## FOR TAX YEAR 2023

YELLOW SPRINGS HOME INC

CAST Accounting 6407 ORCHARD LN Cincinnati, OH 45213 (513)349-3533

6407 ORCHARD LN Cincinnati, OH 45213

Phone: (513)349-3533 | Fax:

October 01, 2024

YELLOW SPRINGS HOME INC PO BOX 503 Yellow Springs, OH 45387

Subject: Preparation of 2023 Tax Returns

YELLOW SPRINGS HOME INC:

Thank you for choosing CAST Accounting to assist with the 2023 taxes for YELLOW SPRINGS HOME INC. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2023 federal and state income tax returns for YELLOW SPRINGS HOME INC. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of YELLOW SPRINGS HOME INC, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2023 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at

Sincerely,

Candice Hayes-McInnis CAST Accounting

Accepted By:

Officer

Date

6407 ORCHARD LN Cincinnati, OH 45213

Phone: (513)349-3533 | Fax:

October 01, 2024

YELLOW SPRINGS HOME INC PO BOX 503 Yellow Springs, OH 45387

YELLOW SPRINGS HOME INC:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for YELLOW SPRINGS HOME INC from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (513)349-3533.

Sincerely,

Candice Hayes-McInnis CAST Accounting

6407 ORCHARD LN Cincinnati, OH 45213

Phone: (513)349-3533 | Fax:

October 01, 2024

YELLOW SPRINGS HOME INC PO BOX 503 Yellow Springs, OH 45387

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

\* Interviews regarding your tax situation

\* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

\* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (513)349-3533.

Sincerely,

Candice Hayes-McInnis CAST Accounting

6407 ORCHARD LN Cincinnati, OH 45213

Phone: (513)349-3533 | Fax:

Customer Name		Customer Information			
YELLOW SPRINGS HOME INC	Invoice #:				
PO BOX 503	Date:	October 01, 2024			
Yellow Springs, OH 45387	Phone:	(937)767-2790			
	E-mail:				

Your 2023 tax return was prepared by Candice Hayes-McInnis.

Description		Fe
Federal And Supplemental	Forms	
Form 990	Return of Org Exempt from Income Tax, page 1	
Form 990 pg 2	Return of Org Exempt from Income Tax, page 2	
Form 990 pg 3	Return of Org Exempt from Income Tax, page 3	
Form 990 pg 4	Return of Org Exempt from Income Tax, page 4	
Form 990 pg 5	Return of Org Exempt from Income Tax, page 5	
Form 990 pg 6	Return of Org Exempt from Income Tax, page 6	
Form 990 pg 7	Return of Org Exempt from Income Tax, page 7	
Form 990 pg 8	Return of Org Exempt from Income Tax, page 8	
Form 990 pg 9	Return of Org Exempt from Income Tax, page 9	
Form 990 pg 10	Return of Org Exempt from Income Tax, page 10	
Form 990 pg 11	Return of Org Exempt from Income Tax, page 11	
Form 990 pg 12	Return of Org Exempt from Income Tax, page 12	
Schedule A	Organization Exempt Under Sec 501(c)(3), page 1	
Schedule A pg 2	Organization Exempt Under Sec 501(c)(3), page 2	
Schedule A pg 3	Organization Exempt Under Sec 501(c)(3), page 3	
Schedule A pg 4	Organization Exempt Under Sec 501(c)(3), page 4	
Schedule A pg 5	Organization Exempt Under Sec 501(c)(3), page 5	
Schedule A pg 6	Organization Exempt Under Sec 501(c)(3), page 6	
Schedule A pg 7	Organization Exempt Under Sec 501(c)(3), page 7	
Schedule A pg 8	Organization Exempt Under Sec 501(c)(3), page 8	
Schedule B	Schedule of Contributors, page 1	
Schedule B pg 2	Schedule of Contributors, page 2	
Schedule B pg 2	Schedule of Contributors, page 2	
Schedule D	Supplemental Financial Statement, page 1	
Schedule D pg 2	Supplemental Financial Statement, page 2	
Schedule D pg 3	Supplemental Financial Statement, page 3	
Schedule D pg 4	Supplemental Financial Statement, page 4	
Schedule I	Grants and Other Assistance, page 1	
Schedule I pg 2	Grants and Other Assistance, page 2	
Schedule O	Supplemental Information, page 1	
Schedule O pg 2	Supplemental Information, page 2	
Form 4562	Depreciation and Amortization	
Form 8868	Application for Extension	
Form 8879-TE	E-file Signature Authorization for Tax Exempt	

Form 8879-TE	E-file Signature Authorization for Tax Exempt	
DEPR - Fed Schedule	Federal Depreciation Schedule	
DEPR - Fed Schedule	Federal Depreciation Schedule	
DEPR - Fed Schedule	Federal Depreciation Schedule	
DEPR - Next Year	Next Year Depreciation Schedule	
Wks Schedule A	Schedule A Worksheet - Excess 2% Contributors	
Stmt Services	Statement of Service Accomplishments	
EF Notice	General Information for Electronic Filing	

Total Forms	42	Forms Subtotal	0.00
		Total Balance Due	0.00

Payment due upon receipt. Thank you for your business!

	Acknowledgement and General Information for Entities That File Returns Electronically	2023
Name(s) as shown on return		Tax ID Number
YELLOW SPRINGS	HOME INC	**-***6193
Entity address		
PO BOX 503		
Yellow Spring	s, OH 45387	
Thank you for pa		
1. 🗶 2023 <u>8868</u> The electronic fil	-01       income tax return for       Federal       was filed         ng services were provided by       CAST Accounting	d electronically.
	income tax return was accepted on <u>04-20-2024</u> using a Personature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to e ID assigned to this return is <u>3148002024111xvzjvqq</u>	sonal Identification Number (PIN) as nter or generate a PIN signature.
	DO NOT SEND A PAPER COPY OF ENTITY'S RETURN OU DO, IT WILL DELAY THE PROCESSING OF THE RE	

