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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	e 2023 calendar year, or tax year beginning and e	ending						
B c	heck if pplicable	C Name of organization		D Employer identific	cation number				
	Addres	BATH HOUSING DEVELOPMENT CORPORATION							
	□Name □change □Initial	Doing business as		22-261869	94				
	_return _Final _return/	80 CONGRESS AVENUE	Room/suite	E Telephone number 207-443-3116					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,369,100.				
	Ameno	BAIH, ME 04550		H(a) Is this a group re					
	Application pending	F Name and address of principal officer: DEBOKA KELLIEK		for subordinates					
		SAME AS C ABOVE		H(b) Are all subordinates in					
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	1	list. See instructions				
	Vebsit	e: BATHHOUSING.ORG organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number 1 State of legal domicile: ME				
		Summary	L Year	or formation: 1904 N	State of legal domicile; ME				
Δ)		Briefly describe the organization's mission or most significant activities: $\ { t TO \ \ FC}$							
Governance		PARTICIPATE IN, FINANCE, OWN, OPERATE, PRO	OMOTE	AND ADVANCE	THE				
rne	I —	Check this box if the organization discontinued its operations or dispose	ed of more	1 1					
Š	I			3	11				
		Number of independent voting members of the governing body (Part VI, line 1b)			11				
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0 13				
Activities &		Total number of volunteers (estimate if necessary)			0.				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	В	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		891,117.	1,084,854.				
Jue	l			1,943,179.	2,110,382.				
Revenue	l	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		23,396.	28,693.				
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,857,692.	3,223,929.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
s	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		312,532.	457,678.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
É	b		0.						
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,452,098.	2,440,610.				
	I	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,764,630.	2,898,288.				
	19	Revenue less expenses. Subtract line 18 from line 12		93,062.	325,641.				
Net Assets or Fund Balances				ginning of Current Year	End of Year				
sset 3ala	20	Total assets (Part X, line 16)		12,423,196.	13,138,904.				
let A	21	Total liabilities (Part X, line 26)		4,071,584. 8,351,612.	4,426,354. 8,712,550.				
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		0,331,012.	0,712,550.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi							
Sigr	า	Signature of officer		Date					
Her		DEBORA KELLER, SECRETARY							
		Type or print name and title							
Paid	1	Print/Type preparer's name KRISTEN CUMMINGS Preparer's signature		Date Check Check if self-employed	PTIN P01510495				
	arer	Firm's name MARCUM LLP			1-1986323				
	Only	Firm's address 53 STATE STREET		5 Em					
	-	BOSTON, MA 02109		Phone no. (6	17) 807-5000				
<u>May</u>	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Form	1 990 (2023) BATH HOUSING DEVELOPMENT CORPORATION	22-2618694	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	TO FOSTER, ENCOURAGE, PARTICIPATE IN, FINANCE, OWN, OPER	ATE, PROMOTE	
	AND ADVANCE THE DEVELOPMENT OF HOUSING PROJECTS AND RELA		
	AFFORDABLE BY PRIMARILY LOW INCOME PERSONS AND FAMILIES;		
	AFFORDABLE FINANCIAL AND TECHNICAL ASSISTANCE AND SERVIC		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-		Vec	X No
	prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O.	Ies	110
2	,	Yes	Y No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	LAL 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a			542.)
	DEVELOPMENT, IMPROVEMENT AND MANAGEMENT OF HOUSING FOR L		
	PERSONS. BHDC OWNS 175 MULTI-FAMILY APARTMENTS WHICH IT	RUNS IN	
	ACCORDANCE WITH ITS CHARITABLE MISSION.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	3.0	840.)
TD	BHDC LEASES A COMMERCIAL OFFICE BUILDING TO BATH HOUSING		<u> </u>
	DIDO HEIDED II COMMENCENE CELEBRATIC TO DITTE HOODENCE	110111011111	
4c	(Code:) (Expenses \$)
	BHDC OPERATES COMFORTABLY HOME SERVING LOW-INCOME, OLDER		
	PEOPLE WITH DISABILITIES. THE PROGRAM CONDUCTS HOME MODI	FICATIONS TO	
	ALLOW PEOPLE TO THRIVE IN THEIR OWN HOMES.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 2,604,419.		200
		Form 9	90 (2023)

