MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

CLIENT COPY

2018

Year Ending December 31, 2018

CohnReznick

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MUTUAL HOUSING ASSOCIATION OF SOUTH
CENTRAL CONNECTICUT, INC.
235 GRAND AVENUE, 2ND FLOOR
NEW HAVEN, CT 06513

WE HAVE PREPARED THE FOLLOWING TAX RETURNS PRIMARILY FROM THE INFORMATION YOU FURNISHED. SINCE YOU HAVE THE FINAL RESPONSIBILITY FOR THE TAX RETURNS, YOU SHOULD REVIEW THEM CAREFULLY BEFORE YOU SIGN AND FILE THEM OR AUTHORIZE THEM TO BE ELECTRONICALLY FILED.

2018 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

WE HAVE PROVIDED YOU TAX ADVICE IN CONNECTION WITH THE PREPARATION OF YOUR U.S. FEDERAL TAX RETURN AND ASSOCIATED TAX PLANNING SERVICES WE HAVE FURNISHED. THIS ADVICE IS NOT INTENDED OR WRITTEN TO BE USED BY ANY TAXPAYER FOR THE PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED ON THE TAXPAYER BY THE INTERNAL REVENUE SERVICE, AND IT CANNOT BE USED BY ANY TAXPAYER FOR SUCH PURPOSE.

VERY TRULY YOURS,

PATRICIA MCGOWAN

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2018

PREPARED FOR:

MUTUAL HOUSING ASSOCIATION OF SOUTH
CENTRAL CONNECTICUT, INC.
235 GRAND AVENUE, 2ND FLOOR
NEW HAVEN, CT 06513

PREPARED BY:

COHNREZNICK LLP
350 CHURCH STREET, 12TH FLOOR
HARTFORD, CT 06103

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED FOR STATE FILING PURPOSES.

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019

PLEASE ENSURE YOU HAVE MET ALL YOUR FILING REQUIREMENTS FOR THE CORRECT INCLUSION OF ANY FOREIGN TRANSACTION OR INFORMATION. FAILURE TO FILE FOREIGN INFORMATIONAL FORMS WILL POTENTIALLY SUBJECT YOU TO SUBSTANTIAL PENALTIES. PLEASE CONTACT US IF YOU BELIEVE YOU HAVE ANY FOREIGN ACTIVITY OR INVESTMENT AND/OR FOREIGN BANK OR SECURITIES ACCOUNT THAT NEED TO BE ADDRESSED.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning _____ , 2018, and ending _____ , 20 ___

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

OMB No. 1545-1878

2018

Name of exempt organization

MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

Employer identification number

22-3237413

Name and title of officer

TOM CRUESS
PRESIDENT/CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶ [X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	5,833,085.
2a	Form 990-EZ check here ▶ [ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	Form 1120-POL check here ▶ [ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	Form 990-PF check here ▶ [ ]	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a	Form 8868 check here ▶ [ ]	**b**	**Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize COHNREZNICK LLP to enter my PIN 52350

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 06444622147

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ COHNREZNICK LLP Date ▶ 10/10/19

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

15121030 147227 0166656-0166656.0990 2018.04030 MUTUAL HOUSING ASSOCIATIO 01666561

EXTENDED TO NOVEMBER 15, 2019

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ **Do not enter social security numbers on this form as it may be made public.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 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
MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
235 GRAND AVENUE, 2ND FLOOR

City or town, state or province, country, and ZIP or foreign postal code
NEW HAVEN, CT 06513

F Name and address of principal officer: TOM CRUESS
SAME AS C ABOVE

D Employer identification number
22-3237413

E Telephone number
203-562-4514

G Gross receipts $ 6,167,061.

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.NWNH.NET

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

L Year of formation: 1992 **M** State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO DEVELOP, OWN AND MANAGE AFFORDABLE HOUSING; ENCOURAGE COMMUNITY INVOLVEMENT AND TO PREVENT

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	53
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	918,544.	1,108,436.
9	Program service revenue (Part VIII, line 2g)	2,632,265.	2,574,885.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	90,821.	40,884.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,488,484.	2,108,880.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,130,114.	5,833,085.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,009,445.	1,912,885.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 187,373.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,533,405.	3,034,162.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,542,850.	4,947,047.
19	Revenue less expenses. Subtract line 18 from line 12	-412,736.	886,038.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	49,970,917.	38,716,772.
21	Total liabilities (Part X, line 26)	29,492,999.	22,991,061.
22	Net assets or fund balances. Subtract line 21 from line 20	20,477,918.	15,725,711.

Part II Signature Block

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

Sign Here

▶ Signature of officer Date

▶ TOM CRUESS, PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
PATRICIA MCGOWAN	PATRICIA MCGOWAN	10/10/19	☐	P00184514

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103 — Phone no. 959-200-7000

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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:
TO DEVELOP, OWN AND OPERATE PERMANENTLY AFFORDABLE QUALITY HOUSING THAT BUILDS STRONG, HEALTHY AND VIBRANT COMMUNITIES THROUGH ACTIVE RESIDENT AND COMMUNITY PARTICIPATION AND LEADERSHIP.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 654,811. including grants of $) (Revenue $ 398,194.)
REAL ESTATE DEVELOPMENT

THE REAL ESTATE DEVELOPMENT DIVISION PROVIDES A SIGNIFICANT SOURCE OF NEIGHBORWORKS NEW HORIZONS REVENUE THROUGH THE GENERATION OF DEVELOPER'S FEES UPON THE COMPLETION AND OCCUPANCY OF EACH DEVELOPMENT. REAL ESTATE DEVELOPMENT WORKS WITH MUNICIPALITIES ON SITE SELECTION, OBTAINS FUNDING COMMITMENTS, SELECTS GENERAL CONTRACTORS AND OVERSEES CONSTRUCTION.

NEW HAVEN
147 SALTSONSTALL 2 UNITS
NEW CONSTRUCTION FOR ONE HOMEOWNERSHIP OPPORTUNITY. CONSTRUCTION

4b (Code:) (Expenses $ 2,675,543. including grants of $) (Revenue $ 1,627,011.)
PROPERTY MANAGEMENT
THIS DIVISION IS RESPONSIBLE FOR THE DAY TO DAY OPERATIONS OF THE PORTFOLIO WHICH ENCOMPASSES PHYSICAL PLANT AS WELL AS APPLICANT AND RESIDENT COMPLIANCE. NWNH'S PORTFOLIO, WHICH IS WORTH IN EXCESS OF $75 MILLION DOLLARS, CONSISTS OF 25 DEVELOPMENTS (OWNED OR MANAGED) WITH APPROXIMATELY 669 UNITS IN ANSONIA, BRANFORD, BRIDGEPORT, CLINTON, EAST HAVEN, GUILFORD, HAMDEN, MILFORD, NEW HAVEN, NORWICH. PAWCATUCK, SOUTHINGTON AND WATERBURY.
COLLECTIVELY, MAINTENANCE EMPLOYEES ARE RESPONSIBLE FOR ROUTINE, EMERGENCY AND CAPITAL MAINTENANCE, CLEANING, GROUNDS AND COMMON AREAS, GENERAL UPKEEP, LANDSCAPING AND THE SUPERVISION AND SELECTION OF CONTRACTED VENDORS.

