

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

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 2019 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: **DOWNSTREET HOUSING AND COMMUNITY DEVELOPMENT, INC.**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**22 KEITH AVENUE, SUITE 100**  
 City or town, state or province, country, and ZIP or foreign postal code  
**BARRE VT 05641-3709**

**D** Employer identification number  
**\*\*-\*\*\*3473**

**E** Telephone number  
**802-476-4493**

**F** Name and address of principal officer:  
**EILEEN PELTIER**  
**22 KEITH AVENUE**  
**BARRE VT 05641**

**G** Gross receipts\$ **5,948,209**

**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)

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

**J** Website: **WWW.DOWNSTREET.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1987** **M** State of legal domicile: **VT**

**H(c)** Group exemption number ▶

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: DOWNSTREET STRENGTHENS THE COMMUNITIES OF CENTRAL VERMONT BY ENGAGING WITH PEOPLE, PROVIDING AFFORDABLE HOMES, AND CONNECTING PEOPLE TO THE RESOURCES AND SERVICES THEY NEED TO THRIVE.		
	<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>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>33</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>14</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, line 39	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,366,831	1,966,978
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,207,896	2,160,424
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,938	-241,221
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	92,454	955,720
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,681,119	4,841,901
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,783,055	1,937,094
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>129,736</b>		0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,799,224	1,921,631
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,582,279	3,858,725	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	98,840	983,176	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	12,931,112	13,963,842
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,740,331	2,789,885
		10,190,781	11,173,957

**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: **EILEEN PELTIER** Date: \_\_\_\_\_  
 Type or print name and title: **EXECUTIVE DIRECTOR**

**Paid Preparer Use Only**

Print/Type preparer's name: **RANDALL L. SARGENT, CPA** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **\*\*\*\*\***

Firm's name: **JMM & ASSOCIATES, PC** Firm's EIN: **\*\* - \*\*\* 0081**  
 Firm's address: **336 WATER TOWER CIR STE 801 COLCHESTER, VT 05446** Phone no.: **802-655-5665**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: DOWNSTREET STRENGTHENS THE COMMUNITIES OF CENTRAL VERMONT BY ENGAGING WITH PEOPLE, PROVIDING AFFORDABLE HOMES, AND CONNECTING PEOPLE TO THE RESOURCES AND SERVICES THEY NEED TO THRIVE.

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

4a (Code: ) (Expenses \$ 1,703,208 including grants of\$ ) (Revenue \$ 1,045,323 ) PROPERTY MANAGEMENT - ACCOUNTS FOR THE SERVICES PROVIDED TO OTHER PROPERTIES IN WHICH DOWNSTREET IS AN INVESTOR.

4b (Code: ) (Expenses \$ 896,123 including grants of\$ ) (Revenue \$ 659,050 ) PROPERTY OPERATIONS - ACCOUNTS FOR THE RENTAL ACTIVITY AND OPERATIONS OF THE FOLLOWING PROJECTS: BROMUR, VERDMONT, LIMEHURST MOBILE HOME PARK, HILLSIDE, BRIDGE STREET, GUIDICI, LAUREL STREET, GOOD NEIGHBORS, PHOENIX HOUSE, AND WHISTLESTOP MOBILE HOME PARK.

4c (Code: ) (Expenses \$ 384,235 including grants of\$ ) (Revenue \$ 39,618 ) HOMEOWNERSHIP - ACCOUNTS FOR THE ACTIVITIES OF DOWNSTREET'S HOMEOWNERSHIP CENTER.

4d Other program services (Describe on Schedule O.) (Expenses \$ 375,463 including grants of\$ ) (Revenue \$ 416,433 )

4e Total program service expenses ▶ 3,359,029

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 33		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

**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.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<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>7b</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>8a</b>	The governing body?	X	
<b>8b</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>10b</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>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>11b</b>	Describe in 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>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
<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>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<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>16b</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?		

**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 ►

EILEEN PELTIER  
BARRE

22 KEITH AVENUE

VT 05641

802-476-4493

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EILEEN PELTIER EXECUTIVE DIRECTOR	40.00 0.00			X				123,108	0	14,524
(2) ANNA NOONAN (UNTIL MARCH 2019) DIRECTOR	2.00 0.00	X						0	0	0
(3) CHARLES MERRIMAN (UNTIL MARCH 2019) DIRECTOR	2.00 0.00	X						0	0	0
(4) JIM ALVAREZ DIRECTOR	2.00 0.00	X						0	0	0
(5) DANIEL BARLOW PRESIDENT	2.00 0.00	X		X				0	0	0
(6) LORI BELDING SECRETARY	2.00 0.00	X		X				0	0	0
(7) ABBY BLUM DIRECTOR	2.00 0.00	X						0	0	0
(8) KEVIN ELLIS DIRECTOR	2.00 0.00	X						0	0	0
(9) DEBORAH KAHN DIRECTOR	2.00 0.00	X						0	0	0
(10) KEVIN LUNN TREASURER	2.00 0.00	X		X				0	0	0
(11) DAPHNE MAKINSON DIRECTOR	2.00 0.00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JEANNE RICHARDSON ..... DIRECTOR	2.00 0.00	X						0	0	0
(13) TOM STEVENS ..... VICE PRESIDENT	2.00 0.00	X		X				0	0	0
(14) CARL VANOSDALL ..... DIRECTOR	2.00 0.00	X						0	0	0
(15) GWYNN ZAKOV ..... DIRECTOR	2.00 0.00	X						0	0	0
<b>1b Subtotal</b> .....								123,108		14,524
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								123,108		14,524

**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 **1**

	Yes	No
<b>3</b> 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
<b>4</b> 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
<b>5</b> 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