Form	990
Form	000

### Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public

Inspection

Α	For t	the 2	2023 calend	lar year, or	tax year begi	nning			, 2023, a	nd end	ing		, 20		
В	Check	if ap	applicable: C Name of organization YELLOW SPRINGS HOME INC					D Empl	loyer identification number						
	Addre	ss cha	ange	Doing bus	iness as							31-1656193			
	Name	chan	ige	Number a	nd street (or P.O. b	oox if mail is not delivered	to street address)			Room/su	ite	E Telephone number			
Ē	Initial I										(937)767-2790				
Ē	Final r	eturn/	eturn/terminated City or town, state or province, country, and ZIP or foreign postal code								G Gros	s receipts			
П	Amen			· ·		s, OH 45387	<b>3 P C C C C C C C C C C</b>					\$	845,656		
П			pending		address of princip		TOPHER BONG	ORNO			H(a) is this a d		for subordinates? Yes X No		
	, thbug	allon	portainig		as C abo			01110				b) Are all subordinates included?			
	Тах-ех	-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527					If "No," attach a list. See instructions								
 .1	Websi			V.YSHOME		) (moore no.)					H(c) Group e				
ĸ				Corporation		ssociation Other			ear of formation	on: 190			gal domicile: <b>OH</b>		
	art I		Summar						ai oi ioimau	on. <b>19</b> 3	<b>70</b>   M 3	itale ul lei			
	1	_			nization's miss	sion or most significa	ant activities:		GGTON	T9 TC	STRENC	<b>Πυ</b> ενι	COMMUNITY AND		
	'		•	-		-	-								
Governance		-				NGS AND MIAM				5 PER		AFF	JRDABLE AND		
naı		2	SUSTAINA	BLE HOO	SING THRO	UGH OUR COMM	UNITY LAND	TRUST	·						
ver			Chaole this h	av 🗌 if the	organization	diagontinued its ana	rationa ar dianaaa	d of more	then 050	( of ito m	at assats				
ဗီ						discontinued its oper					iel assels.	<b>_</b> _			
ø	3			-	-	erning body (Part VI,	,					3	11		
Activities &	4			-	-	rs of the governing b						4	11		
iži	5					n calendar year 2023						5	5		
Act	e				rs (estimate if	• /						6	50		
						Part VIII, column (C						7a	0		
		b	Vet unrelate	d business t	axable income	from Form 990-T, F	Part I, line 11			<u></u>		7b	0		
										Prior Year		Current Year			
	8		<b>5</b> ( <b>1 )</b>								610,836		745,243		
nu	9	9 F	Program service revenue (Part VIII, line 2g)     · · · · · · · · · · · · · · · · ·									0			
Revenue	10	0 1	nvestment i	ncome (Part	VIII, column (	A), lines 3, 4, and 70	d) (b				2	, 647	5,771		
å	11	1 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						60	, 652	92,407				
	12	2 7	Total revenue	I revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 674						674	,135	843,421			
	1:	3 (	Grants and s	similar amou	ints paid (Part	IX, column (A), lines	s 1-3) • • • •				67	,157	296,836		
	14	4 E	Benefits paid	d to or for me	embers (Part I	X, column (A), line 4	)						0		
Ś	15	58	Salaries, oth	er compens	ation, employe	e benefits (Part IX, o	column (A), lines §	5-10)			259	, 960	280,195		
Expenses	16	6a F	Professional	fundraising	fees (Part IX,	column (A), line 11e							0		
nec		b٦	Total fundrai	sing expens	es (Part IX, co	lumn (D), line 25)		4	1,929						
Ĕ	17	7 (	Other expen	ses (Part IX	, column (A), li	ines 11a-11d, 11f-24	e)				154	, 970	233,054		
	18	B 1	Total expens	es. Add line	es 13-17 (must	t equal Part IX, colur	nn (A), line 25)				482	,087	810,085		
	19	9 F	Revenue les	s expenses.	Subtract line	18 from line 12 .						,048	33,336		
ŗ	ses									Begi	nning of Curre		End of Year		
ets	Fund Balances	0 T	Total assets	(Part X, line	16)						4,245	, 337	5,464,179		
Ass	8 2	1 7	Total liabilitie	s (Part X, lir	ne 26) • • •						2,621		3,807,105		
Net	un 122	2 1	Vet assets o	or fund balan	ces. Subtract	line 21 from line 20					1,623		1,657,074		
Pa	art II		Signatu	ire Block							,	,	, ,		
						turn, including accompany					owledge and be	elief, it is			
true	e, corre	ct, an	id complete. De	eclaration of pre	parer (other than o	officer) is based on all info	rmation of which prep	arer has an	y knowledge			1			
			CHRI	STOPHER	BONGORNO										
Się	gn	s	Signature of offi									Da	ite		
Не	re		CHRT	STOPHER	BONGORNO	, PRESIDENT									
-	-	Т	Type or print na		Doniconalo	, INDIDENI									
			1	eparer's name		Preparer's signature		Da	ate		Check	☐ if	PTIN		
Ра	id				McInnis	Candice Haye	-Malania		)-01-20	21	self-emp	-	P01884702		
	epar	er		s nayes-			MCIIIIIS	<u></u> µ0	<u>-01-20</u>		· · · ·	Jioyea	FU1004/UZ		
		Only						Firm's EIN							
53		· · · y	Firm's addres	55							hone no.	E1 2	240-2522		
Məv	/ tho I	RS /	l discuss this	roturn with		ati OH 45213	etructione					513-	349-3533		

	990 (2023) YELLOW SPRINGS HOME INC		31-1656193	Page <b>2</b>
Pa	t III Statement of Program Service Accor	nplishments		
	Check if Schedule O contains a response or note to	any line in this Part III		🗌
1	Briefly describe the organization's mission:			
	OUR MISSION IS TO STRENGTHEN COMMUNITY	AND DIVERSITY IN YELLOW SPRINGS AND M	IIAMI TOWNSHI	IP BY
	PROVIDING PERMANENTLY AFFORDABLE AND	SUSTAINABLE HOUSING THROUGH OUR COMMUNI	TY LAND TRUS	ST
2	Did the organization undertake any significant program service	es during the year which were not listed on the	🗌 Yes 🛛	< No
	If "Yes," describe these new services on Schedule O.		··· [] tes p	
3	Did the organization cease conducting, or make significant cl	panago in how it conducto, any program		
3			🗌 Yes 🛛	<] No
	If "Yes," describe these changes on Schedule O.		•••• 🗌 Tes 👔	
4	-	s for each of its three largest program services, as measured	by	
-		required to report the amount of grants and allocations to othe	-	
	the total expenses, and revenue, if any, for each program ser		13,	
	the total expenses, and revenue, it any, for each program ser			
4a	(Code: ) (Expenses \$ 617.269	including grants of \$) (Revenue	\$ 829.	741)
	See SERVICES page for a description of		•	<u>, , ,</u> ,
4b	(Code:) (Expenses \$	including grants of \$) (Revenue	\$	)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	\$	)
4d	Other program services (Describe on Schedule O.)			
-10	(Expenses \$ including grants of	\$ ) (Revenue \$	)	
4e		,269	/	
	01/	/		

Form 990 (2023)

Pa	rt 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		x
4				
_		4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in guasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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,"			
a	complete Schedule D, Part VI	110		
Ŀ		11a	х	
b				
	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		х
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17		10		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

31-1656193

Page 3

Form 990 (2023)

YELLOW SPRINGS HOME INC

			31-16561	Page 4		
Pa	rt IV Chec	klist of Required Schedules (continued)				
					Yes	No
22	0	tion report more than \$5,000 of grants or other assistance to or for domestic individuals on				
		A), line 2? If "Yes," complete Schedule I, Parts I and III	• • • • •	22	X	<u> </u>
23	-	tion answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the				
	-	rrent and former officers, directors, trustees, key employees, and highest compensated				
<b>.</b>		es," complete Schedule J		23		X
24a	0	tion have a tax-exempt bond issue with an outstanding principal amount of more than				
		ne last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b complete Schedule K. If "No," go to line 25a		04-		
L	-	tion invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24a 24b		X
b				240		
С	-	ion maintain an escrow account other than a refunding escrow at any time during the year ax-exempt bonds?		24c		
d	-	tion act as an "on behalf of" issuer for bonds outstanding at any time during the year?		240 24d		
25a	-	3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		24u		
254		a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		v
b		on aware that it engaged in an excess benefit transaction with a disqualified person in a prior		ZJa		x
b	-	e transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
		te Schedule L, Part I		25b		x
26		tion report any amount on Part X. line 5 or 22, for receivables from or payables to any current		200		
_0	0	director, trustee, key employee, creator or founder, substantial contributor, or 35%				
		or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		x
27		ion provide a grant or other assistance to any current or former officer, director, trustee, key				
	-	or or founder, substantial contributor or employee thereof, a grant selection committee				
		35% controlled entity (including an employee thereof) or family member of any of these				
		" complete Schedule L, Part III		27		x
28	•	ation a party to a business transaction with one of the following parties (See the Schedule				
	L, Part IV, instruc	ctions for applicable filing thresholds, conditions, and exceptions).				
а		er officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete	Schedule L, Part IV		28a		x
b		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		х
29	Did the organizati	ion receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		29		х
30	Did the organizat	ion receive contributions of art, historical treasures, or other similar assets, or qualified				
		tributions? If "Yes," complete Schedule M		30		х
31	-	ion liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		х
32		ion sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedi			32		x
33		tion own 100% of an entity disregarded as separate from the organization under Regulations				
		11-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		X
34		ation related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
		, line 1		34		X
35a	-	tion have a controlled entity within the meaning of section 512(b)(13)?		35a		X
b		ia, did the organization receive any payment from or engage in any transaction with a				
~~		vithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		X
36		3) organizations. Did the organization make any transfers to an exempt non-charitable				
07	-	on? If "Yes," complete Schedule R, Part V, line 2		36		X
37		tion conduct more than 5% of its activities through an entity that is not a related organization ed as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		07		
20		tion complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		37		X
38	-	rm 990 filers are required to complete Schedule O		38		
Par		ments Regarding Other IRS Filings and Tax Compliance		30	X	L
ı aı		k if Schedule O contains a response or note to any line in this Part V				
	0100				Yes	No
1a	Enter the numbe	r reported in box 3 of Form 1096. Enter -0- if not applicable 1a	0		103	110
b		r of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c		tion comply with backup withholding rules for reportable payments to vendors and	0			
-	-	g (gambling) winnings to prize winners?		1c	x	
				-		

Form	990 (2023) YELLOW SPRINGS HOME INC 31-1656	193	F	Page 5
Par	t 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	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 activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

	m 990 (2023) YELLOW SPRINGS HOME INC 31-16			Page 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b bel	ow, and fo	or a "l	Vo″
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	O. See in	struct	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			х
See	ction 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	11		
	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 in line 1a, above, who are independent <b> 1b</b>	11		
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		x
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	• 8a	x	
b	Each committee with authority to act on behalf of the governing body?	- 8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.	)	1	1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	• 10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	• 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	· 11a	X	
b	Describe 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	• 12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done		X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	. 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
~	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	v	
a h	The organization's CEO, Executive Director, or top management official	- 15a	X	
b	Other officers or key employees of the organization	- 15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IUa	with a taxable entity during the year?	. 16a		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	- 104		X
	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	105	1	1
17	List the states with which a copy of this Form 990 is required to be filed Ohio			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X     Own website     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 financial statements available to the public during the tax year.			
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.			