4c (Code:) (Expenses $ 903,924. including grants of $) (Revenue $ 549,680.)
COMMUNITY ORGANIZING
THE COMMUNITY BUILDING TEAM AT NEIGHBORWORKS NEW HORIZONS CONTINUES TO FOCUS ON UPLIFTING AND EMPOWERING RESIDENTS THROUGH EDUCATIONAL OPPORTUNITIES AND SERVICES. THE ORGANIZATION'S MISSION OF PROVIDING HOUSING COUPLED WITH A VARIETY OF EMPOWERMENT AND SUPPORT SERVICES IS ESSENTIAL TO NEIGHBORWORKS NEW HORIZONS' ("NWNH") SUCCESS AND FOR THE STRENGTH OF ITS RESIDENT COMMUNITIES.

HOMEBUYER EDUCATION COURSES CONTINUED THIS YEAR PROVIDING MANY INDIVIDUALS WITH BASIC TOOLS AND KNOWLEDGE FOR A SUCCESSFUL FIRST-TIME HOME-BUYING EXPERIENCE. THE 8 CLASSES PROVIDED IN-DEPTH KNOWLEDGE OF THE PURCHASING PROCESS FROM PROSPECTING, THE SALES CONTRACT, THE IMPACT

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

4e Total program service expenses ▶ 4,234,278.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		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*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	53		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			
15	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.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			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 in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b			X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CT

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 in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

TOM CRUESS - 203-562-4514

235 GRAND AVENUE, NEW HAVEN, CT 06513

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) ALANA BILLUPS	0.50									
BOARD MEMBER		X						0.	0.	0.
(2) EDWARD SEIBERT	0.50									
BOARD MEMBER		X						0.	0.	0.
(3) GLORIBELL LOPEZ	0.50									
BOARD MEMBER		X						0.	0.	0.
(4) IRIS SANTIAGO	0.50									
BOARD MEMBER		X						0.	0.	0.
(5) JACE D'AMICO	0.50									
BOARD MEMBER		X						0.	0.	0.
(6) JOSE LOPEZ	0.50									
PRESIDENT	0.50	X		X				0.	0.	0.
(7) MICHELLE RODRIGUEZ	0.50									
OUTGOING BOARD MEMBER		X						0.	0.	0.
(8) NICKI DAKIS-GALLAGHER	0.50									
BOARD MEMBER		X						0.	0.	0.
(9) PAUL BEGEMANN	0.50									
VICE PRESIDENT	0.50	X		X				0.	0.	0.
(10) STEVE MEDNICK	0.50									
BOARD MEMBER		X						0.	0.	0.
(11) STEVEN DIAZ	0.50									
SECRETARY	0.50	X		X				0.	0.	0.
(12) TANYA SEGEL	0.50									
BOARD MEMBER		X						0.	0.	0.
(13) THACH PHAM	0.50									
TREASURER	0.50	X		X				0.	0.	0.
(14) BONNIE BALLANTYNE	40.00									
CFO	0.50			X				94,601.	0.	2,610.
(15) SEILA MOSQUERA	40.00									
EXECUTIVE DIRECTOR	0.50			X				129,275.	0.	1,140.
(16) DAVID PURVIS	40.00									
CORPORATE COUNSEL						X		103,836.	0.	14,929.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
1b Sub-total ▶								327,712.	0.	18,679.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								327,712.	0.	18,679.

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 ▶ 2

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		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
NONE		

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 783,284.				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 325,152.				
	g Noncash contributions included in lines 1a-1f: $				
	h **Total.** Add lines 1a-1f ▶	1,108,436.			
Program Service Revenue		**Business Code**			
	2a LOW-INCOME HOUSING	531110	1,605,754.	1,605,754.	
	b DEVELOPER FEES	531390	455,383.	455,383.	
	c PROPERTY MANAGEMENT FEE	531310	351,738.	351,738.	
	d ORGANIZER FEES	532000	154,180.	154,180.	
	e APPLICATION FEES	531390	7,830.	7,830.	
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ▶	2,574,885.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	172,210.			172,210.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real / (ii) Personal			
	6a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory	202,650.			
	b Less: cost or other basis and sales expenses	333,976.			
	c Gain or (loss)	-131,326.			
	d Net gain or (loss) ▶	-131,326.			-131,326.
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 a				
	b Less: direct expenses b				
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue	**Business Code**			
	11a FORGIVENESS OF DEBT	531390	1,484,451.		1,484,451.
	b MISCELLANEOUS	531390	624,429.		624,429.
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d ▶	2,108,880.			
	12 **Total revenue.** See instructions ▶	5,833,085.	2,574,885.	0.	2,149,764.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	227,626.	154,893.	55,266.	17,467.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,284,618.	874,145.	311,895.	98,578.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	224,483.	152,754.	54,503.	17,226.
10 Payroll taxes	176,158.	119,870.	42,770.	13,518.
11 Fees for services (non-employees):				
a Management	88,360.	88,360.		
b Legal	7,721.	7,721.		
c Accounting	92,516.	87,686.	4,830.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	84,259.	84,121.	138.	
12 Advertising and promotion				
13 Office expenses	94,014.	68,620.	25,394.	
14 Information technology				
15 Royalties				
16 Occupancy	691,872.	686,341.	5,531.	
17 Travel	17,762.	15,404.	2,358.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	406,755.	406,755.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	881,177.	881,177.		
23 Insurance	181,762.	181,762.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	199,053.	193,582.	5,471.	
b MISCELLANEOUS	100,367.	49,341.	14,122.	36,904.
c RESIDENT ORGANIZING SER	64,698.	64,698.		
d BAD DEBTS	41,970.	41,970.		
e All other expenses	81,876.	75,078.	3,118.	3,680.
25 **Total functional expenses.** Add lines 1 through 24e	4,947,047.	4,234,278.	525,396.	187,373.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		174,794.	1	156,542.
	2	Savings and temporary cash investments		123,841.	2	536,937.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net		7,447,240.	7	7,463,232.
	8	Inventories for sale or use		0.	8	580,441.
	9	Prepaid expenses and deferred charges		101,158.	9	53,895.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,002,807.			
	b	Less: accumulated depreciation	10b 9,469,252.	28,104,536.	10c	16,533,555.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		4,992,112.	12	4,992,112.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		3,103.	14	-1,689.
	15	Other assets. See Part IV, line 11		9,024,133.	15	8,401,747.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		49,970,917.	16	38,716,772.
Liabilities	17	Accounts payable and accrued expenses		4,525,603.	17	4,675,419.
	18	Grants payable			18	
	19	Deferred revenue		35,122.	19	28,082.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		23,173,098.	23	17,632,228.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		1,759,176.	25	655,332.
	26	**Total liabilities.** Add lines 17 through 25		29,492,999.	26	22,991,061.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		17,428,068.	27	12,601,210.
	28	Temporarily restricted net assets		87,500.	28	169,063.
	29	Permanently restricted net assets		2,962,350.	29	2,955,438.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		20,477,918.	33	15,725,711.
	34	Total liabilities and net assets/fund balances		49,970,917.	34	38,716,772.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,833,085.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,947,047.
3	Revenue less expenses. Subtract line 2 from line 1	3	886,038.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,477,918.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,638,245.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,725,711.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	**Employer identification number**
MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.	22-3237413