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	986,291			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	980,687			
	g Noncash contributions included in lines 1a-1f	1g	\$ 51,177			
	<b>h Total. Add lines 1a-1f</b>		<b>1,966,978</b>			
Program Service Revenue	2a RENTAL INCOME	Business Code 531110	659,050	659,050		
	b MAINTENANCE INCOME	531390	563,125	563,125		
	c MANAGEMENT FEES	531310	483,079	483,079		
	d DEVELOPMENT FEES	531310	406,608	406,608		
	e LEASE FEE INCOME	531390	39,618	39,618		
	f All other program service revenue	531190	8,944	8,944		
	<b>g Total. Add lines 2a-2f</b>		<b>2,160,424</b>			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		15,087		15,087	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	b Less: rental expenses	<b>6b</b>				
	c Rental inc. or (loss)	<b>6c</b>				
	<b>d Net rental income or (loss)</b>					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		850,000		
		<b>7a</b>				
	b Less: cost or other basis and sales exps.	<b>7b</b>		1,106,308		
c Gain or (loss)	<b>7c</b>		-256,308			
<b>d Net gain or (loss)</b>			-256,308	-256,308		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
	b Less: direct expenses	<b>8b</b>				
<b>c Net income or (loss) from fundraising events</b>						
9a Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	b Less: direct expenses	<b>9b</b>				
<b>c Net income or (loss) from gaming activities</b>						
10a Gross sales of inventory, less returns and allowances	<b>10a</b>					
	b Less: cost of goods sold	<b>10b</b>				
<b>c Net income or (loss) from sales of inventory</b>						
Miscellaneous Revenue	11a DEBT FORGIVENESS INCOME	Business Code 531390	740,016	740,016		
	b MISCELLANEOUS INCOME	531390	215,704	215,704		
	c					
	d All other revenue					
	<b>e Total. Add lines 11a-11d</b>		<b>955,720</b>			
<b>12 Total revenue. See instructions</b>		<b>4,841,901</b>	<b>2,859,836</b>	<b>0</b>	<b>15,087</b>	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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	137,632	68,816	34,408	34,408
<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	1,379,317	1,175,737	148,877	54,703
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,433	37,533	4,122	1,778
<b>9</b> Other employee benefits	240,811	200,886	25,926	13,999
<b>10</b> Payroll taxes	135,901	116,856	12,002	7,043
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	72,671	72,671		
<b>b</b> Legal	11,107	11,107		
<b>c</b> Accounting	8,300		8,300	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<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 Schedule O.)	76,427	61,037	15,390	
<b>12</b> Advertising and promotion	19,601	11,123	4,347	4,131
<b>13</b> Office expenses	87,007	64,878	19,572	2,557
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	231,252	224,796	3,855	2,601
<b>17</b> Travel	44,280	37,164	5,748	1,368
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	33,883	15,632	16,518	1,733
<b>20</b> Interest	56,323	45,719	10,604	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	331,712	324,916	3,965	2,831
<b>23</b> Insurance	68,613	64,401	2,912	1,300
<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> GRANT EXPENSE	605,424	563,464	41,960	
<b>b</b> PROPERTY EXPENSE	256,618	254,168	1,819	631
<b>c</b> MISCELLANEOUS	48,147	37,859	9,635	653
<b>d</b> BAD DEBT	-29,734	-29,734		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,858,725	3,359,029	369,960	129,736
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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	546,442	<b>1</b>	876,856
	<b>2</b> Savings and temporary cash investments	1,096,628	<b>2</b>	796,855
	<b>3</b> Pledges and grants receivable, net	105,402	<b>3</b>	125,999
	<b>4</b> Accounts receivable, net	52,033	<b>4</b>	181,634
	<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	3,846,449	<b>7</b>	4,797,522
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	57,176	<b>9</b>	42,078
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 9,712,825		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,979,071	<b>10c</b>	6,733,754
	<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	64,873	<b>13</b>	64,477
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	411,189	<b>15</b>	344,667
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	12,931,112	<b>16</b>	13,963,842	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	134,643	<b>17</b>	195,047
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	33,937	<b>21</b>	45,564
	<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	2,524,411	<b>23</b>	2,485,496
	<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	47,340	<b>25</b>	63,778
	<b>26 Total liabilities.</b> Add lines 17 through 25	2,740,331	<b>26</b>	2,789,885
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	4,116,195	<b>27</b>	4,822,770
	<b>28</b> Net assets with donor restrictions	6,074,586	<b>28</b>	6,351,187
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 Total net assets or fund balances</b>	10,190,781	<b>32</b>	11,173,957
<b>33 Total liabilities and net assets/fund balances</b>	12,931,112	<b>33</b>	13,963,842	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,841,901
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,858,725
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	983,176
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	10,190,781
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	11,173,957

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	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.	X	
<b>3a</b>	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?		X
<b>3b</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		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

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

Name of the organization <b>DOWNSTREET HOUSING AND COMMUNITY DEVELOPMENT, INC.</b>	Employer identification number <b>**-***3473</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 11,773,683
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 93.32%. Row 15: Public support percentage from 2018 Schedule A, Part II, line 14 15 92.02%.

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</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 <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<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 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  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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 .....			
b From 2015 .....			
c From 2016 .....			
d From 2017 .....			
e From 2018 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 .....			
b Excess from 2016 .....			
c Excess from 2017 .....			
d Excess from 2018 .....			
e Excess from 2019 .....			

**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.)

Area with horizontal dotted lines for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: DOWNSTREET HOUSING AND COMMUNITY DEVELOPMENT, INC. Employer identification number: \*\*\*-\*\*\*3473

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 total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including checkboxes for types of easements and a table for conservation details (2a-2d).