Form 990 (2023) YELLOW SPRINGS HO Part VII Compensation of Officers, Dire	ME INC	uster	es K	ev	Fm	nolov		es Highest Co	31-1656 ompensated F	193 Page 7 mployees and
Independent Contractors		45100	, it	Cy		נסוקי	,	s, ingrication		improyees, and
-			I <sup>1</sup>					. 711		
Check if Schedule O contains a resp										· · · · · · · · <u> </u>
Section A. Officers, Directors, Trustees, K		-			-			•		
1a Complete this table for all persons required to be listed. F	Report compe	ensatio	n for th	ne c	alenc	dar yea	ar e	ending with or within	n the	
organization's tax year.										
List all of the organization's current officers, directors,	•			als d	or org	ganiza	tion	is), regardless of a	mount of	
compensation. Enter -0- in columns (D), (E), and (F) if no c	compensatior	n was p	oaid.							
<ul> <li>List all of the organization's current key employees, if a</li> </ul>	any. See the ir	nstruct	ions fo	or de	finiti	on of "	'key	employee."		
<ul> <li>List the organization's five current highest compensate</li> </ul>	d employees	(other	than a	ın of	ficer	, direc	tor,	trustee, or key emp	oloyee)	
who received reportable compensation (box 5 of Form W-2										
\$100,000 from the organization and any related organizatio				,				,		
<ul> <li>List all of the organization's former officers, key employ</li> </ul>		nest co	mpens	sate	d en	nolove	es v	who received more	than	
\$100,000 of reportable compensation from the organization	-					.p.c)o				
List all of the organization's former directors or truster	•		-			a a for	mor	r director or tructee	of the	
5		-		•					or the	
organization, more than \$10,000 of reportable compensatio		yaniza	alion ai	iu a	uiyie	elaleu	org	anzalions.		
See instructions for the order in which to list the persons at										
Check this box if neither the organization nor any relate	ed organizatio	n com	pensa	ted	any (	curren	nt of	ficer, director, or tru	ustee.	
				(C	;)					
(A)	(B)			Posi				(D)	(E)	(F)
Name and title	Average	· ·	not chec , unless					Reportable	Reportable	Estimated amount
	hours		er and a	•				compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	ord	Ins	Office	Key	em Hig	For	1099-MISC/	1099-MISC/	organization and
	related	Individual trustee or director	Institutional trustee	icer	key employe	hest	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	tor tru	onal		ploy	com				
	below	Jstee	trust		8	Ipen				
	dotted line)		ee			Highest compensated employee				
						<u>u</u>				
(1)EMILY_SEIBEL	40.00									
EXECUTIVE DIRECTOR					Х			86,272	0	0
(2)KEVIN_MCGRUDER	1.00									
TRUSTEE		х						0	0	0
(3)ARTIE_ISAAC	1.00									
TRUSTEE		х						0	0	0
(4) TRUTH_GARRETT	1.00									
TRUSTEE		х						0	0	0
(5)APRIL_WOLFORD	<u>1.00</u>									
TRUSTEE		х						0	0	0
(6) DAVID_SCOTT	<u>1.00</u>									
TRUSTEE		х						0	0	0
(7) STEVE MCQUEEN	1.00									
TRUSTEE		х						0	0	0
(8)LINDA_COX	<u>1.00</u>									
TRUSTEE		х						0	0	0
(9)BECCA_BAYMAN	<u>1.00</u>									
TRUSTEE		х						0	0	0
(10)ANTHONY FIFE	2.00									
TREASURER		х		x				0	0	0
(11)MALTE_VON_MATTHIESSEN	2.00									
VICE PRESIDENT		х		x				0	0	0
(12)CHRISTOPHER BONGORNO	2.00									
PRESIDENT		х		x				0	0	0
(13)MARK_BAKER	<u>1.00</u>									
TRUSTEE		х		x				0	0	0
(14)LELA_KLEIN	2.00									
SECRETARY		х		x				0	0	0

	990 (2023) YELLOW SPRINGS HO		<u> </u>							31-	16561	.93		age <b>8</b>
Part	VII Section A. Officers, Directors, T	rustees,	Keyl	Eml	-	-	es, a	nd	Hignest Comp	pensated	Emplo	byees	(conti	inued,
	(A) Name and title	<b>(B)</b> Average hours per week	box,	, unles	Pos eck m ss per	rson i	han one s both a r/trustee	ın	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensatio from related organizations	on d	cor	(F) ated am of other npensat rom the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		1099-MISC 1099-NEC		orga	nization I organiz	
(15)_														
<u>(</u> 16)_														
<u>(17)</u>														
<u>(</u> 18)_														
<u>(</u> 19)_														
(20)_														
(21)_														
(22)_														
(23)_						7								
(24)_				1										
(25)_														
1b	Subtotal	 Hon A		••	•••	•••	• • •	•						
c d	Total (add lines 1b and 1c)							:	86,272		0			0
2	Total number of individuals (including but r reportable compensation from the organiza	not limited	to tho	se li	isteo	d at	oove)	wh		than \$100,	-			
	Teportable compensation from the organiza												Yes	0 No
3	Did the organization list any former officer, director,													
	employee on line 1a? If "Yes," complete Schedule . For any individual listed on line 1a, is the sum of re								ention from the			3		Х
4	organization and related organizations greater than \$		-					-						
	individual											4		х
5	Did any person listed on line 1a receive or accrue of													
Sect	for services rendered to the organization? If "Yes," of on B. Independent Contractors	complete Sci	nedule	J for	SUC	h pe	erson	••	<u></u>			5		X
1	Complete this table for your five highest co	mpensate	d inde	pen	den	t co	ontrac	tors	s that received m	ore than \$	100,00	0 of		
	compensation from the organization. Repo	•		•									ı's tax	year
	(A)								(B)			(C)		
	Name and business addres	S						-	Description of servic	es	C	Compens	ation	
2	Total number of independent contractors (in	ncluding b	ut not	limi	ited	to t	those	list	ed above) who					

received more than \$100,000 of compensation from the organization
--

Part V	90 (2023)         YELLOW SPRINGS HOME INC           VIII         Statement of Revenue			31-16561	L <b>93</b> Pag
	Check if Schedule O contains a response or note to a	Iny line in this Part (A) Total revenue	VIII	(C) Unrelated business revenue	(D) Revenue excluded from tax under
ຽດ	1aFederated campaigns1abMembership dues1b27,63	38			sections 512–51
ts, Gran Amount	cFundraising events1c11,68dRelated organizations1d				
ons, Gift Similar ,	e     Government grants (contributions)     1e     67,84       f     All other contributions, gifts, grants,     1f     1f				
Contributions, Gifts, Grants and Other Similar Amounts	and similar amounts not included above     1f     638,07       g     Noncash contributions included in lines 1a-1f     1g	/9			
5 8	h Total. Add lines 1a-1f Business Cod	,			
Revenue	2a b				
Revenue	c d				
	f       All other program service revenue         g       Total.       Add lines 2a-2f				
	3 Investment income (including dividends, interest, and other similar amounts)		5,771		
	4       Income from investment of tax-exempt bond proceeds         5       Royalties         (i) Real         (ii) Personal				
	6a         Gross rents         6a         94,642           b         Less: rental expenses         6b         2,235				
	c Rental income or (loss)     6c     92,407       d Net rental income or (loss)	92,407	92,407		
	7a Gross amount from sales of assets other than inventory     (i) Securities     (ii) Other	·			
iue	b Less: cost or other basis and sales expenses 7b				
Other Revenue	c Gain or (loss)       7c         d Net gain or (loss)				
Othe	8a Gross income from fundraising events (not including \$ 11,685 of contributions reported on line         1c). See Part IV, line 18				
	b Less: direct expenses	-			
	9a Gross income from gaming activities. See Part IV, line 19     9a				
	b Less: direct expenses       9b         c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b				
	c Net income or (loss) from sales of inventory				
Revenue	11a b				
Rev	c				
	12 Total revenue. See instructions		98,178	0	