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3241311.	6863706.	3971463.	918,544.	1108436.	16103460.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3241311.	6863706.	3971463.	918,544.	1108436.	16103460.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						939,592.
6 **Public support.** Subtract line 5 from line 4.						15163868.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	3241311.	6863706.	3971463.	918,544.	1108436.	16103460.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	122,607.	155,454.	176,795.	194,378.	172,210.	821,444.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	311,922.	161,344.	935,897.	1488484.	2108880.	5006527.
11 **Total support.** Add lines 7 through 10						21931431.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 13,641,735.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) ..... 14 69.14 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 ..... 15 76.73 %

16a **33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☒

b **33 1/3% support test - 2017.** 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 - 2018.** 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 - 2017.** 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

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2018.** 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 - 2017.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

		Yes	No
2	Activities Test. **Answer (a) and (b) below.**		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	
3	Parent of Supported Organizations. **Answer (a) and (b) below.**		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b	

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 **Adjusted Net Income** (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 **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

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 **Distributable Amount.** 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 **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 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-2018**	**(iii) Distributable Amount for 2018**
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2014 AMOUNT: $ 311,922.

2015 AMOUNT: $ 161,344.

2016 AMOUNT: $ 81,907.

2017 AMOUNT: $ 447,795.

2018 AMOUNT: $ 624,429.

FORGIVENESS OF DEBT

2016 AMOUNT: $ 853,990.

2017 AMOUNT: $ 1,040,689.

2018 AMOUNT: $ 1,484,451.

Schedule A — Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
HAROLD WEBSTER SMITH FOUNDATION	774,046.	335,417.
EVERSOURCE	953,869.	515,240.
NEIGHBORWORKS AMERICA	527,564.	88,935.

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

Name of the organization
MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

Employer identification number
22-3237413

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization
MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

Employer identification number
22-3237413

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEIGHBORWORKS AMERICA 1325 G STREET NW, SUITE 800 WASHINGTON, DC 20005	$ 290,196.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	HAROLD WEBSTER SMITH FOUNDATION 145 BANK STREET WATERBURY, CT 06702	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	WEBSTER BANK P.O BOX 1809 HARTFORD, CT 06144	$ 27,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	EVERSOURCE 1325 G STREET NW, SUITE 800 WASHINGTON, DC 20005	$ 523,407.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	SOUTHERN CONNECTICUT GAS COMP 60 MARSH HILL RD ORANGE, CT 06477	$ 37,056.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

Employer identification number
22-3237413

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

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

Name of organization
MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

Employer identification number
22-3237413

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

Employer identification number 22-3237413

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

Part II Conservation Easements.

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,918,588.		1,918,588.
b Buildings		23,384,156.	8,796,888.	14,587,268.
c Leasehold improvements				
d Equipment		700,063.	672,364.	27,699.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				16,533,555.

Schedule D (Form 990) 2018

832052 10-29-18

15121030 147227 0166656-0166656.0990 2018.04030 MUTUAL HOUSING ASSOCIATIO 01666561

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) 846106	846,106.	COST
(B) HUBBARD WOODS MUTUAL		
(C) HOUSING LP	12,265.	COST
(D) GUILFORD INTERFAITH		
(E) MUTUAL HOUSING LP	69,591.	COST
(F) RICHARD STREET LP	153,700.	COST
(G) FERRY MUTUAL HOUSING LP	12.	COST
(H) WILLOW MUTUAL HOUSING LP	938,736.	COST
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,992,112.	

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	3,145,001.
(2) RESIDENT SECURITY DEPOSITS	123,018.
(3) RESTRICTED CASH (ESCROWS)	443,412.
(4) OTHER ASSETS	1,006.
(5) DUE TO /FROM AFFILIATES	214,536.
(6) DEVELOPER FEE RECEIVABLE	2,763,326.
(7) ACCRUED INTEREST RECEIVABLE	1,048,071.
(8) OTHER RECEIVABLES	663,377.
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	8,401,747.

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) MEMBERSHIP FEES	82,709.
(3) SECURITY DEPOSITS	117,247.
(4) DEVELOPER FEE PAYABLE	5,376.
(5) LINE OF CREDIT	450,000.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	655,332.

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

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.

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

NWNH HAS NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2018. NWNH'S FEDERAL INFORMATION RETURNS PRIOR TO FISCAL YEAR 2015 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

IF APPLICABLE, NWNH WOULD RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS PART OF INTEREST EXPENSE IN THE CONSOLIDATED STATEMENT OF ACTIVITIES AND INCLUDE ACCRUED INTEREST AND PENALTIES IN ACCRUED INTEREST IN THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION. NWNH DID NOT RECOGNIZE ANY INTEREST OR PENALTIES ASSOCIATED WITH TAX MATTERS FOR THE YEAR ENDED DECEMBER 31, 2018.

Part XIII Supplemental Information *(continued)*

Part XIII Supplemental Information *(continued)*

Part VII Investments - Other Securities. 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
KIRKHAM MUTUAL HOUSING LP	9.	COST
HIGHWOOD SQUARE MUTUAL HOUSING LP	1,233,565.	COST
FAIR HAVEN MUTUAL HOUSING LP	1,738,128.	COST

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

Employer identification number: 22-3237413

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND ELIMINATE NEIGHBORHOOD DETERIORATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INCLUDES DEMOLITION OF EXISTING STRUCTURE.

217 WINTHROP AVENUE 4 UNITS

NEW CONSTRUCTION FOR TWO HOMEOWNERSHIP OPPORTUNITIES.

RICHARD STREET II - 26 UNITS

CONSISTS OF 20 UNITS FROM EXISTING PORTFOLIO IN NEED OF CAPITAL

UPGRADES AND 3 UNITS EACH AT 135 JAMES STREET AND 19 RICHARD STREET.

BOTH BUILDINGS COMPLETED LEAD-BASED PAINT REMEDIATION IN THE SUMMER OF

2016.

PAWCATUCK

SPRUCE RIDGE-86-88 SOUTH BROAD STREET 43 UNITS

THIS IS A NEW CONSTRUCTION DEVELOPMENT, WHICH WILL HAVE 2 THREE-STORY

BUILDINGS. ANTICIPATED COMPLETION BY JAN, 2020.

WATERBURY

LINDEN STREET 44 UNITS

THIS IS A NEW CONSTRUCTION PROJECT CONSISTING OF TWO BUILDINGS WITH 1-3

BEDROOM UNITS.

CENTRAL AVENUE 8 UNITS

TWO MULTI-FAMILY PROPERTIES LOCATED AT 54 CENTRAL AND 141 CENTRAL.

REHABILITATION FOR 1-3 BEDROOM UNITS. ANTICIPATED COMPLETION BY END OF

2019.

Name of the organization MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

Employer identification number 22-3237413

49 HILLSIDE 2 UNITS

DONATED BY PRIVATE INDIVIDUAL IN HILLSIDE HISTORIC NEIGHBORHOOD WILL BE REHABILITATED FOR A HOMEOWNERSHIP OPPORTUNITY.

