)(A)( VI)	N/A		X
PINE TREE HOUSING AGENCY - 27-0039482 307 CUMBERLAND AVENUE PORTLAND, ME 04101	AFFORDABLE HOUSING	MAINE	501(C)(3)	509(A)(2)	N/A		X
EDGECOMB WOODS - 01-0538200 307 CUMBERLAND AVENUE PORTLAND, ME 04101	AFFORDABLE HOUSING	MAINE	501(C)(3)	170(B)(1)(A)( VI)	N/A		X
WINDHAM SENIORS HOUSING CORPORATION - 01-0322361, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	MAINE	501(C)(3)	170(B)(1)(A)( VI)	N/A		X
NEW MARBLEHEAD NORTH HOUSING CORP., INC. - 22-2628311, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	MAINE	501(C)(3)	170(B)(1)(A)( VI)	N/A		X
NEW MARBLEHEAD SENIORS HOUSING CORP. - 01-0353352, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	MAINE	501(C)(3)	170(B)(1)(A)( VI)	N/A		X
BERRY PARK HOUSING CORPORATION - 22-3241663 307 CUMBERLAND AVENUE PORTLAND, ME 04101	AFFORDABLE HOUSING	MAINE	501(C)(3)	170(B)(1)(A)( VI)	N/A		X
FLORENCE HOUSE HOUSING CORP. - 26-1214312 307 CUMBERLAND AVENUE PORTLAND, ME 04101	AFFORDABLE HOUSING	MAINE	501(C)(3)	170(B)(1)(A)( VI)	N/A		X
SEVENTY-FIVE STATE STREET - 01-0211791 307 CUMBERLAND AVENUE PORTLAND, ME 04101	AFFORDABLE HOUSING	MAINE	501(C)(3)	170(B)(1)(A)( VI)	N/A		X



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SOUTH HIGH STREET ASSOCIATES - 01-0523804, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A	X		
YC PINES LP - 65-1177587 307 CUMBERLAND AVENUE PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A	X		
YC MANCHESTER WOODS LP - 01-0545842, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A	X		
YC COTTAGE ASSOCIATES, LP - 42-1579433, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A	X		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AVESTA CONSULTING SERVICES, INC. - 01-0355711, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	C CORP	N/A	N/A	N/A		X
PINETREE HOUSING DEVELOPMENT I LLC - 20-8145794, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	C CORP	N/A	N/A	N/A		X
PINECONE HOUSING CORPORATION - 45-3549468 307 CUMBERLAND AVENUE PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	C CORP	N/A	N/A	N/A		X
PINENEEDLE HOUSING DEVELOPMENT LLC - 47-2488025, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	C CORP	N/A	N/A	N/A		X
BAYSIDE ANCHOR DEVELOPMENT COMPANY LLC - 46-3469333, 14 BAXTER BLVD, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	C CORP	N/A	N/A	N/A		X

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AVESTA FORE RIVER HOUSING, LP - 20-2834231, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA PEARL STREET ONE LP - 20-1619087, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA BRICK HILL HEIGHTS LP - 20-8081334, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA STEPHEN EATON REDEVELOPMENT, LP - 20-1786687, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA COUSENS HOUSING DEVELOPMENT CORP. - 20-1494223, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA FLORENCE HOUSE LP - 26-1281804, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA MUNJOY COMMONS LP - 26-3722548, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA CASCADE BROOK LP - 27-1552802, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA PEARL STREET TWO LP - 90-0644166, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AVESTA EMERY SCHOOL LP - 27-4790487, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A	X		
RIVERSIDE HOUSING ASSOCIATES LP - 43-2046299, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A	X		
AVESTA OAK STREET LP - 27-2454949, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A	X		
AVESTA STONECREST LP - 27-0891814, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A	X		
AVESTA HYACINTH LP - 45-5502351, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A	X		
AVESTA 409 CUMBERLAND LP - 46-4196173, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A	X		
AVESTA NEW MARBLEHEAD ONE LP - 01-0315296, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A	X		
AVESTA YOUNG STREET LP - 47-2401992, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A	X		
AVESTA ONE MEETING PLACE LP - 46-5066202, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A	X		



**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AVESTA LINCOLN GREEN LP - 47-2283305, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
PENINSULA COMMUNITY LP 2 - 36-4489494, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
BAYSIDE EAST LP - 20-5768059 307 CUMBERLAND AVENUE PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA GOLDEN PARK MAPLE LP - 46-4213179, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA ANTRIM VILLAGE LP - 47-1974413, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
PENINSULA COMMUNITY LP 3 - 20-0693279, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA WASHINGTON AVE. LP - 46-3727600, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA BUTLER PAYSON LP - 47-1313691, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
6 MEETING PLACE DRIVE EXETER LP - 37-1651679, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	NH	N/A	RELATED				X	N/A		X	