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

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:

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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:

- (i) Unrelated organizations, (ii) Related organizations

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

**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> (Column (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> (Column (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**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) FACILITY LEASE PAYABLE	63,778
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	63,778

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. Total revenue reported as 4,841,901.

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. Total expenses reported as 3,858,725.

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open To Public Inspection**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**DOWNSTREET HOUSING AND COMMUNITY  
DEVELOPMENT, INC.**

Employer identification number  
**\*\*-\*\*\*3473**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	1	11,177	FAIR MARKET VALUE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other	X	1	40,000	FAIR MARKET VALUE
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶( )				
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



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

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

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public Inspection**

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

Name of the organization	DOWNSTREET HOUSING AND COMMUNITY DEVELOPMENT, INC.	Employer identification number **-***3473
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FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

PROJECT DEVELOPMENT - ACCOUNTS FOR ALL OPERATIONS OF DOWNSTREET FOR REHABILITATION AND DEVELOPMENT OF AFFORDABLE HOUSING.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE 990 IS PROVIDED TO THE FULL BOARD, EXECUTIVE DIRECTOR, COO AND CFO FOR REVIEW AND APPROVAL BEFORE FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE BOARD CONDUCTS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR'S PERFORMANCE AND APPROVES ANNUAL COMPENSATION. THE BOARD CHAIR PROVIDES THE CFO WITH APPROVAL OF THE EXECUTIVE DIRECTOR'S SALARY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

DOWNSTREET HOUSING AND COMMUNITY  
DEVELOPMENT, INC.

Employer identification number

\*\*-\*\*\*3473

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(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	
(1) GREEN MOUNTAIN SEMINARY HLP 201 HOLLOW ROAD WATERBURY CENTER VT 05677 **-***4342	HOUSING	VT	N/A	EXCLUDED		7,525		X	N/A	X		99.10
(2) MAD RIVER MEADOWS HLP 144 BUTCHER HOUSE DRIVE WAITSFIELD VT 05673 **-***2413	HOUSING	VT	N/A	EXCLUDED	-49	5,257		X	N/A	X		0.10
(3) EVERGREEN PLACE HOUSING HLP 5308 MAIN STREET, ROUTE 100 WAITSFIELD VT 05673 **-***3494	HOUSING	VT	N/A	EXCLUDED	-7	825		X	N/A	X		48.99
(4) CHASE BLOCK LP 14 STOWE STREET WATERBURY CENTER VT 05676 **-***4659	HOUSING	VT	N/A	EXCLUDED		-715		X	N/A	X		99.00

**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
(1) CVCLT RIVER STATION, INC. 22 KEITH AVENUE, STE. 100 BARRE VT 05641 **-***5479	HOUSING	VT	N/A	C	-9	4,002	100.000000		X
(2) CVCLT VENTURES, INC. 22 KEITH AVENUE, STE. 100 BARRE VT 05641 **-***8581	HOUSING	VT	N/A	C	2,773	48,308	100.000000		X
(3)									
(4)									

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

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

	Yes	No
<b>1</b> 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?		
<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) RIVER STATION HLP	D	171,000	FAIR MARKET VALUE
(2) WINOOSKI RIVER APARTMENTS LP	D	253,737	FAIR MARKET VALUE
(3) BIANCHI-HEBERT LP	D	90,000	FAIR MARKET VALUE
(4) LADD HALL, LP	D	125,000	FAIR MARKET VALUE
(5) EVERGREEN PLACE, HLP	D	90,000	FAIR MARKET VALUE
(6) GREEN MOUNTAIN SEMINARY, LP	D	141,187	FAIR MARKET VALUE

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

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

	Yes	No
<b>1</b> 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?		
<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) MAD RIVER MEADOWS, HLP	D	76,143	FAIR MARKET VALUE
(2) WAITS RIVER HOUSING, LP	D	317,000	FAIR MARKET VALUE
(3) WHEELER BROOK LP	D	90,000	FAIR MARKET VALUE
(4) BARRE STREET APARTMENTS, LP	D	672,664	FAIR MARKET VALUE
(5) SUMMER STREET HLP	D	400,000	FAIR MARKET VALUE
(6) EVERGREEN MEADOWS, HLP	D	59,017	FAIR MARKET VALUE



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

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

	Yes	No
<b>1</b> 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?		
<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) FRENCH BLOCK LP	D	100,000	FAIR MARKET VALUE
(2) SUMMER STREET HLP	K	35,827	FAIR MARKET VALUE
(3) GREEN MOUNTAIN SEMINARY, LP	L	21,348	FAIR MARKET VALUE
(4) STIMSON AND GRAVES HLP	L	12,790	FAIR MARKET VALUE
(5) BARRE STREET APARTMENTS, LP	L	24,072	FAIR MARKET VALUE
(6) WINOOSKI RIVER APARTMENTS LP	L	14,820	FAIR MARKET VALUE

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

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

	Yes	No
<b>1</b> 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?		
<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) BIANCHI-HEBERT LP	L	19,817	FAIR MARKET VALUE
(2) COLONIAL VILLAGE	L	22,848	FAIR MARKET VALUE
(3) EVERGREEN PLACE, HLP	L	16,236	FAIR MARKET VALUE
(4) FRENCH BLOCK LP	L	18,360	FAIR MARKET VALUE
(5) MAD RIVER MEADOWS, HLP	L	27,300	FAIR MARKET VALUE
(6) NORTH BRANCH LP	L	51,708	FAIR MARKET VALUE

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

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

	Yes	No
<b>1</b> 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?		
<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) RIVER STATION HLP	L	44,676	FAIR MARKET VALUE
(2) LADD HALL, LP	L	31,860	FAIR MARKET VALUE
(3) SUMMER STREET HLP	L	30,360	FAIR MARKET VALUE
(4) WAITS RIVER HOUSING, LP	L	28,620	FAIR MARKET VALUE
(5) WHEELER BROOK LP	L	19,728	FAIR MARKET VALUE
(6) CHASE BLOCK LP	G	850,000	FAIR MARKET VALUE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													



Form **4562**

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

OMB No. 1545-0172

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

**2019**

Attachment  
Sequence No. **179**

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

Name(s) shown on return **DOWNSTREET HOUSING AND COMMUNITY  
DEVELOPMENT, INC.**

Identifying number  
**\*\* - \*\*\* 3473**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**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.