HAMDEN

SPRING ROSE GARDENS-87 UNITS. THIS IS A MIDDLE SCHOOL BEING CONVERTED TO RESIDENTIAL RENTAL WITH EIGHT NEWLY CONSTRUCTED BUILDINGS, ONE EXISTING REHAB AND ONE COMMUNITY BUILDING.

SHELTON

RIVER BREEZE APARTMENTS-68 UNITS. NEW CONSTRUCTION OF 1-2 BEDROOM UNITS, DEMOLITION AND SITE REMEDIATION OF MILL PROPERTY COMPLETED.

EAST HAVEN

UNION SCHOOL APARTMENTS 18 UNITS

EXISTING DEVELOPMENT BEING ACQUIRED FROM ANOTHER NONPROFIT ORGANIZATION. MODERATE REHABILITATION TO TAKE PLACE. ANTICIPATED CONSTRUCTION COMPLETION IN 2019.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

OCCUPANCY STAFF IS RESPONSIBLE FOR RESIDENT SELECTION, RENT COLLECTION, MARKETING UNITS, INITIAL LEASE-UP OF NEW DEVELOPMENTS, RESPONDING TO RESIDENT REQUESTS- SUCH AS TRANSFERS, REASONABLE ACCOMMODATION REQUESTS, FAIR HOUSING ISSUES AND THE ANNUAL INCOME RECERTIFICATION AND LEASE RENEWAL.

NEW WAY HORIZON MUTUAL HOUSING -730 GEORGE STREET, NEW HAVEN -58 UNITS COMMONLY KNOWN AS GEORGE STREET, UNITS RANGE FROM 1 BEDROOM TO 4 BEDROOMS IN SIZE. THE BUILDING UNDERWENT A GUT REHAB IN 1996 AND IN

Name of the organization MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

Employer identification number 22-3237413

2013 THE LIMITED PARTNERSHIP INTEREST WAS PURCHASED BY NWNH.

HUBBARD WOODS MUTUAL HOUSING -APPLE TREE LANE, GUILFORD -13 UNITS. THE DEVELOPMENT CONSISTS OF SEMI-DETACHED AND DETACHED SINGLE-FAMILY HOMES THAT WERE NEWLY CONSTRUCTED IN 1996. THESE HOMES CONTINUE BE AFFORDABLE IN A COMMUNITY WHERE HOUSING PRICES HAVE TRADITIONALLY BEEN AMONG THE HIGHEST IN THE NATION. NWNH PURCHASED THE LIMITED PARTNERSHIP INTEREST IN 2013. THE DEVELOPMENT RECEIVED A CAPITAL GRANT FROM DOH IN 2016 AND REHABILITATED ALL UNITS.

GUILFORD INTERFAITH HOUSING -SCATTERED SITES THROUGHOUT GUILFORD -21 UNITS DUE TO THE SUCCESS OF THE HUBBARD WOODS DEVELOPMENT NWNH WAS INVITED BY THE GUILFORD INTERFAITH HOUSING CORPORATION TO DEVELOP 13 ADDITIONAL HOUSING UNITS, AND TO ACQUIRE AND RENOVATE EIGHT OTHER SCATTERED SITE HOMES. THE PROJECT WAS COMPLETED IN 2000.

GILBERT AVENUE/DERBY AVENUE MUTUAL HOUSING- 145-153 GILBERT AVENUE, NEW HAVEN AND 80-82 DERBY AVENUE -14 UNITS. NWNH REHABBED THREE BUILDINGS IN 2001, CREATING HOMES FOR TEN FAMILIES. THE PROPERTIES ARE CONTIGUOUS TO THE NEW WAY HORIZON MUTUAL HOUSING, AND SHARE A PLAYGROUND WITH NEW WAY HORIZON. IN 2004, NWNH REHABBED FOUR MORE UNITS ON DERBY AVENUE IN THE WEST RIVER NEIGHBORHOOD.

BRANFORD INTERFAITH HOUSING- 146 N. IVY STREET, BRANFORD -29 UNITS. IN 2001 NWNH ENTERED INTO AN AGREEMENT WITH BRANFORD INTERFAITH TO MANAGE A TOWNHOUSE COMPLEX. THE 29 UNITS WERE BUILT IN 1991. DOH PROVIDED A CAPITAL GRANT IN 2016 AND ALL UNITS WERE REHABILITATED.

VALLEY MUTUAL HOUSING-PERSHING DRIVE, ANSONIA -9 UNITS. NWNH REHABILITATED THREE HOUSES AND PROVIDED AFFORDABLE UNITS WITH OFF STREET PARKING BY TEARING DOWN TWO OTHER HOUSES IN 2004. THE DEVELOPMENT HAS GONE THROUGH ENERGY EFFICIENCY AUDITS VIA THE HEALTHY HOMES INITIATIVE.

Name of the organization MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

Employer identification number 22-3237413

RICHARD STREET MUTUAL HOUSING- RICHARD STREET, NEW HAVEN-20 UNITS. OCCUPIED IN THE LATER HALF OF 2005 THESE 2, 3 & 4 BEDROOM UNITS ARE IN REHABBED BUILDINGS ON ONE OF FAIR HAVEN'S QUIETER STREETS. IN 2014, THE LIMITED PARTNERSHIP INTEREST WAS PURCHASED BY NWNH. FUNDING IS BEING REQUESTED FROM THE STATE OF CONNECTICUT AND CITY OF NEW HAVEN TO UPDATE UNITS.

RICHARD STREET II - 7-9 & 15-17 RICHARD STREET, NEW HAVEN - 6 UNITS. OCCUPIED IN NOVEMBER 2010, RICHARD STREET II IS A CONTINUATION OF OUR RICHARD STREET DEVELOPMENT WHICH IS DESIGNED NOT ONLY TO PROVIDE MORE QUALITY AFFORDABLE HOUSING, BUT TO ELIMINATE BLIGHT IN A BLOCK WIDE AREA ON THE APPROACH TO OUR PRESENTLY OCCUPIED RICHARD STREET DEVELOPMENT.

FERRY MUTUAL HOUSING- FERRY STREET, NEW HAVEN -24 UNITS AND A FAMILY LEARNING CENTER

IN DECEMBER 2006, 24 RESIDENT FAMILIES BEGAN OCCUPANCY AND NWNH BEGAN HOSTING COMMUNITY MEETINGS, EVENTS, TRAININGS, CONFERENCES AND SUPPORT GROUPS IN THE LEARNING CENTER.

WILLOW MUTUAL HOUSING- 203-209, WILLOW ST., 103, 105 & 126 CHESTNUT STREET AND 240-242, 244-246, 248, 252-254 WILLOW STREET. WATERBURY - 33 UNITS. LOCATED IN THE HISTORIC OVERLOOK NEIGHBORHOOD THIS SUBSTANTIAL REHAB BROUGHT 33 UNITS FROM SUB-STANDARD TO QUALITY HOUSING STOCK. INTERIORS FEATURE SKYLIGHTS, GRANITE COUNTERTOPS AND BAY AND FLOOR TO CEILING WINDOWS THAT PROVIDE LIGHT, SUNNY VIEWS OF THE DOWNTOWN AREA IN THE VALLEY BELOW.