#### Form 990 (2023) YELLOW SPRINGS HOME INC

Part IX Statement of Functional Expenses 31-1656193

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, 7b, (B) (C) (D) Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . . . 296,836 296,836 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . 4 Benefits paid to or for members ..... 5 Compensation of current officers, directors, trustees, and key employees ..... 88,253 67,978 4,413 15,862 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .... 7 Other salaries and wages . . . . . . . . . . . . . . 151,188 108,273 16,848 26,067 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,230 6,230 . . 9 Other employee benefits ..... 16,726 16,726 10 17,798 17,798 11 Fees for services (nonemployees): а b . . . 32,180 С Accounting 16,090 16,090 d Professional fundraising services. See Part IV, line 17 . . е f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column α (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion . . . . . . . 1,172 1,172 13 Office expenses ..... 39,102 39,102 14 Information technology 15 16 11,874 11,874 17 3,150 1,575 1,575 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . 20 16,775 4,181 12,594 Payments to affiliates 21 Depreciation, depletion, and amortization . . . . . 22 75,336 74,875 461 23 6,045 6,045 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 2,543 HOMEBUYER SERVICES 2,543 а **b PROPERTY TAXES** 33,702 33,702 **c** SUBSCRIPTIONS & DUES 10,044 10,044 d BANK FEES 1,131 1,131 All other expenses е 25 Total functional expenses. Add lines 1 through 24e . . 810,085 617,269 150,887 41,929 Joint costs. Complete this line only if the 26 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)	YELLOW	SPRINGS	HOME	INC
Part X	Balance S	Sheet			

Page **11** 

Par	t X	Balance Sheet				_
		Check if Schedule O contains a response or note to any line in this	Part X	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		119,387	1	201,673
	2	Savings and temporary cash investments		30,996	2	69,962
	3	Pledges and grants receivable, net		1,012,115	3	2,072,951
	4	Accounts receivable, net		50	4	50
	5	Loans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%			-	
	~	controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined			<b>^</b>	
	-				6	
ŝts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
∢	9	Prepaid expenses and deferred charges			9	12,549
	10a	Land, buildings, and equipment: cost or other				
	<b>b</b>		90,287	0 000 404	10-	
	b		39,617	2,988,486		3,100,670
	11	Investments - publicly traded securities		C 114	11	
	12		-	6,114	12	
	13	Investments - program-related. See Part IV, line 11			13 14	6,324
	14	Other assets. See Part IV, line 11		00.100		
	15	Total assets. Add lines 1 through 15 (must equal line 33)		88,189	15	E 464 180
	16 17	Accounts payable and accrued expenses		4,245,337	16 17	5,464,179
	18	Grants payable		76,926	17	26,729
	10	Deferred revenue		007 720	10	0 070 051
	20	Tax-exempt bond liabilities		807,730	20	2,072,951
	20	Escrow or custodial account liability. Complete Part IV of Schedule D			20	
Ś	21	Loans and other payables to any current or former officer, director,			21	
Liabilities	~~~	trustee, key employee, creator or founder, substantial contributor, or 35%				
lida		controlled entity or family member of any of these persons			22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		1,704,556	23	1,707,425
	24	Unsecured notes and loans payable to unrelated third parties		32,387	24	1,707,425
	25	Other liabilities (including federal income tax, payables to related third		52,507		
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		2,621,599	26	3,807,105
		Organizations that follow FASB ASC 958, check here		2,022,033		3,001,100
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		1,619,353	27	1,652,689
Bal	28	Net assets with donor restrictions		4,385	28	4,385
P		Organizations that do not follow FASB ASC 958, check here				-/
μ		and complete lines 29 through 33.				
P	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
<b>V</b> ss	31	Retained earnings, endowment, accumulated income, or other funds			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		1,623,738	32	1,657,074
Ž	33	Total liabilities and net assets/fund balances		4,245,337	33	5,464,179
				_,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Eorm <b>990</b> (2023

EEA

Form 990 (2023)

	990 (2023) YELLOW SPRINGS HOME INC	31-1656193	3	Pa	ige <b>12</b>
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>		••	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	43,4	421
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	10,	085
3	Revenue less expenses. Subtract line 2 from line 1	3		33,	336
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,6	23,	738
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	1,6	57,	074
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				/es	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🕱 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	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 X Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		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.				
	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?		2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	-			
-			3b		
EEA		I	Form 9	<b>990</b> (2	2023)
					)

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### 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.

Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number YELLOW SPRINGS HOME INC 31-1656193 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**. 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 X 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 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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 а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, С 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) d 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 e functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f . . . . . . . . . . . Provide the following information about the supported organization(s). g (i) Name of supported organization (vi) Amount of (iv) Is the organization (v) Amount of monetary (ii) EIN (iii) Type of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

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

OMB No. 1545-0047

	Ile A (Form 990) 2023 YELLOW SPR:	INGS HOME I	NC			31-165619	3 Page 2
Part							
	(Complete only if you checked the						ualify under
	Part III. If the organization fails t	o qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	1		1			
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	( <b>d)</b> 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	412,609	430,703	478,268	674,135	745,244	2,740,959
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	412,609	430,703	478,268	674,135	745,244	2,740,959
5	The portion of total contributions by		,	,	,	,	
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						663 000
6	Public support. Subtract line 5 from line 4						663,000
	ion B. Total Support						2,077,959
	ndar year (or fiscal year beginning in)	( <b>a</b> ) 2019	(b) 2020	(c) 2021	( <b>d</b> ) 2022	(e) 2023	(f) Total
7	Amounts from line 4					- · ·	
		412,609	430,703	478,268	674,135	745,244	2,740,959
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
•		46,479	61,786	93,265	2,647	5,771	209,948
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						2,950,907
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop her						
Sect	ion C. Computation of Public Suppo						
14	Public support percentage for 2023 (line	6, column (f), d	divided by line	11, column (f)	)	14	70.42 %
15	Public support percentage from 2022 Scl	nedule A, Part	II, line 14			15	64.84 %
16a	33 1/3% support test - 2023. If the organ	ization did not	check the box	on line 13, and	l line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua	lifies as a publi	cly supported	organization .			x
b	33 1/3% support test - 2022. If the organ	ization did not	check a box o	n line 13 or 16a	a, and line 15	is 33 1/3% or ı	more, check
	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - 202						
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa					•	
	organization			-	•		
h	10%-facts-and-circumstances test - 202						
b		•					
	15 is 10% or more, and if the organization					•	•
	in Part VI how the organization meets the			-	•		•••
	organization						
18	Private foundation. If the organization di						
	instructions						[

Schedu	e A (Form 990) 2023 YELLOW SPR:					31-165619	Page 3
Part	III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked the second	ne box on lin	e 10 of Part I	or if the orga	inization faile	d to qualify i	under Part II.
	If the organization fails to qualify	v under the te	ests listed bel	ow, please co	mplete Part	II.)	
Secti	on A. Public Support				•	,	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees			<u> </u>	<u> </u>	(-)	
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
5	1						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(u) _0.0		(0) = 0 = 0	(4) ====	(0) =0=0	(1) 1010
10a	Gross income from interest, dividends,						
iou	payments received on securities loans, rents,						
h	royalties, and income from similar sources • Unrelated business taxable income (less						
b							
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included 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.)						
14	First 5 years. If the Form 990 is for the o	rganization's fi	rst, second, thi	rd, fourth, or fi	fth tax year as	a section 501	(c)(3)
	organization, check this box and stop her						Г
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2023 (line		-	13 column (f)	))	15	%
16	Public support percentage from 2022 Scl		•			16	%
	on D. Computation of Investment In					10	
17	Investment income percentage for 2023 (I			v line 13 colu	mn (f))	17	%
				-		17	
18 10a	Investment income percentage from <b>2022</b>						%
19a	<b>33 1/3% support tests - 2023.</b> If the organization of the organiz						
	17 is not more than 33 1/3%, check this b	•					yamzalion
b	33 1/3% support tests - 2022. If the organization						-
	line 18 is not more than 33 1/3%, check this box a	•					L
20	Private foundation. If the organization di	a not check a	box on line 14,	19a, or 19b, c	neck this box a	and see instru	cuons