<b>1</b>	Maximum amount (see instructions)	<b>1</b>	<b>1,020,000</b>
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	<b>2,550,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	<b>13</b>	

**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. See instructions.)**

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	<b>310,146</b>

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

**Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2019	<b>17</b>	<b>0</b>
<b>18</b>	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 2019 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
<b>19a</b>	3-year property					
<b>b</b>	5-year property					
<b>c</b>	7-year property					
<b>d</b>	10-year property					
<b>e</b>	15-year property					
<b>f</b>	20-year property					
<b>g</b>	25-year property		25 yrs.		S/L	
<b>h</b>	Residential rental property		27.5 yrs.	MM	S/L	
<b>i</b>	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

<b>20a</b>	Class life				S/L	
<b>b</b>	12-year		12 yrs.		S/L	
<b>c</b>	30-year		30 yrs.	MM	S/L	
<b>d</b>	40-year		40 yrs.	MM	S/L	

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

<b>21</b>	Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b>	<b>Total.</b> 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 instructions	<b>22</b>	<b>310,146</b>
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form <b>990</b>		<b>Two Year Comparison Report</b>		<b>2018 &amp; 2019</b>		
		For calendar year 2019, or tax year beginning		, ending		
Name DOWNSTREET HOUSING AND COMMUNITY DEVELOPMENT, INC.				Taxpayer Identification Number **-***3473		
		2018	2019	Differences		
<b>Revenue</b>	1. Contributions, gifts, grants	1. 759,704	980,687	220,983		
	2. Membership dues and assessments	2.				
	3. Government contributions and grants	3. 607,127	986,291	379,164		
	4. Program service revenue	4. 2,207,896	2,160,424	-47,472		
	5. Investment income	5. 14,491	15,087	596		
	6. Proceeds from tax exempt bonds	6.				
	7. Net gain or (loss) from sale of assets other than inventory	7. -553	-256,308	-255,755		
	8. Net income or (loss) from fundraising events	8.				
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11. 92,454	955,720	863,266		
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12.</b>	<b>3,681,119</b>	<b>4,841,901</b>	<b>1,160,782</b>	
<b>Expenses</b>	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	14.				
	15. Compensation of officers, directors, trustees, etc.	15. 136,532	137,632	1,100		
	16. Salaries, other compensation, and employee benefits	16. 1,646,523	1,799,462	152,939		
	17. Professional fundraising fees	17.				
	18. Other professional fees	18. 175,091	168,505	-6,586		
	19. Occupancy, rent, utilities, and maintenance	19. 229,947	231,252	1,305		
	20. Depreciation and Depletion	20. 322,074	331,712	9,638		
	21. Other expenses	21. 1,072,112	1,190,162	118,050		
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22.</b>	<b>3,582,279</b>	<b>3,858,725</b>	<b>276,446</b>	
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23.</b>	<b>98,840</b>	<b>983,176</b>	<b>884,336</b>	
<b>Other Information</b>	24. Total exempt revenue	24. 3,681,119	4,841,901	1,160,782		
	25. Total unrelated revenue	25.				
	26. Total excludable revenue	26. 2,314,288	2,874,923	560,635		
	27. Total assets	27. 12,931,112	13,963,842	1,032,730		
	28. Total liabilities	28. 2,740,331	2,789,885	49,554		
	29. Retained earnings	29. 10,190,781	11,173,957	983,176		
	30. Number of voting members of governing body	30. 8	12			
	31. Number of independent voting members of governing body	31. 8	12			
32. Number of employees	32. 33	33				
33. Number of volunteers	33. 12	14				

Form <b>990</b>	<b>Tax Return History</b>	<b>2019</b>
Name <b>DOWNSTREET HOUSING AND COMMUNITY DEVELOPMENT, INC.</b>		Employer Identification Number **-***3473

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	1,248,053	1,282,245	1,135,013	1,366,831	1,966,978	
Membership dues						
Program service revenue	1,890,116	2,073,258	2,087,756	2,207,896	2,160,424	
Capital gain or loss	29,322	-59,809	32,792	-553	-256,308	
Investment income	12,547	22,391	12,504	14,491	15,087	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	173,061	67,411	65,557	92,454	955,720	
<b>Total revenue</b>	<b>3,353,099</b>	<b>3,385,496</b>	<b>3,333,622</b>	<b>3,681,119</b>	<b>4,841,901</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	114,943	114,184	127,870	136,532	137,632	
Other compensation	1,430,512	1,516,601	1,509,693	1,646,523	1,799,462	
Professional fees	246,983	175,658	201,827	175,091	168,505	
Occupancy costs	354,068	278,181	225,362	229,947	231,252	
Depreciation and depletion	304,877	299,894	299,146	322,074	331,712	
Other expenses	1,198,514	1,189,140	1,164,240	1,072,112	1,190,162	
<b>Total expenses</b>	<b>3,649,897</b>	<b>3,573,658</b>	<b>3,528,138</b>	<b>3,582,279</b>	<b>3,858,725</b>	
<b>Excess or (Deficit)</b>	<b>-296,798</b>	<b>-188,162</b>	<b>-194,516</b>	<b>98,840</b>	<b>983,176</b>	
<b>Total exempt revenue</b>	<b>3,353,099</b>	<b>3,385,496</b>	<b>3,333,622</b>	<b>3,681,119</b>	<b>4,841,901</b>	
Total unrelated revenue						
Total excludable revenue	2,105,046	2,103,251	2,198,609	2,314,288	2,874,923	
Total Assets	13,192,525	13,569,489	12,409,722	12,931,112	13,963,842	
Total Liabilities	3,203,173	3,768,299	2,802,781	2,740,331	2,789,885	
Net Fund Balances	9,989,352	9,801,190	9,606,941	10,190,781	11,173,957	