KIRKHAM MUTUAL HOUSING - 63 KIRKHAM STREET. BRANFORD - 17 UNITS. THIS SENIOR HOUSING DEVELOPMENT SITS AMID A RESTORED VICTORIAN ERA GARDEN MAINTAINED BY THE BRANFORD GARDEN CLUB. THE DEVELOPMENT PROVIDES SENIORS THE OPPORTUNITY TO "AGE IN PLACE". EACH UNIT IS EQUIPPED WITH

Name of the organization MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

Employer identification number 22-3237413

FEATURES THAT CAN BE RETROFITTED SHOULD THE RESIDENT BECOME DISABLED OR NEED LONG TERM CARE. SINKS AND VANITIES CAN BE LOWERED TO ACCOMMODATE WHEELCHAIRS AND DOORWAYS ARE WIDE ENOUGH TO HANDLE HOSPITAL BEDS.

CANTERBURY GARDENS- 537-545 SHERMAN PARKWAY, NEW HAVEN - 34 UNITS. OCCUPIED IN 2009 THE DEVELOPMENT INCLUDES 9 UNITS OF SUPPORTIVE HOUSING WITH LEEWAY AS THE SERVICE PROVIDER. IT IS A TOWNHOUSE STYLE WITH NO COMMON AREAS EXCEPT THE LAUNDRY ROOM AND COMMUNITY ROOM.

BETH-EL MUTUAL HOUSING- 85 NEW HAVEN AVENUE, MILFORD - 5 UNITS. FULL OCCUPANCY WAS ACHIEVED OCTOBER 2010. THE RESIDENTS ARE CLIENTS FROM THE BETH-EL CENTER, INC., WHERE EACH FAMILY RECEIVES A VARIETY OF SUPPORTIVE SERVICES. THE SITE NEEDED LARGE SCALE ENVIRONMENTAL REMEDIATION AFTER SOIL CONTAMINATION WAS FOUND DURING CONSTRUCTION.

HIGHWOOD SQUARE 943-953 DIXWELL AVENUE, HAMDEN -27 UNITS. OUR SECOND DEVELOPMENT FOR AFFORDABLE ARTISAN HOUSING, HIGHWOOD SQUARE BEGAN ITS OCCUPANCY IN AUGUST 2011. IT SITS ON A 2.4 ACRE SITE THAT IS A MIX OF NEW CONSTRUCTION AND REHABILITATION OF EXISTING HISTORIC BUILDING INTO AN ARTS COMPLEX. THIS DEVELOPMENT NOT ONLY HELPS THE ARTISAN COMMUNITY OBTAINING HOUSING BUT HELPS THE TOWN OF HAMDEN FOCUS ON ITS REVITALIZING EFFORTS AS THIS DEVELOPMENT ALSO CONSISTS OF 7 COMMERCIAL SPACES.

NORWICH SCATTERED SITES - 500 BOSWELL AVENUE, & 418 NORWICH AVENUE, NORWICH -8 UNITS

OCCUPANCY BEGAN IN NOVEMBER 2010. THE RESIDENTS OF BOSWELL ARE PART OF A SUPPORTIVE HOUSING PROGRAM WITH RELIANCE HOUSE, INC. THE 418 NORWICH AVENUE SITE WAS PLACED IN SERVICE IN 2014.

FAIR HAVEN MUTUAL HOUSING LP- NEW HAVEN- 44 SCATTERED SITE UNITS & 3 COMMERCIAL SPACES

THIS DEVELOPMENT CONSISTS OF 6 BUILDINGS THAT WERE REHABILITATED AS

Name of the organization MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

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WELL AS 10 BUILDINGS OF NEW CONSTRUCTION, ALL OF WHICH ARE LEASED. IN ADDITION, THERE ARE THREE COMMERCIAL AREAS WHICH ARE AT STREET LEVEL ON GRAND AVENUE. NWNH HAS PARTNERED WITH THE HOUSING AUTHORITY OF THE CITY OF NEW HAVEN PROVIDING PROJECT BASED VOUCHERS FOR 20 UNITS, OF WHICH 9 ARE DESIGNATED FOR SUPPORTIVE.

FAIR HAVEN RENTAL OR "HTR", 33, 36, 37 CLAY STREET, 296 POPLAR ST. - 7 UNITS. PREVIOUSLY DEVELOPED AS A HOMEOWNERSHIP PROJECT, THESE UNITS UNDERWENT FINANCIAL MODIFICATION TO ALLOW FOR USE AS AFFORDABLE RENTAL UNITS WHEN THE MARKET WAS NOT CONDUCIVE TO HOMEOWNERSHIP SALES. UNITS WERE REHABBED AND LEASED IN 2014 AND 2015.

HILL ASSOCIATES LP, SCATTERED SITES IN NEW HAVEN - 65 UNITS. THIS PROJECT WAS ACQUIRED IN 2011 FROM A DEFUNCT DEVELOPMENT AGENCY. THE VARIOUS PROPERTIES WERE IN SERIOUS DISREPAIR DUE TO MANY YEARS OF MISMANAGEMENT. FUNDING WAS SOUGHT AND USED TO REHAB UNITS AND LEASE TO FAMILIES AND INDIVIDUALS OF VERY-LOW AND LOW INCOME. A PARTNERSHIP WAS FORMED WITH THE NEW HAVEN HOUSING AUTHORITY FOR RENTAL SUBSIDIES TO 15 OF THE 65 UNITS. REHAB AND LEASING BEGAN IN 2013 AND WILL BE COMPLETED IN 2016.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

OF FICO CREDIT SCORES AND CREDIT REPAIR, THE MORTGAGE NOTE, AVOIDING PREDATORY LENDING, THE CLOSING AND SUSTAINING THE HOME AFTER PURCHASE BOTH FINANCIALLY AND PHYSICALLY. PRE- AND POST-PURCHASE COUNSELING IS ALSO AVAILABLE FROM OUR HUD CERTIFIED COUNSELORS. A NUMBER OF PARTICIPANTS TOOK ADVANTAGE OF THE ONE-ON-ONE FINANCIAL COUNSELING THIS PAST YEAR. PARTICIPANTS WHO BECAME HOMEOWNERS IN 2018 TOTALED TO 6.

NWNH CONTINUES TO OFFER RESIDENT SERVICES TO FAMILIES AND INDIVIDUALS

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RESIDING IN NWNH-MANAGED UNITS. THE FOCUS IS TO CONNECT FAMILIES AND INDIVIDUALS TO EMPOWERMENT, HEALTH, AND FINANCIAL OPPORTUNITIES THAT WILL IMPROVE THEIR QUALITY OF LIFE. NWNH ALSO FACILITATES YOUTH PROGRAMMING SUCH AS: AFTER SCHOOL AND SUMMER PROGRAMS THROUGH LEAP (LEADERSHIP EXCELLENCE, ATHLETIC, PROGRAM) . THE RESIDENT SERVICES COORDINATORS ALSO SERVE TO ASSIST OUR RESIDENTS AND PROPERTY MANAGEMENT DEPARTMENT IMPROVE COMMUNICATION AND INTERVENE WHEN NECESSARY TO PROVIDE REFERRALS FOR ADDITIONAL SERVICES.