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AVESTA STEEPLE SQUARE LP - 47-2313954, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA MCINTYRE LP - 45-3015000, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA BISHOP STREET LP - 47-1924387, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
BAYSIDE ANCHOR APARTMENTS, LP - 30-0795053, 14 BAXTER BLVD, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA BLACKSTONE LP - 47-2034957, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA THREE MEETING PLACE LP - 82-1954317, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA MEADOWS ONE LP - 47-4902865, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA CARLETON LP - 47-5191242, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
BARTLETT CIRCLE 2 LP - 47-1959493, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AVESTA MEADOWS TWO LP - 81-3785377, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA SOUTHGATE LP - 47-4316624, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA FOX SCHOOL, LP - 82-1881560, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA DEERING PLACE LP - 81-4305063, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA WESTBROOK STREET ONE LP - 61-1864902, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA 977 BRIGHTON LP - 47-5207376, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA LIVERMORE TERRACE LP - 37-1923287, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA UNITY VILLAGE LP - 32-0597382, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	
AVESTA WESTBROOK STREET TWO LP - 37-1942618, 307 CUMBERLAND AVENUE, PORTLAND, ME 04101	AFFORDABLE HOUSING	ME	N/A	RELATED				X	N/A		X	





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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VILLAGE SQUARE HOUSING CORPORATION	L	120,064.	ACCRUAL
(2) AVESTA STEEPLE SQUARE LP	S	206,818.	ACCRUAL
(3) SEVENTY-FIVE STATE STREET	L	276,296.	ACCRUAL
(4) SEVENTY-FIVE STATE STREET	D	417,564.	ACCRUAL
(5) AVESTA WESTBROOK STREET ONE LP	L	457,500.	ACCRUAL
(6) AVESTA HOUSING MANAGEMENT CORP.	L	1,343,077.	ACCRUAL

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)AVESTA WESTBROOK STREET ONE LP	D	539,264.	ACCRUAL
(8)AVESTA 409 CUMBERLAND LP	A	1,363.	ACCRUAL
(9)AVESTA GOLDEN PARK MAPLE LP	A	1,301.	ACCRUAL
(10)PENINSULA COMMUNITY LP 3	A	47,846.	ACCRUAL
(11)AVESTA BUTLER PAYSON LP	A	40,003.	ACCRUAL
(12)AVESTA HOUSING MANAGEMENT CORP.	M	735,220.	ACCRUAL
(13)AVESTA LIVERMORE TERRACE LP	D	171,000.	ACCRUAL
(14)AVESTA LIVERMORE TERRACE LP	L	135,000.	ACCRUAL
(15)AVESTA HOUSING MANAGEMENT CORP.	D	486,976.	ACCRUAL
(16)AVESTA PEARL STREET 2 LP	L	50,191.	ACCRUAL
(17)AVESTA 977 BRIGHTON LP	L	347,500.	ACCRUAL
(18)AVESTA 977 BRIGHTON LP	D	108,865.	ACCRUAL
(19)AVESTA DEERING PLACE LP	L	393,750.	ACCRUAL
(20)AVESTA UNITY VILLAGE LP	L	158,750.	ACCRUAL
(21)AVESTA HILLSIDE LP	L	150,000.	ACCRUAL
(22)AVESTA VALLEY STREET LP	L	250,000.	ACCRUAL
(23)AVESTA DEERING PLACE LP	D	393,750.	ACCRUAL
(24)PINETREE HOUSING DEVELOPMENT I LLC	E	176,791.	ACCRUAL

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) BERRY PARK HOUSING CORP	E	80,547.	ACCRUAL
(8) BERRY PARK HOUSING CORP	S	234,676.	ACCRUAL
(9) VILLAGE SQUARE HOUSING CORPORATION	E	1,238,748.	ACCRUAL
(10) NEW MARBLEHEAD SENIORS HOUSING CORP.	S	51,962.	ACCRUAL
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**AVESTA HOUSING DEVELOPMENT CORPORATION**

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**01-0315296**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	1,006,738.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a	Class life	130,405.	10 YRS	MM	S/L	6,459.	
b	12-year	9,840.	12 yrs.	MM	S/L	219.	
c	30-year	/	30 yrs.	MM	S/L		
d	40-year	07 /21	150,090.	40 yrs.	MM	S/L	2,106.

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,015,522.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.