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Federal Asset Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
54	PM Software (Hillside Portion)	3/01/02	299			299	5 MO S/L	299	0
65	Building - Bradford	2/01/92	86,605			86,605	50 MO S/L	49,056	1,732
66	Improvements - Bradford	11/01/93	143,431			143,431	30 MO S/L	125,151	4,781
68	Building - Orange, VT	9/01/94	301,600			301,600	50 MO S/L	146,779	6,032
69	Improvements	10/01/94	186,600			186,600	50 MO S/L	90,501	3,732
70	Buildings & Improvements	6/30/95	150,000			150,000	50 MO S/L	70,500	3,000
71	Improvements	2/01/96	16,223			16,223	50 MO S/L	7,435	325
72	Improvements	4/01/96	114,534			114,534	50 MO S/L	52,113	2,291
73	Building Improvement	6/30/97	958			958	50 MO S/L	412	19
76	Improvement - Vermont	1/01/99	130,573			130,573	50 MO S/L	52,446	2,612
77	Improvements	1/01/99	518			518	50 MO S/L	207	11
78	Improvement - Vermont	1/01/99	230,318			230,318	50 MO S/L	92,510	4,607
79	Mobile Home Pad - Larrow	7/01/00	1,479			1,479	30 MO S/L	912	50
80	Land Improvement	7/01/00	7,627			7,627	30 MO S/L	4,661	254
81	Mobile Home Pad - Farnham	10/01/00	3,026			3,026	30 MO S/L	1,833	101
83	Build. Improve. - Bradford	12/31/00	8,072			8,072	30 MO S/L	4,843	269
84	Land Improve. - Vermont	12/31/00	4,679			4,679	30 MO S/L	2,807	156
85	Building - Hillside #21	12/31/00	46,627			46,627	50 MO S/L	16,786	932
86	Building - Hillside #17	12/31/00	36,635			36,635	50 MO S/L	13,189	732
87	Land Improve. - Limehurst	12/31/00	42,794			42,794	30 MO S/L	25,676	1,427
88	Whistlestop closing costs	1/01/01	1,353			1,353	30 MO S/L	810	45
89	Bridge St. MHP - Acquisition/closing	5/30/01	102,012			102,012	30 MO S/L	59,932	3,401
90	Whistlestop Improve. from CIP	9/01/01	48,610			48,610	30 MO S/L	28,018	1,621
91	Improvements - Hillside/CIP	9/01/01	377,878			377,878	30 MO S/L	217,804	12,596
92	Improvements - Vermont	9/01/01	29,988			29,988	30 MO S/L	17,284	1,000
100	Land Impr. - Limehurst	12/31/00	59,970			59,970	30 MO S/L	35,982	1,999
103	Vermont - Drywell	6/06/01	1,698			1,698	30 MO S/L	993	56
106	Appliances, etc. - Bromur	12/11/01	3,821			3,821	10 MO S/L	3,821	0
107	Improvements - Bromur	7/01/02	1,936			1,936	15 MO S/L	1,936	0
108	Bridge St. MHP - rehab/construction	9/01/02	100,855			100,855	30 MO S/L	54,770	3,361
109	Improvements - Bridge MHP	9/01/02	56,322			56,322	30 MO S/L	30,586	1,877
111	Northfield St. - Drainage work	9/23/02	2,150			2,150	15 MO S/L	2,150	0
114	Vermont - Escrow for Slab	11/01/02	3,000			3,000	10 MO S/L	900	300
115	Land	1/01/92	0			0	0 -- Land	0	0
116	Land - Bromur	1/01/92	105,301			105,301	0 -- Land	0	0
120	Bradford Land	2/01/92	85,000			85,000	0 -- Land	0	0
121	Land - Brown	3/04/94	20,000			20,000	0 -- Land	0	0
122	Salvas - Land	9/27/94	12,500			12,500	0 -- Land	0	0
127	Wright - Land	3/15/95	12,500			12,500	0 -- Land	0	0
128	Fifield Land	4/01/95	15,000			15,000	0 -- Land	0	0
129	Wilson Land	4/01/95	15,000			15,000	0 -- Land	0	0
130	Salvas - Land (2)	5/26/95	15,000			15,000	0 -- Land	0	0
131	Limehurst Land	6/28/95	375,514			375,514	0 -- Land	0	0
132	Land - Woodbury	7/18/95	12,500			12,500	0 -- Land	0	0
133	Benway - Land	9/27/95	12,500			12,500	0 -- Land	0	0
134	Land - Lewis	11/20/95	15,000			15,000	0 -- Land	0	0
135	Drown - Land	2/02/96	12,500			12,500	0 -- Land	0	0
136	Roberts - Land	8/28/96	12,500			12,500	0 -- Land	0	0
138	Henzel - Land	10/10/96	12,500			12,500	0 -- Land	0	0
140	Grandfield Land	12/10/96	15,000			15,000	0 -- Land	0	0
141	Hoyt Land	12/10/96	12,500			12,500	0 -- Land	0	0
142	Ensminger - Land	2/01/97	20,000			20,000	0 -- Land	0	0
143	Land - Lewis	4/01/97	15,000			15,000	0 -- Land	0	0
144	Bilodeau - Land	5/01/97	15,000			15,000	0 -- Land	0	0
145	Lacilade Land	7/01/97	15,000			15,000	0 -- Land	0	0
146	Callahan Land	9/01/97	12,500			12,500	0 -- Land	0	0
147	Sokol - Land	9/01/97	12,500			12,500	0 -- Land	0	0
150	Land - McNaulty	12/01/97	15,000			15,000	0 -- Land	0	0
152	Kirkpatrick - Land	2/01/98	12,500			12,500	0 -- Land	0	0
154	Hanson - Land	3/01/98	15,000			15,000	0 -- Land	0	0
156	Bemo - Land	6/01/98	13,500			13,500	0 -- Land	0	0
157	Houston - Land	7/01/98	8,400			8,400	0 -- Land	0	0
158	Donated Land	7/01/98	10,000			10,000	0 -- Land	0	0
159	Normandy Land	9/01/98	13,000			13,000	0 -- Land	0	0
160	Forsythe/Baer - Land	9/01/98	1,796			1,796	0 -- Land	0	0
161	Baer/Renfrew/Forsythe - Land	10/01/98	32,717			32,717	0 -- Land	0	0
162	Vermont - Land	1/19/99	144,427			144,427	0 -- Land	0	0
163	Doten Land	3/17/99	15,000			15,000	0 -- Land	0	0