THE COMMUNITY BUILDING STAFF HELD EVENTS WHICH INCLUDED RESIDENT COUNCIL MEETINGS, LEADERSHIP CLASSES, POTLUCKS, BUDGET COACHING, FINANCIAL LITERACY WORKSHOPS, TO NAME A FEW.
IN ADDITION, NWNH STAFF HELPED TO SUPPORT CONTINUED VOLUNTEERISM IN THE COMMUNITY THROUGH ITS RENT REBATE PROGRAM WHICH AWARDS A RENT CREDIT INCENTIVE TO RESIDENTS WHO VOLUNTEER A MINIMUM OF 20 HOURS PER YEAR.

NWNH CONTINUTES A CONCERTED EFFORT THROUGH ITS EVICTION PREVENTION PROGRAM TO HELP RESIDENTS AVOID EVICTION AND PAY BACK BALANCES DUE ON THEIR RENT. THIS WAS ACCOMPLISHED BY ENGAGING RESIDENTS IN MANAGEABLE PAYMENT PLANS, PROVIDING PERIODIC ON-SITE FINANCIAL WORKSHOPS, AND OFFERING ONE-ON-ONE BUDGET COACHING.

FORM 990, PART III LINE 4B PROGRAM SERVICE ACCOMPLISHMENTS:
ELIAS HOWE 287 CLINTON AVENUE, BRIDGEPORT 37 UNITS
ELIAS HOWE WAS PREVIOUSLY A SCHOOL WHICH WAS VACANT AND IN NEED OF MAJOR REPAIRS. NWNH PARTNERED WITH A LOCAL DEVELOPER AND OBTAINED FUNDING TO REHAB THE ENTIRE BUILDING INTO ONE-BEDROOM APARTMENTS, LAUNDRY ROOM AND COMMUNITY SPACES. IT SERVES SENIORS OF VERY-LOW INCOME

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AFFORDABLE HOUSING.

WITH AMENITIES AND IN CLOSE PROXIMITY TO PUBLIC TRANSPORTATION AND SERVICES. THE BRIDGEPORT HOUSING AUTHORITY IS ALSO A PARTNER AND PROVIDES RENTAL SUBSIDIES TO THE TENANTS.

SOUTHINGTON 497 DARLING STREET 40 UNITS OF AFFORDABLE HOUSING FOR SENIORS. NEW CONSTRUCTION COMMENCED IN AUGUST 2013 AND WAS COMPLETED AND LEASED UP IN MAY 2015.

ST PAUL'S COMMONS 56 UNITS OF AFFORDABLE HOUSING IN ONE THREE STORY BUILDING AND 16 UNITS FOR SENIORS IN FOUR GARDEN STYLE TOWNHOUSES. EACH SITE HAS A COMMUNITY ROOM FOR RESIDENTS. NEW CONSTRUCTION COMMENCED IN OCTOBER 2014 AND WAS COMPLETED AND LEASED UP BETWEEN DECEMBER 2015 THROUGH MAY 2016.

SPRUCE MEADOWS-100 SOUTH BROAD STREET 43 RENTAL UNITS

THIS IS A NEW CONSTRUCTION DEVELOPMENT, WHICH HAS 2 THREE-STORY BUILDINGS AND ONE MANAGEMENT BUILDING. NEW CONSTRUCTION COMMENCED IN SEPTEMBER, 2015 AND WAS COMPLETE AND LEASED UP BETWEEN APRIL 2017 THROUGH JULY, 2017

UNION SCHOOL 564 THOMPSON AV., EAST HAVEN - 18 RENTAL UNITS

THIS PROJECT WAS ACQUIRED IN 2018 FROM A DEFUNCT DEVELOPMENT AGENCY THAT INCLUDED THE CONVERSION OF AN ABANDONED, NEIGHBORHOOD SCHOOL TO BE USED TO PROVIDE AFFORDABLE HOUSING OPPORTUNITIES FOR AREA SENIORS. ALL RESIDENTS OF THE DEVELOPMENT ARE BELOW 60% OF THE AREA MEDIAN INCOME.

LIBERTY PLACE - 8 LIBERTY PLACE, CLINTON- 21 UNITS FULL OCCUPANCY WAS ACHIEVED SEPTEMBER 2018. NEW CONSTRUCTION, MIXED INCOME DEVELOPMENT

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FUNDED THROUGH THE LOW INCOME HOUSING TAX CREDIT PROGRAM.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS CARL NORBECK AND SUSAN FARRICIELLI HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION WAS INCORPORATED UNDER THE NONSTOCK CORPORATION ACT OF THE STATE OF CONNECTICUT. THE ORGANIZATION IS A NONPROFIT AND SHALL NOT HAVE OR ISSUE SHARES OF STOCK OR PAY DIVIDENDS.

THERE SHALL BE FIVE TYPES OF VOTING MEMBERSHIPS: RESIDENT MEMBERSHIP; CORPORATE MEMBERSHIP; GOVERNMENT MEMBERSHIP; NON-PROFIT MEMBERSHIP; AND COMMUNITY MEMBERSHIP.

RESIDENT MEMBERSHIP: A RESIDENT OF A LOW-INCOME RESIDENCE WITHIN THE ORGANIZATION'S SERVICE AREA; OR AN INDIVIDUAL WHO IS ELECTED OR APPOINTED TO REPRESENT RESIDENTS OF LOW-INCOME COMMUNITIES WITHIN THE ORGANIZATION'S SERVICE AREA; OR AN INDIVIDUAL WHO IS A NWNH RESIDENT AND IS IN GOOD STANDING.

COMMUNITY MEMBERSHIP: SHALL BE GRANTED TO A DESIGNATED REPRESENTATIVE FROM HOUSEHOLDS WITHIN THE NEIGHBORHOOD OF ANY NWNH-OWNED DWELLING UNITS OR PROPOSED NWNH PROJECTS; AND A COMMUNITY RESIDENT MUST BE A PERSON WITH A COMMUNITY ORIENTED INTEREST IN THE NWNH, INCLUDING STEERING COMMITTEE MEMBERS.

CORPORATE SECTOR MEMBERSHIP: MAY BE GRANTED TO AN INDIVIDUAL WHO IS EMPLOYED OR ON THE BOARD OF DIRECTORS OF A CORPORATION, OR ASSIGNED TO REPRESENT AN ENTITY IN THE CORPORATE OR BUSINESS SECTOR, WHO HAS ATTAINED THE AGE OF 18 AND WHO HAS EXPRESSED INTEREST IN THE FURTHERANCE OF AND

Name of the organization MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

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DEMONSTRATED SUPPORT FOR MUTUAL HOUSING. SUCH MEMBERS SHALL PROVIDE ADVICE, EXPERTISE, COUNSEL AND SUPPORT TO THE ASSOCIATION IN SUCH FIELDS AS ORGANIZATION AND ADMINISTRATION, HOUSING DEVELOPMENT, AND CONSTRUCTION, PROPERTY MANAGEMENT, RESOURCE DEVELOPMENT, PUBLIC RELATIONS AND IN LEGAL, FINANCIAL, AND OTHER TECHNICAL AREAS.