Form 990 (2023) BATH HOUSING DEVELOPMENT CORPORATION 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	├°		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			₩.
	or in 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.			
а	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
С	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		<u> X</u>
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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
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	L	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	. <u> </u>		_ _ _
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
10		10		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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	_		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form **990** (2023)

Form Pa i	990 (2023) BATH HOUSING DEVELOPMENT CORPORATION 22-2618 TIV Checklist of Required Schedules (continued)	694	Р	age 4
	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		Х
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		<u> </u>
С	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		<u> </u>
	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			37
	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			v
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
ZI	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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			37
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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			
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	1	37	
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Shook it Contoudle C contains a response of flote to any line in this Lart V		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12		163	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
33300	1 12 21 22	Form	990	(2023)

Form 990 (2023) BATH HOUSING DEVELOPMENT CORPORATION

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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	•	2b							
	D. I			За		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other a										
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х					
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 Ad	ccour	nts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X					
	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	e orga	anization 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 contribution	ons o	r gifts								
	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).		_			77					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X					
b				7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			37					
	to file Form 8282?		 T	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7e		Х					
e	C. Did the second of the secon										
			200 oo roquirod?	7f 7g		X					
g h	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, and the organization received a contribution of cars, and the organization received a contribution received a contributi			7 <u>9</u> 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			- /							
Ü		•		8							
9	Sponsoring organizations maintaining donor advised funds.										
a Did the sponsoring organization make any taxable distributions under section 4966?											
b	Did the constraint and a state of the state			9a 9b							
10	Section 501(c)(7) organizations. Enter:										
а	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:										
а	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	•								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	1	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		4							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?			13a							
	Note: See the instructions for additional information the organization must report on Schedule O.										
р	Enter the amount of reserves the organization is required to maintain by the states in which the	106	I								
_	organization is licensed to issue qualified health plans	13b		-							
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c	•	14a		Х					
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		- 21					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1-10							
	excess parachute payment(s) during the year?			15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.			13							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х					
. •	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17							
	If "Yes," complete Form 6069.										

Form **990** (2023)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Sec	tion 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		Х
	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	Х	
b	Describe on 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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on 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		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ME			
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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• •		
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	DEBORA KELLER - 207-443-3116			
	80 CONGRESS AVENUE, BATH, ME 04530			

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

	(B)	(C) Position				(D)	(E)	(F)		
Name and title	Average	(do					nne	Reportable	Reportable	Estimated
	hours per	box	o not check more than one x, unless person is both an ficer and a director/trustee)				n an	compensation	compensation	amount of
	week					i / ii us	(66)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120)	and related
	below	Individual trustee or director	Institutional trustee	la e	Key employee	Highest compensated employee	le.	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) BARBARA GAUL	2.00									
CHAIR		Х		Х				0.	0.	0.
(2) NANCY JENNINGS	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) NANCY CARLETON	2.00									
TREASURER		Х		X				0.	0.	0.
(4) DEBORA KELLER	20.00]								
SECRETARY/EXECUTIVE DIRECT	30.00	Х		Х				0.	124,231.	19,024.
(5) CR DAVIS	2.00									
DIRECTOR		Х						0.	0.	0.
(6) MICHELLE RINES	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) ERIK NELSON	2.00									
DIRECTOR		Х						0.	0.	0.
(8) CATHERINE POWERS	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) TOBIAS GABRANSKI	2.00									
DIRECTOR		Х						0.	0.	0.
(10) ROBERTA JORDAN	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(11) PHYLLIS BAILEY	2.00	ļ								•
DIRECTOR	0.00	Х						0.	0.	0.
(12) MARSHA KNOWLES	2.00								•	•
DIRECTOR	-	Х						0.	0.	0.
		-								
	-									
		-								
	 		-		_	-				
		1								
	+	_			\vdash					
		1								
			1	ı	I	ı	Ī	I	i e	
	+									

Form 990 (2023)

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Form 990 (2023)