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## Federal Asset Report

FYE: 12/31/2019

## Form 990, Page 1

Asset	Description	Date		Bus %	Sec 179	Basis			Prior	Current	
		In Service	Cost			for Depr	PerConv	Meth			
164	Olivera Land	4/01/99	10,000			10,000	0	--	Land	0	0
165	Giroux Land	6/08/99	10,000			10,000	0	--	Land	0	0
166	Sehic to Macris - Land	10/01/99	10,800			10,800	0	--	Land	0	0
167	Livingston Land	10/01/99	15,000			15,000	0	--	Land	0	0
168	Quintana Land	11/01/99	15,000			15,000	0	--	Land	0	0
169	Hillside #21 - Land	6/30/00	22,000			22,000	0	--	Land	0	0
170	Hillside #17 - Land	6/30/00	28,000			28,000	0	--	Land	0	0
173	Lawson - Land	4/16/01	15,000			15,000	0	--	Land	0	0
175	Dunster - Land	6/22/01	19,000			19,000	0	--	Land	0	0
176	Dennison - Land	7/31/01	30,000			30,000	0	--	Land	0	0
177	Mallery - Land	8/09/01	14,200			14,200	0	--	Land	0	0
178	Monteagudo - Land	8/10/01	19,000			19,000	0	--	Land	0	0
179	Medow - Land	8/15/01	25,500			25,500	0	--	Land	0	0
180	Cloutier - Land	5/28/02	20,000			20,000	0	--	Land	0	0
182	Land (Homeland) - Brunelle	2/28/03	17,000			17,000	0	--	Land	0	0
183	Land (Homeland) - Works	5/27/03	25,000			25,000	0	--	Land	0	0
212	Toilet #2 Bromur	3/15/03	560			560	10	MO	S/L	560	0
213	Toilet - #4 Bromur	3/15/03	390			390	10	MO	S/L	390	0
214	Vermont Septic Improvements	7/01/03	2,152			2,152	50	MO	S/L	667	43
225	DEVELOPMENT FEE - BRIDGE ST.	9/01/03	5,000			5,000	30	MO	S/L	2,556	166
229	NECI Buildings	7/07/04	0			0	30	MO	S/L	0	0
231	Floor Repairs - Bromur	12/08/04	1,749			1,749	15	MO	S/L	1,642	107
232	Bromur Rehabilitation	7/01/04	230,898			230,898	30	MO	S/L	111,601	7,696
233	Limehurst Improvements	7/01/04	6,531			6,531	15	MO	S/L	6,313	218
234	Vermont Septic Upgrade	9/01/04	60,020			60,020	15	MO	S/L	57,352	2,668
250	Hot Water Heater - Bromur	4/19/05	1,984			1,984	10	MO	S/L	1,984	0
251	18 CO2 Detectors - Bromur	12/15/05	1,740			1,740	10	MO	S/L	1,740	0
252	Carpet Installation	12/31/05	1,034			1,034	10	MO	S/L	1,034	0
253	Phone Lines - Bridge St.	2/10/05	2,930			2,930	10	MO	S/L	2,930	0
254	Paved Driveway 1-8 - Bridge	10/28/05	12,220			12,220	15	MO	S/L	10,726	815
255	Carbon Monoxide Detectors - Hillside	10/25/05	549			549	10	MO	S/L	549	0
256	CO2 Detectors - Hillside	11/08/05	507			507	10	MO	S/L	507	0
257	Lever Locks - Hillside	12/06/05	1,496			1,496	10	MO	S/L	1,496	0
258	Septic System Improv. - Limehurst	8/31/05	20,748			20,748	30	MO	S/L	9,221	692
259	Water Line Improv. - Whistlestop	9/01/05	1,015			1,015	20	MO	S/L	677	50
260	Land - Bowers	1/01/92	12,500			12,500	0	--	Land	0	0
262	Land - Chouinard	1/01/92	12,500			12,500	0	--	Land	0	0
263	Land - Clifford	1/01/92	15,000			15,000	0	--	Land	0	0
265	Land - Huntington	1/01/92	12,500			12,500	0	--	Land	0	0
266	Land - Miller	1/01/92	10,000			10,000	0	--	Land	0	0
267	Land - O'Neill	1/01/92	18,000			18,000	0	--	Land	0	0
268	Land - Sanborn	1/01/92	12,500			12,500	0	--	Land	0	0
280	Slab for new trailer and add'l parking	8/17/06	4,087			4,087	10	MO	S/L	4,087	0
291	Guidici Street	3/26/07	155,000			155,000	25	MO	S/L	72,850	6,200
292	Dunranleau 2" Blow off	5/10/00	2,735			2,735	10	MO	S/L	2,735	0
293	Mens House Oil Tank	8/16/07	1,300			1,300	10	MO	S/L	1,300	0
294	Septic Improvements	8/10/07	4,169			4,169	10	MO	S/L	4,169	0
299	Road Improvements	9/30/08	1,112			1,112	15	MO	S/L	760	74
300	Water Line Improvement	6/10/08	3,517			3,517	15	MO	S/L	2,482	234
302	Loan Tracking Software	7/01/09	5,000			5,000	3	MO	S/L	5,000	0
306	Outside Tank	7/01/09	1,206			1,206	10	MO	S/L	1,146	60
307	Sprinkler System	7/01/09	18,034			18,034	15	MO	S/L	11,422	1,202
308	Sewer System	7/01/09	85,748			85,748	20	MO	S/L	40,730	4,288
310	Improvements - Diamantis	7/01/09	3,000			3,000	10	MO	S/L	2,850	150
311	Improvements - Kingsbury	7/01/09	1,784			1,784	10	MO	S/L	1,695	89
312	Improvements - Griffin/Griffin	7/01/09	1,129			1,129	10	MO	S/L	1,073	56
313	Ford F-150	1/27/09	23,739			23,739	5	MO	S/L	23,739	0
323	NECI - 235 Barre Street	7/07/04	40,420			40,420	30	MO	S/L	19,536	1,348
329	Improvements	6/07/10	6,022			6,022	10	MO	S/L	5,169	602
330	Town Water Connection	9/28/10	14,500			14,500	10	MO	S/L	11,963	1,450
331	Slab Work	12/10/10	15,614			15,614	10	MO	S/L	12,621	1,562
332	Excavation	12/02/10	4,270			4,270	10	MO	S/L	3,452	427
334	Bromur energy project	9/30/11	173,418			173,418	20	MO	S/L	62,864	8,671
335	Cameras	3/01/11	5,798			5,798	3	MO	S/L	5,798	0
336	Slab Work	8/31/11	3,031			3,031	3	MO	S/L	3,031	0
339	Exterior Painting	11/01/11	1,853			1,853	5	MO	S/L	1,853	0
340	Painting	9/01/11	3,800			3,800	5	MO	S/L	3,800	0
346	Vinly Plank	6/05/12	2,503			2,503	15	MO	S/L	1,098	167
347	Rehab of #8	5/02/12	4,717			4,717	15	MO	S/L	2,096	315
348	Stabilization of Lot #7	6/27/12	8,431			8,431	10	MO	S/L	5,480	843
349	Deck and Railing	9/21/12	7,688			7,688	25	MO	S/L	1,922	308