	(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part	I, co	mple	te
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part	V.)	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			-
-	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	•		
2				
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported	-		
_	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
•	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
12	Was any supported organization not organized in the United States ("foreign supported organization")? If	00		
4a	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4-		
		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
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 <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	vu		
~	designated in the organization's organizing document?	5b		
-	Substitutions only. Was the substitution the result of an event beyond the organization's control?			
c		5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	Ja		
U	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	Oh		
~		9b		
С	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.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

		31-1656193		F	Page 5
Part	IV Supporting Organizations (continued)				
				Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	as the and			
а	A person who directly or indirectly controls, either alone or together with persons described on lir		110		
<b>b</b>	11c below, the governing body of a supported organization?		1a  1b		<u> </u>
b	A family member of a person described on line 11a above? A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11				
С	provide detail in <b>Part VI.</b>		l1c		
Secti	on B. Type I Supporting Organizations				
0000				Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		100	
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's o				
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)				
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one su	upported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated am				
	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 support	ed			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," expla-	ain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operat	ed,			
	supervised, or controlled the supporting organization.		2		
Secti	on 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 t				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how				
	or management of the supporting organization was vested in the same persons that controlled or n	-	4		
Socti	the supported organization(s). on D. All Type III Supporting Organizations		1		<u> </u>
5000				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			103	
•	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	e supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain it				
	how the organization maintained a close and continuous working relationship with the supported org	yanization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organiz	ations have			
	a significant voice in the organization's investment policies and in directing the use of the organiz	zation's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization	tion's			
	supported organizations played in this regard.		3		
	on 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 ( <b>see II</b>	nstr	uctio	ns).
a L	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>				
b	The organization is the parent of each of its supported organizations. <i>Complete <b>line 3</b> below.</i>	()			
с 2	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i> Activities Test. <i>Answer lines 2a and 2b below.</i>	(see instructions).	Γ	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt	nurnoses of		163	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> is				
	those supported organizations and explain how these activities directly furthered their exempt pu	-			
	how the organization was responsive to those supported organizations, and how the organization of	•			
	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 engage	ed in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s				
	have engaged in these activities but for the organization's involvement.		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.				
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directed	ors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	;	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part	A (Form 990) 2023 YELLOW SPRINGS HOME INC     Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	31-165 izations	6193 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying			lain in <b>Part VI</b> ). See
	instructions. All other Type III non-functionally integrated supporting organi	zatio	ns must complete Secti	ions A through E.
			· · · · ·	(B) Current Yea
Sect	on A - Adjusted Net Income		(A) Prior 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
ecti	on 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 i	ntegrated Type III suppo	orting organization
-	(see instructions).			

Schedule A (Form 990) 2023

EEA

Schedul Part	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ		56193 Page 7
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	3
4	Amounts paid to acquire exempt-use assets		4	•
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in <b>Part</b>	VI) 5	5
6	Other distributions (describe in Part VI). See instructions.		6	<b>i</b>
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.		8	8
9	Distributable amount for 2023 from Section C, line 6		g	
10	Line 8 amount divided by line 9 amount		1	0
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
b	Excess from 2020			
	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			
EEA				Schedule A (Form 990) 2023

Schedule A (F	orm 990) 2023 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

OMB No. 1545-0047

#### Attach to Form 990, 990-EZ, or Form 990-PF.

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

Employer identification number Name of the organization YELLOW SPRINGS HOME INC 31-1656193 Organization type (check one):

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

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

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

#### **General Rule**

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

#### Special Rules

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

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

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

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

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

	ganization SPRINGS HOME INC		Employer identification number 31–1656193
Part I	Contributors (see instructions). Use duplicate cor	pies of Part I if additional spac	e is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
_1_	DONOR 1	\$70,	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
_2_	DONOR 2	\$ <u></u>	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution

Schedule B (Form 990) (2023)

_1_	DONOR 1	\$ <u>70,624</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	DONOR 2	\$26,520	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_3_	DONOR 3	\$15,000	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_4	DONOR 4	\$15,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_5_	DONOR 5	\$141,858	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DONOR 6	\$30,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
EEA			Schedule B (Form 990) (2023

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_7_	DONOR 7	\$25,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	PersonIPayrollINoncashI(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

EEA

Employer identification number 31–1656193

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

YELLOW SPRINGS HOME INC

SCHEI	DULE D
(Form	990)

### **Supplemental Financial Statements**

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

2023 **Open to Public** 

OMB No. 1545-0047

Inspection

Name of the organization	ation
Internal Revenue Servi	ce
Department of the Trea	asury

Go to www.irs.gov/Form990 for instructions and the latest information	on.	Inspect
	Employer identific	ation number

Name o	The organization	Employer identification number
	W SPRINGS HOME INC	31-1656193
Pa		counts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	d
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	No
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		nistorically important land area
		certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a d	concervation
2	easement on the last day of the tax year.	Held at the End of the Tax Year
-	Total number of conservation easements	
a		
b	Total acreage restricted by conservation easements	· · 2b
C	Number of conservation easements on a certified historic structure included on line 2a	· · 2c
d	Number of conservation easements included on line 2c, acquired after July 25, 2006, and not	
	on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stat	
	sheet, and include, if applicable, the text of the footnote to the organization's financial statements that desc	ribes the
	organization's accounting for conservation easements	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and b	alance sheet works
-	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthe	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balar	nce sheet works of
5	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	¢
	(ii) Assets included in Form 990, Part X	
•		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga	in, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	<b>^</b>
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	\$

Schedul	e D (Form 990) 2023 YELLOW SPRINGS HOM	E INC					31-1656		Page <b>2</b>
Part	III Organizations Maintaining Col	lections of	Art, His	storical T	reasures,	or Otl	ner Similar As	sets (col	ntinued)
3	Using the organization's acquisition, accession, and	nd other records	s, check a	any of the fo	llowing that ma	ke sign	ficant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan o	r exchange pro	gram			
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's collection	ons and explain	how they	further the	organization's e	exempt	purpose in Part		
	XIII.								
5	During the year, did the organization solicit or rece	eive donations o	f art, histo	orical treasu	res, or other si	nilar			
	assets to be sold to raise funds rather than to be r	maintained as p	art of the	organization	's collection?			. 🗌 Yes	🗌 No
Part				-					
	Complete if the organization ans	wered "Yes'	' on For	rm 990, F	Part IV, line	9, or r	eported an am	ount on l	Form
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or	other intermedi	ary for co	ntributions o	or other assets	not			
	included on Form 990, Part X?							. 🗌 Yes	No
b	If "Yes," explain the arrangement in Part XIII and c	complete the foll	lowing tab	le.					
							Am	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Form 9	90, Part X, line	21, for es	crow or cus	todial account	liability	?	. 🗌 Yes	No
b	If "Yes," explain the arrangement in Part XIII. Chee	ck here if the ex	planation	has been p	rovided on Part	XIII			
Part	V Endowment Funds								
	Complete if the organization ans	wered "Yes'	' on For	m 990, F	Part IV, line	10.		_	
	(a)	) Current year	(b) P	rior year	(c) Two years b	ack	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance	6,311		6,311	5,	617	5,617		4,922
b	Contributions								
С	Net investment earnings, gains, and								
	losses					694			695
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance	6,311		6,311		311	5,617		5,617
2	Provide the estimated percentage of the current ye	ear end balance	e (line 1g,	column (a))	held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment%								
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c should en	-							
3a	Are there endowment funds not in the possession	of the organiza	tion that a	are held and	administered f	or the		Г	
	organization by:								Yes No
	()							- 3a(i)	
	(ii) Related organizations?							- 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations	•				• • • •		- 3b	
4	Describe in Part XIII the intended uses of the orga		wment fu	nds.					
Part									
	Complete if the organization ans								
	Description of property	(a) Cost or oth			r other basis	• •	Accumulated	(d) Book	value
		(investme	ent)		other)	de	preciation		
1a					L38,411				38,411
b	Buildings				985,283		255,391		29,892
C	Leasehold improvements				259,628		28,456	23	31,172
d					6,965		5,770		1,195
e	Other		( 11	(E)					
i otal.	Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part X	., IINE 1UC,	. coiumn (B)				3.10	0,670