Part VII Section A. Officers, Directors, Tr	(B)	Jioy	ees,			gnes	<u> </u>		, ,		(E)	
(A)	Average		(C) Position					(D)	(E)		(F)	
Name and title	hours per		not c	heck	more	than (Reportable compensation	Reportable compensation	,	Estima amoun	
	week		cer ar					from	from related	'	othe	
	(list any	tor						the	organizations	.	compens	
	hours for	direc				- -		organization	(W-2/1099-MIS		from t	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		organiza	ation
	organizations	trust	lal tr		oyee	om pe		1099-NEC)			and rela	ated
	below	Individual trustee or director	Institutional trustee	Je	Key employee	Highest compensated employee	Former				organiza	tions
	line)	Indi	lnst	Officer	Key	High	Бог					
		-										
		+										
		1										
		-										
		\vdash										
		1										
		-										
		\vdash										
		1										
1b Subtotal								0.	124,23	1.	19,0	24.
c Total from continuation sheets to Part	VII, Section A						•	0.		0.		0.
d Total (add lines 1b and 1c)								0.	124,23	1.	19,0	24.
2 Total number of individuals (including bu								eceived more than \$100,	000 of reportable			
compensation from the organization											Yes	0 No
3 Did the organization list any former office	er. director. trust	ee. ŀ	cev e	lame	ove	e. or	hia	hest compensated emp	ovee on			
line 1a? If "Yes," complete Schedule J fo			•	•	•		•		•	- 1	3	Х
4 For any individual listed on line 1a, is the												
and related organizations greater than \$										- 1	4	Х
5 Did any person listed on line 1a receive of												
rendered to the organization? If "Yes," Co	omplete Schedul	e J f	or su	ıch į	oers	on .					5	Х
Section B. Independent Contractors 1 Complete this table for your five highest	nomponented inc		ndo	ot 00	ntro	acto	ro th	nat rappiyad mare than ¢	100 000 of comp	onooti	on from	
the organization. Report compensation for										crisati	OII II OIII	
(A)								(B)			(C)	
Name and busine	ss address	NO	INC	3			_	Description of s	ervices	Co	ompensati	on
		—					_		+			
Total number of independent contractors	(including but a	Ot liv	mitor	1 +0	thor	ما م	ted	ahove) who received me	ore than			
\$100,000 of compensation from the orga		Jt III			(.cu		no triair			
										F	orm 990	(2023)

332008 12-21-23

			Check if Schedule O contains a re	esnonse d	or note to any lin	e in this Part VIII			
			Cricci ii Geriedale O contains a re	зэронас с	or riote to arry iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				. 1					SECTIONS 212 - 214
nts tts	1			1a					
iz on		b	Membership dues	1b					
S, O		С	Fundraising events	1c					
ä ji		d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions)	1e	608,156.				
Sign		f	All other contributions, gifts, grants, and						
bel				1f	476,698.				
텵		а	· · · · · · · · · · · · · · · · · · ·	1g \$	•				
Š		•	Total. Add lines 1a-1f	-31+		1,084,854.			
<u> </u>		••	Total / Nad iii leo Ta Ti		Business Code				
_	_	_	RENTAL REVENUE			2,042,969.	2 0/2 969		
ice	2		LAUNDRY/MISCELLANEO	TTC	533110	36,573.			
er ne					533110	30,840.			
n S			RENT FROM AFFILIATE	<u>'</u>	222110	30,040.	30,040.		
rar Se		d							
Program Service Revenue		е							
٩			All other program service revenue						
		g	Total. Add lines 2a-2f			2,110,382.			
	3		Investment income (including dividend	ds, intere	st, and				
			other similar amounts)			28,693.			28,693.
	4		Income from investment of tax-exemp						
	5		Royalties						
			(i)	Real	(ii) Personal				
	6	а	Gross rents 6a						
	_		Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` ' 	curities	(ii) Other				
	′	а	4.4=		(ii) Otrici				
				1/1.					
•		b	Less: cost or other basis	171					
her Revenue			and sales expenses 7b 145,						
Š.			Gain or (loss) 7c	0.					
æ			Net gain or (loss)			0.			
þe	8	а	Gross income from fundraising events (no	ot					
ð			including \$	of					
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		С	Net income or (loss) from fundraising	event <u>s</u>					
	9	а	Gross income from gaming activities.	See					
			Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming acti						
			Gross sales of inventory, less returns						
		_	and allowances	10a					
		h	Less: cost of goods sold						
-		C	Net income or (loss) from sales of inve	TILOTY	Business Code				
S					Business Code				
Miscellaneous Revenue	11	_							
lan en		b							
Sel Sev		С							
Mis			All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			3,223,929.	<u>2,110,382.</u>	0.	28,693.