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## Federal Asset Report

FYE: 12/31/2019

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
350	Oven	10/21/12	1,023				1,023	5	MO S/L	1,023	0
351	Vinyl Plank	11/15/12	2,202				2,202	15	MO S/L	905	147
352	Paint Exterior	10/22/12	2,862				2,862	15	MO S/L	1,177	191
353	Rental Property Improvements - Laurel St	12/31/12	887,673				887,673	30	MO S/L	177,535	29,589
354	Rental Property Improvements - Whistlestop	12/31/12	259,688				259,688	30	MO S/L	51,938	8,656
357	MH Removal	10/21/13	1,500				1,500	10	MO S/L	775	150
358	MH Pad	12/24/13	4,790				4,790	10	MO S/L	2,395	479
359	Painting	10/01/13	9,600				9,600	10	MO S/L	5,040	960
360	Painting - Building #2	10/15/13	6,200				6,200	10	MO S/L	3,255	620
361	Foundation Improvements	10/15/13	25,570				25,570	20	MO S/L	6,712	1,279
362	Limehurst Improvements	12/31/13	34,003				34,003	10	MO S/L	17,002	3,400
363	Infrastructure Project	12/31/13	548,837				548,837	20	MO S/L	137,209	27,442
364	MH Demolition	5/23/13	3,962				3,962	10	MO S/L	2,212	396
365	2 Slabs	11/01/13	8,700				8,700	10	MO S/L	4,495	870
366	Slab - A. White	12/09/13	4,000				4,000	10	MO S/L	2,033	400
367	Lot Improvements	12/31/13	2,300				2,300	10	MO S/L	1,150	230
368	Water System Improvements	12/31/13	497,302				497,302	25	MO S/L	99,460	19,892
369	Lot Improvements	9/17/13	3,699				3,699	10	MO S/L	1,942	370
370	Windows - Depot Building	11/06/13	8,086				8,086	10	MO S/L	4,178	808
371	Building Improvements - Fire Safety	11/01/13	6,433				6,433	10	MO S/L	3,324	643
374	Legal Costs	11/30/13	5,090				5,090	5	MO S/L	5,090	0
375	Washer & Dryer	12/31/13	1,294				1,294	5	MO S/L	1,294	0
376	Ford Van	5/01/13	23,282				23,282	5	MO S/L	23,282	0
377	Good Neighbors Land	5/31/13	12,000				12,000	0	-- Land	0	0
378	Good Neighbors Building	5/31/13	100,000				100,000	25	MO S/L	22,333	4,000
379	Property Improvements	12/31/13	1,124,265				1,124,265	25	MO S/L	224,853	44,971
383	Slab Work - Lot #1	1/10/14	3,940				3,940	10	MO S/L	1,970	394
384	Top Mount Ranges	5/16/14	2,132				2,132	5	MO S/L	1,955	177
385	Siding Repair - 1 Bromur St	8/22/14	3,871				3,871	10	MO S/L	1,678	387
386	Flooring - Unit #10	12/30/14	1,566				1,566	10	MO S/L	626	157
387	Hot Water Heater - Men's House	11/26/14	1,533				1,533	20	MO S/L	313	77
388	Master Fire Box	2/03/14	2,231				2,231	20	MO S/L	548	112
389	Porch Roof	10/13/14	1,219				1,219	10	MO S/L	518	122
390	Boiler Burner	9/20/14	1,422				1,422	20	MO S/L	302	71
391	Cellular Panel Monitor	4/30/14	1,259				1,259	5	MO S/L	1,175	84
392	Structural Revisions	8/23/14	2,318				2,318	20	MO S/L	502	116
393	Colonial Village Rental Prop	2/18/15	729,138				729,138	50	MO S/L	55,901	14,582
394	Colonial Village - Radon	10/16/15	15,802				15,802	50	MO S/L	1,001	316
395	Vinyl Stair Tread #2	5/01/15	1,025				1,025	10	MO S/L	376	102
396	Plank Flooring	9/14/15	4,199				4,199	10	MO S/L	1,400	419
397	Vinyl Tile Flooring - Unit 6	8/01/15	2,150				2,150	10	MO S/L	735	215