Schedule D (Form 990) 2023

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Column (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 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)/ANGUARD	6,324	Cost
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))	6,324	

#### Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B))	

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

Page 3

31-1656193

		31-1656193	Page 4
Part		er Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information		

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

SCHEDULE I	Grants and Otl	Grants and Other Assistance to Organizations,	Organizations,			OMB No. 1545-0047
(Form 990)	GOVERNMENTS, ar Complete if the organization	GOVERTIMENTS, and IndividualS In the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	<b>ne United State</b> m 990. Part IV, line 21 ol	S.	Ċ	2023
Department of the Treasury Internal Revenue Service	Go to www.i	Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for the latest information.	st information.		5	Upen to Public Inspection
Name of the organization					Employer identification number	on number
N SP	Constrained Annual Manage				31-1656193	
	Grants and Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the orants or assistance?	substantiate the amount of the grants or a	ants or assistance, the grantees' eligibility for the grants or assistance, and	oility for the grants or assi	stance, and	-	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monitoring the use of grant fund	ds in the United States.				-
Part II Grants and Other Assistand Part IV. line 21. for any recipi	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21. for any recipient that received more than \$5.000. Part II can be duplicated if additional space is needed.	I Domestic Governmen ). Part II can be duplicate	<b>ts.</b> Complete if the or ed if additional space	ganization answered is needed.	"Yes" on Form 990	
1 (a) Name and address of organization or government	(if applicable) (if applicable)	n (d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
				omer)		
			1			
(2)		9				
(3)						
(4)						
(5)						
(9)						
(8)						
(6)						
(10)						
<ul> <li>2 Enter total number of section 501 (c)(3) and government organizations listed</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>		in the line 1 table				
۵	e Instructions for Form 990				Sched	Schedule I (Form 990) 2023

2

EEA

(For	INC				31-1656193 Page 2	1
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	omestic Individu Il space is needec	<b>als.</b> Complete if the I.	organization answ	vered "Yes" on Form 99(	), Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	1
MAJOR, EMERGENCY, AND SAFETY HOME	23	386 386		VENDORS PAID		1
2				1110000		1
I						1
4						1
G						1
ø						I
						1
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information re	equired in Part I, line	e 2; Part III, colum	n (b); and any other adc	litional information.	<b>i</b> )
01. Monitoring procedures (Part	irt I, line 2)	2)				
GRANT ASSISTANCE FOR HOME REPAIRS ARE GRANTED TO		ELIGIBLE LOW INCOME INDIVIDUALS.		STAFF ACCEPTS THE R	THE REQUESTS AND APPROVES	
BASED ON THE NEEDS AND AVAILABLE FUNDSTO ASSIST LOW INCOME INDIVIDUALS.	TO ASSIST LOW	INCOME INDIVIDUA	LS.			
						i .
						i i
S						1
						1
						1
						1
						1
EEA					Schedule I (Form 990) 2023	m

### SCHEDULE O (Form 990)

### 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.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

### YELLOW SPRINGS HOME INC

Employer identification number 31-1656193

#### 01. Form 990 governing body review (Part VI, line 11)

The return is presented to the Director and the Director presents the return to

governing

body for approval, prior to filing the 990.

### 02. Conflict of interest policy compliance (Part VI, line 12c)

The governing body meets bi-monthly and any conflicts are discussed at the meetings.

Annually, the board governance chair shares forms with board members and collects them

once completed.

#### 03. CEO, executive director, top management comp (Part VI, line 15a)

The Director reviews and recommends pay raises for employees other than the Director,

which the board approves as part of its annual budgeting. The budget is approved

annually

at the recommendation of the finance committee

#### 04. Other officer or key employee compensation (Part VI, line 15b

The governing body reviews analyzes, and determines any pay raises to be granted.

#### 05. Governing documents, etc, available to public (Part VI, line 19)

Yellow Springs Home Inc. holds an annual membership meeting open to the public, which is

advertised. The annual meeting includes a report on activities, election of officers,

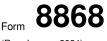
and

financial report. All members are provided with a printed annual report, which is posted

electronically to the website and includes a financial report. Recent financial records,

edule O (Form 990) 2023	P Employer identification number
e of the organization ILOW SPRINGS HOME INC	31–1656193
luding the 990 and most recent audit are also p	posted publicly on the website.

	4562		Depreciatio	on and A	mortizatio	n	(	OMB No. 1545-0172
Form	7302		(Including Infor			rty)		2023
Departr	nent of the Treasury	0	Attack	h to your tax r	eturn.			Attachment 170
	Revenue Service	Go to	www.irs.gov/Form4562					Sequence No. 179
	s) shown on return	HOME THE	Busines		nich this form relates			fying number 656193
Par			ertain Property Und				<u> </u>	050195
		-	property, complete Pa			t I.		
1	Maximum amou	nt (see instructio	ns)				1	
2			placed in service (see		,		2	
3		•	perty before reduction			-	3	
4			line 3 from line 2. If ze	,			4	
5		•	tract line 4 from line 1.			-	_	
6			•••••				5	
6	(a)	Description of proper	ty	(b) Cost (busin	less use only)	(c) Elected cost		
7	Listed property.	Enter the amount	t from line 29		7			
8			property. Add amounts				8	
9	Tentative deduct	ion. Enter the <b>sm</b>	aller of line 5 or line 8	· · · · · · `	· · · · · · · · · · · ·		9	
10			n from line 13 of your				10	
11	Business income li	mitation. Enter the s	maller of business income	(not less than	zero) or line 5. See	instructions	11	
	•		Add lines 9 and 10, bu				12	
			n to 2024. Add lines 9			13		
			/ for listed property. Ins					
Part		•	Iowance and Other				ee inst	ructions.)
14			or qualified property (or				4.4	
15	Proporty subject	to costion 169/f)	ons		•••••••		14 15	
			RS)				16	
Part			<b>Don't</b> include listed prop				10	
				ection A				
17	MACRS deducti	ons for assets pla	aced in service in tax y		ng before 2023		17	75,336
		•	ssets placed in service		-			
	asset accounts,	check here						
	Section	n B - Assets Pla	ced in Service During	g 2023 Tax Y	ear Using the	General Depreciatio	n Sys	tem
(a)	Classification of proper	(b) Month and year ty placed in service	r (c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) 🗆	epreciation deduction
19a	3-year propert	/						
b	5-year propert							
<u> </u>	7-year propert							
d	- 7 11							
f	15-year propert 20-year propert							
 		-		25 yrs.		S/L		
	Residential ren			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential	real		39 yrs.	MM	S/L		
	property				MM	S/L		
	Section	C - Assets Plac	ed in Service During	2023 Tax Ye	ear Using the A	Iternative Depreciat	tion S	ystem
20a	Class life					S/L		
	12-year			12 yrs.		S/L		
	30-year			30 yrs.	MM	S/L		
	40-year		\	40 yrs.	MM	S/L		
Part	- 1	(See instructions.					04	
			om line 28				21	
22			lines 14 through 17, lin of your return. Partne				22	75 000
23			ced in service during the	•	· _		22	75,336
20		•	section 263A costs	-		23		
For P			separate instructions					Form 1562 (0000)



#### (Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

### File a separate application for each return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Ide	ntification	
Type or	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
print	YELLOW SPRINGS HOME INC	31-1656193
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for	PO BOX 503	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	Yellow Springs OH 45387	

Enter the Return Code for the return that this application is for (file a separate application for each return). . . . . . . . . 0 1

Application Is For	Return	Application Is For	Return
	Code		Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

<b>DI</b>	N	
Plan	Name	

Plan Number

Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

Telep If the	books are in the care of EMILY SEIBEL, PO BOX 503 Yellow Springs OH 45387 whone No. <u>937-767-2790</u> Fax No. organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)		
for the	whole group, check this box	Г	
	vith the names and TINs of all members the extension is for.	• ∟	and attach
<u>a 1151 v</u>			
1	I request an automatic 6-month extension of time until $11-15$ , 20 $\underline{24}$ , to file the <b>exem</b> the organization named above. The extension is for the organization's return for: <b>x</b> calendar year 20 23 or	npt oi	rganization return for
	tax year beginning, 20, and ending		, 20
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final Change in accounting period	returr	1
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
С	<b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Form	887	<b>'9-</b> '	ΤE
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Department of the Treasury Internal Revenue Service

### IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning , 2

, 2023, and ending

2023

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN 31-1656193

, 20

YELLOW SPRINGS HOME INC Name and title of officer or person subject to tax

#### CHRISTOPHER BONGORNO, PRESIDENT Part I Type of Return and Return Information

Part	Тур	e of Retur	n and	Retur	n information	1					
									, from the return. Fo		
									neck the box on line <b>1</b> blank, then leave line		
- , ,						0			return, then enter -0-	, ,	
					ne line in Part I.						
1a	Form 990 c	heck here		□ t	o Total revenue,	if any (Form 990, Pa	art VIII, column (/	A), line	e 12)	1b	
2a	Form 990-E	Z check here		<u> </u>	o Total revenue,	if any (Form 990-EZ	Z, line 9)			2b	
3a	Form 1120	-POL check he	ere	<u> </u>	<b>Total tax</b> (Form	n 1120-POL, line 22)				3b	
4a	Form 990-F	<b>PF</b> check here		□ k	Tax based on i	nvestment income	(Form 990-PF, I	Part V	, line 5) ••••	4b	
5a	Form 8868	check here		X t	Balance due (F	Form 8868, line 3c)				5b	0
6a	Form 990-1	r check here		□ t	<b>Total tax</b> (Form	990-T, Part III, line	4)			6b	
7a	Form 4720	check here			<b>Total tax</b> (Form	n 4720, Part III, line 1	)			7b	
8a	Form 5227	check here		□ t	FMV of assets	at end of tax year (	(Form 5227, Item	n D)		8b	
9a	Form 5330	check here				5330, Part II, line 19				9b	
10a		-CP check her							Part III, line 22)	10b	
Part I	I Dec	laration ar	nd Sig	nature	e Authorizatio	on of Officer o					
Under p	enalties of p	erjury, I decla	re that		I am an officer of	the above entity or			n subject to tax with r		
of entity)	-					, (EIN)			and that I have exan	13	
									lief, they are true, co		
									turn. I consent to allo to receive from the IR		
									the return or refund		
									an electronic funds v		
·	, ,								e federal taxes owed		
									S. Treasury Financia		
									cial institutions involv and resolve issues re		
									id, if applicable, the c		
	c funds with		Sonano	lontinouti		as my signature for t		annan			
PIN: che	eck one bo	x only									
x la	authorize	CAST Acc	count	ing			to enter my F	PIN	12345	as my signature	
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		egulating chari		part of th	e IRS Fed/State p	rogram, I also autho	rize the aforeme	ntione	d ERO to enter my P	IN on the	
		sure consent	screen.								
		-							tax year 2023 electr		
								igency	(ies) regulating chari	ities as part	
Of	the IRS Fe	d/State progra	m, i wiii	enter my	Pin on the return	i's disclosure conse	nt screen.				
-		person subject		<del></del>	<del></del>				Date	2024	
Part I		tification a									
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	0	eturn in accorc ess Returns.	iance wi	in the re	quirements of Pub	. 4163, Modernized e	e-⊢lie (Me⊢) Infoi	rmatio	n for Authorized IRS	e-file	
TUVIUE											
ERO's si	gnature							Date	10-01-2024		
						n This Form - S					
		[	Do No	t Subr	nit This Form	n to the IRS Un	less Reques	sted	To Do So		

Form	887	<b>'9-</b> '	ΤE
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Department of the Treasury

### IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning , 2

, 2023, and ending

EIN or SSN

31-1656193

, 20

2023

Do not send to the IRS. Keep for your records. Go to *www.irs.gov/Form8879TE* for the latest information.

Internal Revenue Service

Name of filer

YELLOW SPRINGS HOME INC

Name and title of officer or person subject to tax

#### CHRISTOPHER BONGORNO, PRESIDENT Part I Type of Return and Return Information

Part		туре	of Re	turn a	ina	Retu	n into	rmation								
								orm 8879-TE and ent								
								For all other forms, en								
								n that line for the return blank (do not enter -0-								
							one line in		-). Dut, ii you	rentereu -		return, then		JIT LITE		
••			eck here	•		_		revenue, if any (Forr	n 990 Part V		n (Δ) lind	a 12)		1b	012 121	
			Z check h					revenue, if any (Forr			. ,			2b	843,421	-
						H		tax (Form 1120-POL								
			POL cheo			H								3b		
-			check h			H		based on investment				,		4b		_
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			check he			H		tax (Form 990-T, Par						6b		_
-			heck her			Ц		tax (Form 4720, Part						7b		_
8a	Form	<b>5227</b> с	heck her	re	••	_		of assets at end of t						8b		
9a	Form	5 <b>330</b> c	heck her	re	• •	_		<b>lue</b> (Form 5330, Part						9b		
10a	Form		CP check					unt of credit paymer					22)	10b		
Part I		Decla	aratior	n and	Sig	natur	e Auth	orization of Of	ficer or P	Person S	Subjec	t to Tax				
Under pe	enaltie	es of pe	rjury, I de	eclare t	hat		l am an	officer of the above e	entity or	🗌 I am	a persor	n subject to	tax with re	spect to (r	name	
of entity)									, (EIN)			and that I h	ave exami	ned a cop	by of the	
2023 ele	ctroni	ic returr	n and acc	compan	iying s	schedu	les and s	statements, and, to the	e best of my	knowledg	e and be	lief, they are	true, corr	ect, and		
								is the amount shown								
								n originator (ERO) to								
								ansmission, <b>(b)</b> the rea reasury and its design								
								ated in the tax prepara								
								account. To revoke a								
								payment (settlement)								
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				a persoi	nal ide	entifica	tion numb	ber (PIN) as my signa	ature for the	electronic	return an	id, if applica	ble, the co	onsent to		
electroni	c fund	ds witho	irawal.													
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<b>x</b> la	luthori	ize -	CAST	Accou	inti	.ng				to enter m	ıy PIN	12345		_ as my s	signature	
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I certify t	hat th	ne above	e numerio	c entry	is my	PIN, w	hich is m	ny signature on the 20	23 electroni	cally filed	return inc	licated abov	e. I confirr	n that I		
	•				ce wit	h the re	equiremen	nts of Pub. 4163, Mod	dernized e-Fi	ile (MeF) I	nformatio	n for Author	ized IRS e	;-file		
Provider	s for E	Busines	s Return	IS.												
ERO's sig	natur	P									Date	10-01-	-2024			
	gracult	•									Duit					
						EB	O Mus	st Retain This F	orm - Se	e Instru	ctions					-

# Do Not Submit This Form to the IRS Unless Requested To Do So

Statement of Program Service Accomplishments

Name(s) as shown on return

2023 PG01

Your Social Security Number 31-1656193

Statement #4

YELLOW SPRINGS HOME INC

### Form 990-Part III(a) Statement of Service Accomplishment

Program Service Code	
Program Service Expenses	\$617269
Grants and allocations included in above expense	\$0
Program Services Revenue	\$829741