Do no	Check if Schedule O contains a response of include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	rotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	362,162.	177,258.	184,904.	
	Other salaries and wages	JUZ, 1UZ•	111,230.	104,704.	
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	Other employee benefits	95,516.	41,446.	54,070.	
	Payroll taxes	33,310.	41,440.	34,0701	
	Fees for services (nonemployees):				
	Management	318,151.	318,151.		
	Legal	16,408.	10,832.	5,576.	
	Accounting	50,144.	44,323.	5,821.	
	Lobbying	,		3,3223	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	1,745.		1,745.	
	Other. (If line 11g amount exceeds 10% of line 25,	•		,	
-	column (A), amount, list line 11g expenses on Sch 0.)				
	Advertising and promotion	3,876.	863.	3,013.	
	Office expenses	2,546.		2,546.	
4	Information technology	595.	595.		
	Royalties				
	Occupancy	1,409,963.	1,408,156.	1,807.	
7	Travel				
8	Payments of travel or entertainment expenses				
1	for any federal, state, or local public officials				
9 (Conferences, conventions, and meetings				
-	Interest	161,442.	161,442.		
	Payments to affiliates				
2	Depreciation, depletion, and amortization	292,030.	285,564.	6,466.	
	Insurance	111,137.	107,552.	3,585.	
í	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), property list line 24e appears on Schedule (A).				
-	amount, list line 24e expenses on Schedule 0.) BAD DEBT EXPENSE	38,170.	38,170.		
	GRANT EXPENDITURES	24,336.	30,170.	24,336.	
-	OTHER OPERATING EXPENSE	10,067.	10,067.	<u> </u>	
d		20,0074	20,007.		
-	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,898,288.	2,604,419.	293,869.	C
	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)				

Form **990** (2023)

Par	τχ	Balance Sneet					
		Check if Schedule O contains a response or note	to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			244,793.	1	219,002
	2	Savings and temporary cash investments			15,369.	2	9,854
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	34,645.	4	286,499		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
က္က	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
¥	9	B			33,650.	9	33,979
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,286,476.			
	b	Less: accumulated depreciation	10b	1,910,650.	10,587,668.	10c	10,375,826
	11	Investments - publicly traded securities		314,803.	11	366,252	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			29,192.	14	29,624
	15	Other assets. See Part IV, line 11		1,163,076.	15	1,817,868	
_	16	Total assets. Add lines 1 through 15 (must equa	12,423,196.	16	13,138,904		
	17	Accounts payable and accrued expenses			80,241.	17	77,958
	18	Grants payable		18	12 ==1		
	19	Deferred revenue		7,815.	19	12,771	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
Se	22	Loans and other payables to any current or former					
≝		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these			2 245 446	22	4 4 2 2 4 2 2
- │	23	Secured mortgages and notes payable to unrelate			3,815,446.	23	4,132,180
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	160 000		202 445
					168,082.	25	203,445
\dashv	26	Total liabilities. Add lines 17 through 25			4,071,584.	26	4,426,354
ړي		Organizations that follow FASB ASC 958, chec	K nere				
) S	07	and complete lines 27, 28, 32, and 33.			4,311,075.	07	1 912 955
<u>a</u>	27	Net assets without donor restrictions	4,040,537.	27	4,812,955 3,899,595		
9 9	28	Net assets with donor restrictions			4,040,337.	28	3,099,393
<u>.</u>		Organizations that do not follow FASB ASC 95	8, cne	eck nere			
ě	00	and complete lines 29 through 33.			00		
<u>ا ڇ</u>	29	Capital stock or trust principal, or current funds				29	
SSI	30	Paid-in or capital surplus, or land, building, or equ Retained earnings, endowment, accumulated inc				30 31	
Net Assets or Fund Balances	31 32				8,351,612.	31	8,712,550
Ž		Total liabilities and not assets/fund balances			12,423,196.	33	13,138,904
	33	Total liabilities and net assets/fund balances			10, 10, 100	აა	Form 990 (202