398	Vinyl Tile Flooring - Unit 1	9/01/15	2,150				2,150	10	MO S/L	717	215
399	Vinyl Tile Flooring - Plank Flooring	11/15/15	1,347				1,347	10	MO S/L	427	134
400	Plank Flooring - Men's House	5/11/15	2,750				2,750	10	MO S/L	1,008	275
401	Slab Work	5/19/15	6,600				6,600	10	MO S/L	2,365	660
402	Property Improvements	9/09/15	9,324				9,324	25	MO S/L	1,243	373
403	Window Replacement	12/31/15	2,722				2,722	10	MO S/L	817	272
404	Colonial Village - Land	2/18/15	15,000				15,000	0	-- Land	0	0
405	Office Furnishings - Keith Ave	6/01/16	221,000				221,000	7	MO S/L	81,560	31,571
406	Computers - Admin	7/01/16	3,267				3,267	3	MO S/L	2,723	544
407	Leasehold Improvements - Keith Ave	6/01/16	174,511				174,511	25	MO S/L	18,033	6,980
408	Carpet - Unit 2	9/01/16	2,500				2,500	7	MO S/L	833	357
409	Carpet - Unit 11	9/01/16	1,600				1,600	7	MO S/L	533	229
410	Plank Flooring - Unit 23	9/29/16	2,181				2,181	7	MO S/L	701	312
411	Regulating Valves	3/02/16	2,795				2,795	10	MO S/L	792	279
412	Replace Wall	6/03/16	12,700				12,700	20	MO S/L	1,640	635
413	Stone Facing on Foundation	6/21/16	3,025				3,025	20	MO S/L	378	151
414	Home Demolition	8/04/16	7,950				7,950	10	MO S/L	1,921	795
415	Slab - Lot #13	11/04/16	10,700				10,700	10	MO S/L	2,318	1,070
416	Excavating	7/19/16	4,179				4,179	10	MO S/L	1,010	418
417	Table Saw Stand	11/01/17	2,226				2,226	5	MO S/L	519	446
418	Lights at Keith Ave	3/01/17	2,200				2,200	5	MO S/L	807	440
419	Delairs flooring unit 6	6/24/17	3,499				3,499	7	MO S/L	750	500
420	Delairs flooring unit 23	3/10/17	1,792				1,792	7	MO S/L	469	256
421	Delairs flooring unit 8	3/01/17	331				331	7	MO S/L	87	47
422	Delairs flooring unit 3	4/11/17	3,803				3,803	7	MO S/L	951	543
<b>Total Other Depreciation</b>			<u>9,636,312</u>				<u>9,636,312</u>			<u>2,733,982</u>	<u>310,146</u>
<b>Total ACRS and Other Depreciation</b>			<u>9,636,312</u>				<u>9,636,312</u>			<u>2,733,982</u>	<u>310,146</u>

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**Federal Asset Report**

FYE: 12/31/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
	<b>Grand Totals</b>		9,636,312				9,636,312		2,733,982	310,146
	<b>Less: Dispositions and Transfers</b>		0				0		0	0
	<b>Less: Start-up/Org Expense</b>		0				0		0	0
	<b>Net Grand Totals</b>		<u>9,636,312</u>				<u>9,636,312</u>		<u>2,733,982</u>	<u>310,146</u>

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**Federal Statements**

FYE: 12/31/2019

**Tax-Exempt Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
INTEREST INCOME	\$ 15,087		14			
TOTAL	<u>\$ 15,087</u>					

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## Federal Statements

FYE: 12/31/2019

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
CONSULTANT FEES - PROP. MGMT	\$ 2,160	\$ 2,160	\$	\$
CONSULTANT FEES - PROP. OPER.	700	700		
CONSULTANT FEES - PROJ. DEV.	44,072	44,072		
CONSULTANT FEES - HOMEOWNER	14,105	14,105		
CONSULTANT FEES - ADMIN	15,390		15,390	
TOTAL	<u>\$ 76,427</u>	<u>\$ 61,037</u>	<u>\$ 15,390</u>	<u>\$ 0</u>