GOVERNMENT SECTOR MEMBERSHIP: MAY BE GRANTED TO AN INDIVIDUAL, WHO IS ELECTED, APPOINTED, OR AN EMPLOYEE OF A MUNICIPAL, STATE, OR FEDERAL GOVERNMENT AGENCY AND WHO HAS ATTAINED THE AGE OF 18 YEARS.

NON-PROFIT MEMBERSHIP: MAY BE GRANTED TO A REPRESENTATIVE OF COMMUNITY, RELIGIOUS, SOCIAL SERVICES, OR AFFORDABLE HOUSING GROUPS, 19 YEARS OR OLDER, WHO HAVE DEMONSTRATED INTEREST IN MUTUAL HOUSING, OR WORKS ON BEHALF OF PEOPLE WHO NEED AFFORDABLE HOUSING, AND CAN SERVE AS ADVOCATES FOR THE ON-GOING PRODUCTION OF MUTUAL HOUSING.

MEMBERS SHALL BE ENTITLED TO PARTICIPATE IN THE AFFAIRS OF THE ASSOCIATION AS PROVIDED BY THE BY-LAWS, AND THE CERTIFICATION OF INCORPORATION.

FORM 990, PART VI, SECTION A, LINE 8B:

MINUTES ARE TAKEN FOR ALL BOARD OF DIRECTORS MEETINGS AND ARE REVIEWED AND APPROVED AT THE NEXT MEETING. AUTHORIZED COMMITTEES OF THE BOARD OF DIRECTORS REPORT TO AND MAKE PRESENTATIONS AT THE BOARD OF DIRECTOR MEETINGS OF THEIR RECOMMENDATIONS OR RESULTS OF THEIR MEETINGS THAT ARE RECORDED IN THE BOARD OF DIRECTORS MEETINGS. IF A COMMITTEE RECOMMENDS THAT AN ACTION SHOULD BE TAKEN, THE BOARD OF DIRECTORS VOTES IN ACCORDANCE WITH THE ORGANIZATION'S BY-LAWS WHETHER TO APPROVE OR NOT TO APPROVE THE RECOMMENDATION.

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

A DRAFT OF THE FORM 990 IS PROVIDED TO AND REVIEWED BY THE PRESIDENT,

Name of the organization MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

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TREASURER, EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE PRIOR TO FILING. A COPY OF THE FORM IS SUBSEQUENTLY MADE AVAILABLE AT A SUBSEQUENT BOARD OF DIRECTORS MEETING FOR MEMBERS OF THE BOARD TO REVIEW.

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

DIRECTORS SIGN YEARLY CONFLICT OF INTEREST STATEMENTS AND RECUSE THEMSELVES FROM VOTING IF THERE IS A POTENTIAL CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEWS INDUSTRY STANDARDS AND PERFORMANCE REVIEWS.

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

DOCUMENTS ARE SCANNED AND MAINTAINED ON THE ORGANIZATION'S SERVER; COPIES PROVIDED UPON REQUEST.

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

SPRUCE MEADOWS INVESTMENT -5,638,245.

FORM 990, PART XII, LINE 2C

THERE HAVE BEEN NO CHANGES MADE TO THE ORGANIZATION'S OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, INC.

Employer identification number: 22-3237413

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
ELIAS HOWE MUTUAL HOUSING LLC - 45-4077001 235 GRAND AVENUE NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CONNECTICUT	0.	0.	MHA
HILL - MHA LLC - 45-2527235 235 GRAND AVENUE NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CONNECTICUT	0.	3,951,342.	MHA
HUBBARD WOODS, LLC - 46-2997030 235 GRAND AVENUE NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CONNECTICUT	0.	81,521.	MHA
KIRKHAM MUTUAL HOUSING DEVELOPMENT LLC - 75-3226704, 235 GRAND AVENUE, NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CONNECTICUT	0.	-35.	MHA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
WINTER GROVE CORPORATION - 45-5559338 235 GRAND AVENUE NEW HAVEN, CT 06513	DEVELOPMENT OF 40 UNITS, ELDERLY SUPPORTIVE HUD 202	CONNECTICUT	501(C)(3)	LINE 7	MHA	X	

Part I **Continuation of Identification of Disregarded Entities**

(a) Name, address, and EIN 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
SPRUCE MEADOWS, LLC - 46-3502944 235 GRAND AVENUE NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CONNECTICUT	0.	0.	MHA
WATERBURY COMMUNITY INVESTMENTS LLC 235 GRAND AVENUE NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CONNECTICUT	0.	0.	MHA
WILLOW MUTUAL HOUSING DEVELOPMENT CORPORATION LLC - 20-0455958, 235 GRAND AVENUE, NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CONNECTICUT	0.	940,983.	MHA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
FAIR HAVEN MUTUAL HOUSING LP - 27-0438961, 235 GRAND AVENUE, NEW HAVEN, CT 06513	RENTAL OF LOW-INCOME HOUSING	CT	FAIR HAVEN MUTUAL HOUSING DEVELOPMENT CORP	RELATED	-39.	3,242,764.		X	N/A	X		.01%
FERRY MUTUAL HOUSING LP - 87-0744420, 235 GRAND AVENUE, NEW HAVEN, CT 06513	RENTAL OF LOW-INCOME HOUSING	CT	FERRY MUTUAL HOUSING DEVELOPMENT CORPORATION	RELATED	4,982.	265,783.		X	N/A	X		.01%
GEORGE STREET MUTUAL HOUSING LP - 06-1414093, 235 GRAND AVENUE, NEW HAVEN, CT 06513	RENTAL OF LOW-INCOME HOUSING	CT	MUTUAL HOUSING ASSOCIATION, INC.	RELATED	-7.	1,139,438.		X	N/A	X		.01%
GUILFORD INTERFAITH MUTUAL HOUSING LIMITED PARTNERSHIP - 06-1557560, 235 GRAND AVENUE, NEW HAVEN, CT 06513	RENTAL OF LOW-INCOME HOUSING	CT	GUILFORD MUTUAL HOUSING ASSOCIATION, INC.	RELATED	-1.	62,992.		X	N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
730 GEORGE STREET OF NEW HAVEN CORPORATION - 06-1414094, 235 GRAND AVENUE, NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CT	MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL	C CORP	-3,733.	841,923.	100%	X	
ARLOW MUTUAL HOUSING, LLC - 03-0458700 235 GRAND AVENUE NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CT	MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL	C CORP	-800.	3,460.	100%	X	
DIXWELL COLUMBUS DEVELOPMENT CORPORATION - 26-3638308, 235 GRAND AVENUE, NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CT	MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL	C CORP	-5,267.	1,233,339.	100%	X	
FAIR HAVEN HOUSING CORPORATION, INC. - 06-1465734, 235 GRAND AVENUE, NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CT	MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL	C CORP	-1,072.	130,781.	100%	X	
FAIR HAVEN MUTUAL HOUSING DEVELOPMENT CORPORATION - 27-4478376, 235 GRAND AVENUE, NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CT	MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL	C CORP	-7,141.	1,870,314.	100%	X	