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> </u>	<u> 223</u>	92	<u> 29.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2			, 28			
3	Revenue less expenses. Subtract line 2 from line 1	3			, 64 . , 62			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	8,	712	, 5	50.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х			
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	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?		L	2c		Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х			
		_	F	orm [§]	9 90 (2023)		

332012 12-21-23

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public Inspection

Employer identification number Name of the organization BATH HOUSING DEVELOPMENT CORPORATION 22-2618694 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

(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.)

Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax reversues levied for the organization is 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 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Called and the support of called a support supported organization in the subset of support subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Support subsettiles 5 ten like 4. Section B. Total Support 5 ten like 5 ten like 4. Section B. Total Support 5 ten like 6	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. 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 - 2023. 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 - 2022. 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		· · · · · · · · · · · · · · · · · · ·						<u>%</u>
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and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. 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 - 2022. 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		-		-				
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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 - 2022. 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		· · · · · · · · · · · · · · · · · · ·						
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. 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	17a							
b 10% -facts-and-circumstances test - 2022. 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		•		•	•	•	VI how the organiz	zation
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the			-	•		-		
	b		-					10% or
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·						
AS BY A COUNTY OF THE PROPERTY		-		-	• •	•		
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	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

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(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

Sec	qualify under the tests listed be ction A. Public Support	elow, please comp	lete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) = 0.0	(2) = 3 = 3	(0) = 0 = 1	(4) = 3 = 1	(5) = 5 = 5	(1) 10101
·	membership fees received. (Do not						
	include any "unusual grants.")	956,638.	1334738.	761,052.	891,117.	1084854.	5028399.
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	664,059.		1271535.		2110382.	
2	Gross receipts from activities that	001,0331	70173711	1271333	13131730	21103021	07333231
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	1.500.50	2222112				4450400
	Total. Add lines 1 through 5	1620697.	2099112.	2032587.	2834296.	3195236.	11781928.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						11781928.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	1620697.	2099112.	2032587.	2834296.	3195236.	11781928.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,188.	6,166.	5,209.	13,386.	28,693.	71,642.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	18,188.	6,166.	5,209.	13,386.	28,693.	71,642.
11	Net income from unrelated business activities not included on 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.)	1638885.	2105278.	2037796.	2847682.	3223929.	<u> 11853570.</u>
14	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (li	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	99.40 %
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	98.79 <u>%</u>
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.60 %
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	1.21 %
19a	a 33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the						ınd
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						

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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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Pai	t IV Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
L	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
Sec	<u>detail in</u> Part Ⅵ. tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, 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		
Sec	tion 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		
Sec	tion 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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	0-		
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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	2b		
2	these activities but for the organization's involvement.	ZIJ		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
	Lasting of the capported organizations. If Tes Of TWO Provide details III i dit iii	Ju		

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990) 2023

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations							
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.									
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)						
1	Net short-term capital gain	1								
2	Recoveries of prior-year distributions	2								
_3	Other gross income (see instructions)	3								
_4	Add lines 1 through 3.	4								
_5	Depreciation and depletion	5								
6	Portion of operating expenses paid or incurred for production or									
	collection of gross income or for management, conservation, or									
	maintenance of property held for production of income (see instructions)	6								
_7	Other expenses (see instructions)	7								
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8								
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1	Aggregate fair market value of all non-exempt-use assets (see									
	instructions for short tax year or assets held for part of year):									
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								
е	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 0.015 of line 3 (for greater amount,									
	see instructions).	4								
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
_6	Multiply line 5 by 0.035.	6								
7	Recoveries of prior-year distributions	7								
8	Minimum Asset Amount (add line 7 to line 6)	8								
Sect	tion C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, column A)	1								
2	Enter 0.85 of line 1.	2								
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3								
4	Enter greater of line 2 or line 3.	4								
5	Income tax imposed in prior year	5								
6	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-function	ally integrate	ed Type III supporting orga	nization (see						
	instructions).									

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

229876 1

c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

2023

Schedule B (Form 990) (2023)

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employ

BATH HOUSING DEVELOPMENT CORPORATION

22-2618694

Organiz	ation type (check or	e):
Filers of	f:	Section:
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.
	contributor, during	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., uplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year\$
answer '	: An organization tha "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).

LHA

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023) Page **2**

Name of organization Employer identification number

BATH HOUSING DEVELOPMENT CORPORATION

22-2618694

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF BATH, MAINE, THROUGH US DEPARTMENT OF HUD 353 WATER STREET AUGUSTA, ME 04330	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	U.S. DEPARTMENT OF HUD 451 7TH STREET S.W. WASHINGTON, DC 20410	\$608,156.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MAINEHOUSING 353 WATER STREET AUGUSTA, ME 04330	\$ <u>169,952.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JOHN T. GORMAN FOUNDATION ONE CANAL PLAZA, SUITE 800 PORTLAND, ME 04101	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CITY OF BATH, MAINE 55 FRONT STREET BATH, ME 04530	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	C/O BNY MELLON 240 GREENWICH ST, NEW YORK, NY 10286	\$10,000.	Person X Payroll

Page 3

Name of organization Employer identification number

BATH HOUSING DEVELOPMENT CORPORATION

22-2618694

	Nepech Preparty (2 2010094
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
(2)		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(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
		 \$	
23453 12-26	i-23		Schedule B (Form 990) (2023)

Page 4

Name of organization Employer identification number

	HOUSING DEVELOPMENT COR			22-2618694				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) through (e) and the following line en	ry. For organizations					
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this	s info. once.) \$				
a) No. from	coc duplicate copies of Fart III II additional							
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held				
_								
		(e) Transfer of gi	t					
⊢	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee				
a) No. from		T						
rom Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held				
<u>urti</u>								
L								
		(e) Transfer of gi	t					
F	Transferee's name, address, a	ind ZIP + 4	Relationship	of transferor to transferee				
a) No. from								
rom Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held				
<u>u</u>								
L								
		(e) Transfer of gi	t					
-	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee					
) No. rom								
rom 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, a	ind 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 Inspection

Name of the organization

BATH HOUSING DEVELOPMENT CORPORATION

Employer identification number 22-2618694

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds 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 v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

332051 09-28-23

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

Schedule D (Form 990) 2023

	t III Organizations Maintaining Co	ollections of Ar							Continue	
3	Using the organization's acquisition, accessio		-						Continue	,u)
Ŭ	collection items (check all that apply).	in, and other record	10, 011001	carry or the i	ollowing that	i make sig	illiodile c	100 01 110		
а	Public exhibition	,	. L	I can or eye	hange progra	am				
b	Scholarly research				nange progra					
C	Preservation for future generations	•	-	Other						
4	Provide a description of the organization's col	llactions and avalai	n how th	ov further th	o organizatio	an's ayamı	ot purpo	o in Dart	VIII	
5	During the year, did the organization solicit or							se III Fait	AIII.	
5	to be sold to raise funds rather than to be mai				•				Yes	□ No
Par	t IV Escrow and Custodial Arrang									NO
ı uı	reported an amount on Form 990, Part		ete ii tile	organization	i aliswered	res on re	Jiii 990,	rantiv, ii	rie 9, or	
10	Is the organization an agent, trustee, custodia		diany for	contribution	oc or other ac	ects not in	ncludod			
ıa			-						Yes	No
_	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							∟	_ res	NO
D	ii res, explain the arrangement in Part XIII a	ina complete the lo	llowing t	.abie.					Amount	-
_	Deginning belongs						10		Amount	-
	Beginning balance									-
	Additions during the year									-
_	Distributions during the year									
f O-	Ending balance								7 v	
	Did the organization include an amount on Fo								Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII. (TV Endowment Funds Complete if									
· ui	Endownient Lando Complete in	(a) Current year		Prior year	(c) Two yea			ears back	(e) Four ye	are hack
4.	Parimina of war halana	(a) Ourrent year	(6)	Tioi yeai	(C) TWO yea	13 Dack (u, micc y	cars back	(e) rour yo	ais back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs					-				-
	Administrative expenses					-				
_	End of year balance									
2	Provide the estimated percentage of the curre	•	`	g, column (a))) held as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment									
С	Term endowment9									
	The percentages on lines 2a, 2b, and 2c should be a sh									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	it are held ar	nd administer	red for the			[v	N-
	organization by:									es No
									3a(i)	
									3a(ii)	
_	If "Yes" on line 3a(ii), are the related organizat								3b	
Por	Describe in Part XIII the intended uses of the to the Land, Buildings, and Equipment		wment f	unds.						
Pai			0 David IV	/ line 11 = 0		Dod V II	10			
	Complete if the organization answered	T						. 1		
	Description of property	(a) Cost or o		. ,	or other		cumulate	ed	(d) Book v	alue
		basis (investi	nent)		(other)	aep	reciation		1 071	4 F O
	Land				1,450.	1 ^	10 6		<u>1,971,</u>	
	Buildings			10,31	5,026.	1,9	10,65	00.	8,404,	3/0.
	Leasehold improvements									
d	Equipment									