SEE PART VII FOR CONTINUATIONS45

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
HIGHWOOD SQUARE LP - 26-3638393, 235 GRAND AVENUE, NEW HAVEN, CT 06513	RENTAL OF LOW-INCOME HOUSING	CT	DIXWELL COLUMBUS DEVELOPMENT CORPORATION	RELATED	-43.	3,986,411.		X	N/A	X		.01%
HUBBARD WOODS MUTUAL HOUSING LP - 06-1442533, 235 GRAND AVENUE, NEW HAVEN, CT 06513	RENTAL OF LOW-INCOME HOUSING	CT	MUTUAL HOUSING ASSOCIATION, INC.	RELATED	1,521.	88,046.		X	N/A	X		100%
KIRKHAM MUTUAL HOUSING LP - 43-2115158, 235 GRAND AVENUE, NEW HAVEN, CT 06513	RENTAL OF LOW-INCOME HOUSING	CT	KIRKHAM MUTUAL HOUSING DEVELOPMENT, LLC	RELATED	-18.	224,759.		X	N/A	X		.01%
LIBERTY PLACE AFFORDABLE HOUSING LP - 35-2581759, 235 GRAND AVENUE, NEW HAVEN, CT 06513	RENTAL OF LOW-INCOME HOUSING	CT	LIBERTY PLACE AFFORDABLE HOUSING GP LLC	RELATED	0.	561,058.		X	N/A	X		.01%
RICHARD STREET LP - 06-1465736, 235 GRAND AVENUE, NEW HAVEN, CT 06513	RENTAL OF LOW-INCOME HOUSING	CT	FAIR HAVEN HOUSING CORPORATION	RELATED	-4.	290,095.		X	N/A	X		.01%
SAINT PAUL'S LP - 80-0949557 235 GRAND AVENUE NEW HAVEN, CT 06513	RENTAL OF LOW-INCOME HOUSING	CT	SAINT PAUL'S MUTUAL HOUSING ASSOCIATION LLC	RELATED	-3.	741,393.		X	N/A	X		.01%
WILLOW MUTUAL HOUSING LP - 20-0456038, 235 GRAND AVENUE, NEW HAVEN, CT 06513	RENTAL OF LOW-INCOME HOUSING	CT	WILLOW MUTUAL HOUSING DEVELOPMENT, LLC	RELATED	-255,998.	388,832.		X	N/A	X		.01%

Part IV **Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
FERRY MUTUAL HOUSING DEVELOPMENT CORPORATION (A LIMITED LIABILITY COMPANY) -, 235 GRAND AVENUE, NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CT	MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL	C CORP	0.	3,490.	100%	X	
GUILFORD MUTUAL HOUSING ASSOCIATION INC. - 06-1557636, 235 GRAND AVENUE, NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CT	MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL	C CORP	0.	37,841.	100%	X	
HUBBARD WOODS MUTUAL HOUSING ASSOCIATION INC - 06-1453177, 235 GRAND AVENUE, NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CT	MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL	C CORP	1,603.	96,647.	100%	X	
MUTUAL RIDGE MEADOW LLC 235 GRAND AVENUE NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CT	MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL	C CORP					X
ST. PAUL'S MUTUAL HOUSING ASSOCIATION LLC - 46-3551870, 235 GRAND AVENUE, NEW HAVEN, CT 06513	DEVELOPMENT AND MANAGEMENT OF LOW-INCOME HOUSING	CT	MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL	C CORP	-828.	0.	100%	X	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SPRUCE MEADOWS LLC	L	59,364.	COST
(2) LIBERTY PLACE AFFORDABLE HOUSING LP	L	88,120.	COST
(3) SAINT PAUL'S COMMONS LP	O	70,035.	COST
(4) SHORELINE	O	68,715.	COST
(5) FERRY MUTUAL HOUSING DEVELOPMENT	O	67,136.	COST
(6) FAIRHAVEN MUTUAL HOUSING DEVELOPMENT	O	72,685.	COST

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	GEORGE STREET MUTUAL HOUSING LP	O	80,869.	COST
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

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

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

FAIR HAVEN MUTUAL HOUSING LP

DIRECT CONTROLLING ENTITY: FAIR HAVEN MUTUAL HOUSING DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

FERRY MUTUAL HOUSING LP

DIRECT CONTROLLING ENTITY: FERRY MUTUAL HOUSING DEVELOPMENT CORPORATION

NAME OF RELATED ORGANIZATION:

GUILFORD INTERFAITH MUTUAL HOUSING LIMITED PARTNERSHIP

DIRECT CONTROLLING ENTITY: GUILFORD MUTUAL HOUSING ASSOCIATION, INC.

NAME OF RELATED ORGANIZATION:

HIGHWOOD SQUARE LP

DIRECT CONTROLLING ENTITY: DIXWELL COLUMBUS DEVELOPMENT CORPORATION

NAME OF RELATED ORGANIZATION:

KIRKHAM MUTUAL HOUSING LP

DIRECT CONTROLLING ENTITY: KIRKHAM MUTUAL HOUSING DEVELOPMENT, LLC

NAME OF RELATED ORGANIZATION:

SAINT PAUL'S LP

DIRECT CONTROLLING ENTITY: SAINT PAUL'S MUTUAL HOUSING ASSOCIATION LLC

NAME OF RELATED ORGANIZATION:

WILLOW MUTUAL HOUSING LP

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

DIRECT CONTROLLING ENTITY: WILLOW MUTUAL HOUSING DEVELOPMENT, LLC

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

730 GEORGE STREET OF NEW HAVEN CORPORATION

DIRECT CONTROLLING ENTITY: MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT

NAME OF RELATED ORGANIZATION:

ARLOW MUTUAL HOUSING, LLC

DIRECT CONTROLLING ENTITY: MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT

NAME OF RELATED ORGANIZATION:

DIXWELL COLUMBUS DEVELOPMENT CORPORATION

DIRECT CONTROLLING ENTITY: MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT

NAME OF RELATED ORGANIZATION:

FAIR HAVEN HOUSING CORPORATION, INC.

DIRECT CONTROLLING ENTITY: MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT

NAME OF RELATED ORGANIZATION:

FAIR HAVEN MUTUAL HOUSING DEVELOPMENT CORPORATION

DIRECT CONTROLLING ENTITY: MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION:

FERRY MUTUAL HOUSING DEVELOPMENT CORPORATION (A LIMITED LIABILITY COMPANY)

DIRECT CONTROLLING ENTITY: MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT

NAME OF RELATED ORGANIZATION:

GUILFORD MUTUAL HOUSING ASSOCIATION INC.

DIRECT CONTROLLING ENTITY: MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT

NAME OF RELATED ORGANIZATION:

HUBBARD WOODS MUTUAL HOUSING ASSOCIATION INC

DIRECT CONTROLLING ENTITY: MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT

NAME OF RELATED ORGANIZATION:

MUTUAL RIDGE MEADOW LLC

DIRECT CONTROLLING ENTITY: MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT

NAME OF RELATED ORGANIZATION:

ST. PAUL'S MUTUAL HOUSING ASSOCIATION LLC

DIRECT CONTROLLING ENTITY: MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT

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