Schedule D (Form 990) 2023

10,375,826.

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

Schedule D) (Form 990	2023 (BATH	HOUSING	DEVE

Schedule D (Form 990) 2023 BATH HOUSIN	G DEVELOPMENT	CORPORATION	22-2618694 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 1	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 1	5.
(a)	Description		(b) Book value
(1) TENANT SECURITY DEPOSIT			80,143.
(2) REPLACEMENT RESERVE			605,519.
(3) CONSTRUCTION IN PROGRESS			1,132,206.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	ol. (B))		1,817,868.
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			

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTIES	134,441
(3) SECURITY DEPOSIT LIABILITY	69,004
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. line 25. col. (B))	203,445

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

Schedule D (Form 990) 2023

		(1 of 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	tti Oltili	1 1 011		TOTOTE Tage
Pa	rt XI	Reconciliation of Revenue per Audited Financial Statement	ts With F	Revenue per Ret	turn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	evenue, gains, and other support per audited financial statements			1	3,257,481.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	35,297.		
b	Donate	ed services and use of facilities	2b			
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	35,297.
3	Subtra	ct line 2e from line 1			3	3,222,184.
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b	1,745.		
С	Add lir	nes 4a and 4b			4c	1,745.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,223,929.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per R	eturr	1
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	2,896,543.
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a			
b	Prior y	ear adjustments	2b			
С	Other	osses	2c			
d	Other	(Describe in Part XIII.)	2d			_
е		nes 2a through 2d			2e	0.
3	Subtra	ct line 2e from line 1			3	2,896,543.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b	1,745.		4 =
С	Add lir	nes 4a and 4b			4c	1,745.
_	Total	expanses Add lines 2 and 40 (This was a second Form 200 Bart I in 40)			E	2 898 288

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:

NO PROVISION FOR TAXES ON INCOME IS MADE IN THE ORGANIZATION'S FINANCIAL STATEMENTS IT IS EXEMPT FROM INCOME TAXES UNDER I.R.C. SECTION 501(C)(3). IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, MANAGEMENT HAS EVALUATED ITS EXPOSURE TO UNCERTAIN TAX POSITIONS AND DETERMINED THAT THERE ARE NO SUCH TAX POSITIONS REQUIRING ACCOUNTING RECOGNITION. INFORMATIONAL RETURNS FILED BY THE ORGANIZATION ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR A PERIOD OF THREE YEARS. WHILE NO INFORMATIONAL RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, THE THREE PREVIOUS TAX YEARS REMAIN OPEN. NO INTEREST OR PENALTIES FROM FEDERAL OR STATE TAX AUTHORITIES WERE

RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

Schedule D (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

BATH HOUSING DEVELOPMENT CORPORATION

Employer identification number 22-2618694

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOPMENT OF HOUSING PROJECTS AND RELATED FACILITIES AFFORDABLE BY
PRIMARILY LOW INCOME PERSONS AND FAMILIES; TO PROVIDE AFFORDABLE
FINANCIAL AND TECHNICAL ASSISTANCE AND SERVICES TO LOW INCOME
HOMEOWNERS; TO IMPLEMENT PROGRAMS INTENDED TO ENHANCE THE GROWTH OF
SOCIAL AND ECONOMIC STABILITY FOR LOW INCOME FAMILIES; AND TO PROMOTE
THE COMMON GOOD AND GENERAL WELFARE OF THE INHABITANTS IN THE BATH,
MAINE REGION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INCOME HOMEOWNERS; TO IMPLEMENT PROGRAMS INTENDED TO ENHANCE THE GROWTH
OF SOCIAL AND ECONOMIC STABILITY FOR LOW INCOME FAMILIES; AND TO
PROMOTE THE COMMON GOOD AND GENERAL WELFARE OF THE INHABITANTS IN THE
BATH, MAINE REGION.
FORM 990, PART VI, SECTION A, LINE 3:
BATH HOUSING AUTHORITY, AN AFFILIATED ENTITY, HAS A CONTRACT TO PERFORM DAY
TO DAY MANAGEMENT DUTIES FOR THE ORGANIZATION
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AND THE EXECUTIVE
DIRECTOR. THE COMPLETED RETURN IS ALSO AVAILABLE FOR REVIEW AT
WWW.BATHHOUSING.ORG.

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

THE BOARD OF DIRECTORS UPDATES DISCLOSURE OF POTENTIAL CONFLICTS OF

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization BATH HOUSING DEVELOPMENT CORPORATION	Employer identification number 22-2618694
INTEREST ANNUALLY, IN WRITING. ANY CONFLICTS ARE NOTED IN	ADVANCE OF A
DISCUSSION, BOARD MEMBERS RECUSE THEMSELVES, AND THIS IS R	EFLECTED IN THE
BOARD MINUTES.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL ORGANIZING AND OPERATING DOCUMENTS ARE AVAILABLE TO TH	E PUBLIC UPON
REQUEST; HOWEVER FORM 990 AND ANNUAL AUDITS ARE POSTED AT	
WWW.BATHHOUSING.ORG.	

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BATH HOUSING DEVELOPMENT CORPORATION								
Part I Identification of Disregarded Entities. Comp	blete if the organization answered "Y	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	I	(e) End-of-year assets		(f) controlling ntity	9
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organizati	ion answered "Yes" on Form 990), Part IV, line 34, b	pecause it had one	or more i	related tax-exe	mpt	
(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		contr	g) 512(b)(13) rolled tity?
BATH HOUSING AUTHORITY 80 CONGRESS AVENUE BATH, ME 04530	AFFORDABLE HOUSING	MAINE	GOVT		N/A		Yes	No X
·								

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

Schedule R (Form 990) 2023

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.

(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)	
Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		amount in box		partr	iging ner?	Percentage ownership	
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No		
		Primary activity Legal domicile (state or foreign	Primary activity Legal Direct controlling	Primary activity Legal Direct controlling Predominant income	Primary activity Legal domicile (state or foreign f	Primary activity Legal Direct controlling Predominant income Share of total Share of	Primary activity Legal domicile (state or foreign State or foreign Predominant income (related, unrelated, excluded from tax under Share of total income Share of total income Share of end-of-year assets Disprop	Primary activity Legal domicile (state or foreign state or foreign controlling controlling	Primary activity Legal domicile (state or state or sta	Primary activity Legal domicile (state or entity)	Primary activity Legal domicile (state or foreign price) entity Direct controlling entity Predominant income (related, unrelated, excluded from tax under) Predominant income (related, unrelated, excluded from tax under) Share of total Share of end-of-year assets allocations? Disproportionate allocations? 20 of Schedule	

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	ent	ction b)(13) rolled tity?
		,						Yes	No

Schedule R (Form 990) 2023

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

Not	te: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e	Х	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1 g		Х
	Purchase of assets from related organization(s)	1h		Х
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
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		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	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1 p	X	
	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		X
	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) BATH HOUSING AUTHORITY	P	967,400.	FMV
(2) BATH HOUSING AUTHORITY	E	1,367,312.	FMV
(3) BATH HOUSING AUTHORITY	М	307,241.	FMV
(4) BATH HOUSING AUTHORITY	J	30,840.	FMV
<u>(5)</u>			
<u>(6)</u>			

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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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									