### Explanation

AFFORDABLE HOUSING DEVELOPMENT: IN 2023, YELLOW SPRINGS HOME, INC. COMPLETED PREDEVELOPMENT WORK ON A 32-UNIT PROJECT, THE CASCADES. SPECIFIC ACCOMPLISHMENTS INCLUDE SECURING FUNDING COMMITMENTS FOR PHASE I, EIGHT UNITS OF RENTALS SERVING SENIORS OF LOW-INCOME, INCLUDING A RESERVATION OF \$1,469,017 IN FUNDING THROUGH THE COMPETITIVE HOUSING DEVELOPMENT ASSISTANCE PROGRAM THROUGH THE OHIO HOUSING FINANCE AGENCY. ADDITIONAL MILESTONES INCLUDE A PHASE I ENVIRONMENTAL SITE ASSESSMENT, BOUNDARY SURVEY, SOIL BORINGS, SITE MANAGEMENT, SECURING ZERO INTEREST FINANCING FOR PREDEVELOPMENT, A LEED SILVER DESIGN CHARRETTE, PROJECT MANAGEMENT PLANNING AND CRITICAL PATH ANALYSIS FOR CURRENT/FUTURE PROJECT PHASES, PREPARATION OF FINAL PLANS WITH ARCHITECTS AND CIVIL ENGINEERING, SECURED INTERIM AND PERMANENT FINANCING PREAPPROVALS, AND COMPLETION OF LANDSCAPING, UTILITY, AND STORMWATER MANAGEMENT PLANS. THE PROJECT IS INFORMED BY SIGNIFICANT PUBLIC INPUT INCLUDING 18 LISTENING... SESSIONS, A SENIOR-FOCUSED FORUM, NEIGHBOR ENGAGEMENT, PUBLIC INPUT MEETINGS, AND AN ONLINE SURVEY. GROUNDBREAKING FOR PHASE I IS ANTICIPATED IN 2024. MAJOR HOME REPAIR PROGRAMS: THE CAROL M. PETERSON HOUSING FUND (CMPHF) IS AN ANNUAL GRANT THAT ASSISTS HOMEOWNERS OF LOW-INCOME WITH EMERGENCY HEALTH, SAFETY, AND ACCESSIBILITY REPAIRS AND MODIFICATIONS. ADDITIONALLY, IN 2021, YELLOW SPRINGS HOME, INC. RECEIVED A TWO-YEAR \$200,000 FUNDING AWARD THROUGH THE USDA RURAL DEVELOPMENT HOUSING PRESERVATION GRANT. IN 2023, YELLOW SPRINGS HOME, INC. COMPLETED FIVE USDA HOUSING PRESERVATION GRANT PROJECTS AND 14 CMPHF PROJECTS. TYPES OF MAJOR HOME REPAIRS INCLUDED: ROOF REPLACEMENT, ADDRESSING WATER DAMAGE ISSUES, INSTALLING AIR CONDITIONING, ACCESSIBLE SHOWER MODIFICATIONS, AND A HOST OF OTHER EMERGENCY REPAIRS AND ACCESSIBILITY MODIFICATIONS, BOOSTING THE LOCAL ECONOMY THROUGH THE USE OF LOCAL CONTRACTORS TO COMPLETE PROJECTS. CLIENT- AND COMMUNITY-FIRST PROGRAMS: YELLOW SPRINGS HOME, INC.'S CLIENT-FIRST PROGRAM SERVES HOUSEHOLDS OF LOW-TO-MODERATE INCOME WORKING TO ACCESS AFFORDABLE HOUSING THROUGH HIGH-LEVEL, INDIVIDUALIZED FINANCIAL COACHING, HOMEBUYER EDUCATION, LOW-INTEREST MORTGAGE PACKAGING, POST-PURCHASE SUPPORT, RENTAL PROPERTY MANAGEMENT, AND SUPPORT SERVICES COORDINATION. IN 2023 NEARLY ALL CLIENT FIRST PROGRAM METRICS SAW SUBSTANTIAL GROWTH, LEADING TO ADDITIONAL CLIENTS SERVED. 63 NEW HOMEOWNERSHIP APPLICATIONS WERE RECEIVED. 18 LOW-INTEREST USDA 502-DIRECT MORTGAGE APPLICATIONS WERE PACKAGED. AN AFFORDABLE HOME WAS REPURCHASED TO SELL TO ANOTHER HOMEBUYER FAMILY OF LOW-TO-MODERATE INCOME. NINE HOMES WERE PURCHASED WITH USDA MORTGAGES. 12 CLIENTS COMPLETED EIGHT HOURS OF HUD-APPROVED HOMEBUYER EDUCATION. 14 RENTER HOUSEHOLDS OF LOW-INCOME WERE SUPPORTED THROUGH PROPERTY MANAGEMENT AND SUPPORT SERVICES COORDINATION. ADDITIONALLY, THE INCLUSIVE AND RESILIENT YELLOW SPRINGS COALITION FOUNDED AND CONVENED BY YELLOW SPRINGS HOME, INC. CONTINUED COLLABORATION WITH PARTNER AGENCIES TO SUPPORT DIVERSE COMMUNITIES BY IDENTIFYING AND REMOVING BARRIERS TO OPPORTUNITY AND SUCCESS. KEY ACTIVITIES INCLUDED IDENTIFYING FUNDING TO SUPPORT THE HOUSELESS POPULATION, DEVELOPING AND DISTRIBUTING AFFIRMATIVE MARKETING AND OUTREACH BROCHURES, AND THE CONTINUATION OF A LIVABLE, EQUITABLE, AGE-FRIENDLY COMMUNITY PLANNING PROCESS THAT HAS SPURRED NUMEROUS QUALITY-OF-LIFE IMPROVEMENT PROJECTS IN YELLOW SPRINGS.

Montely is a florence of entry and a pertingial a structure of a periodical periodical a periodical periodical a periodical periodi	Basis         B           Adjustment         pee           47, 180         11           36, 000         11           37, 143         11           33, 1176         10           33, 1176         10           33, 1176         10           33, 1176         10           33, 1176         10           33, 1176         10           33, 1176         10           33, 1176         10           33, 1176         10           33, 1176         10           30, 473         10           27, 554         10           47, 180         10           47, 180         10           27, 000         10           27, 000         10           27, 000         10           27, 000         10           27, 000         10	Method A	Rate B 3 6 B	Social security number/EIN 31–1656193 Prior Current Depreciation 43, 761 2, 573 43, 761 2, 573 15, 354 1, 100 24, 533 2, 156	tity number/EIN           1656193         Accumulated           Current         Accumulated           Depreciation         Depreciation           2, 573         46, 334           1, 100         16, 454           2, 156         26, 689
Description         Date         Cost         Basis         Burness         Section         Top         Description         Life           11211         XENLA MYL ZAMD         Date         Cost         Adjusment         Burness         Section         Bornes         Life           12211         XENLA MYL ZAMD         L2-01-2004         47,100         100.000         100.000         0         0           1221         XENLA MYL ZAMD         L2-01-2004         33,143         100.000         100.000         <	Basis         Business         Section         Bonus         Depresentage           47,180         100.00         36,000         100.00         36,000         Bonus         Bencentage         179         Depresentage         Bencentage         Bencentage         179         Depresentage         Bencentage         Bencentage         179         Depresentage         Bencentage         Bencentage <th>Life Method 0 0 0 0 0 0 0 0 0 0 0 0 0 0 57 27.5 SI NDA 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</th> <th>Rate Bate Bate Bate Bate Bate Bate Bate B</th> <th>1 4 6</th> <th>73 Accu</th>	Life Method 0 0 0 0 0 0 0 0 0 0 0 0 0 0 57 27.5 SI NDA 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Rate Bate Bate Bate Bate Bate Bate Bate B	1 4 6	73 Accu
143 W COLLEGE ST LAWD 12-01-2004         47,180         17,180         100.00         0         0           11211 XENLA AVE LAND         12-01-2004         35,000         36,000         36,000         100.00         0         0           321 N HTGH ST LAND         12-01-2004         35,145         37.145         100.00         0         0         0           321 S HTGH ST LAND         12-01-2005         30,100         20.00         100.00         0         0         0           321 S HTGH ST LAND         01-01-2005         30,000         20,00         100.00         0         0         0         0           321 S HTGH ST LAND         01-01-2005         30,000         20,00         100.00         0	47,180       100.00         35,000       100.00         33,176       100.00         33,176       100.00         33,176       100.00         30,000       100.00         30,000       100.00         30,000       100.00         240,000       100.00         240,000       100.00         240,000       100.00         240,000       100.00         240,000       100.00         240,000       100.00         27,554       100.00         27,553       100.00         27,554       100.00         35,823       100.00         100.00       27,000         100.00       27,000         100.00       27,000         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00	0 0 0 0 0 0 0 0 0 0 0 0 1774 27.5 St. 0 0 0 257 27.5 St. 306 27.5 St. 306 27.5 St. 306 27.5 St. 150 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 27.5 St. 31 31 32 32 32 32 32 32 32 32 32 32 32 32 32	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
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321 N HIGH SF LAND         12-01-2004         20,000         20,000         100.00         0	20,000 100.00 33,113 100.00 33,176 100.00 30,000 100.00 240,000 100.00 27,554 100.00 27,554 100.00 27,554 100.00 47,180 100.00 47,180 100.00 47,180 100.00 29,296 100.00 47,180 100.00 27,000 100.00 20,000 100000000000000000000000000000000	0 0 27.5 SI 0 0 27.5 SI 27.5 SI 27.5 SI 0 0 0 27.5 SI 27.5 SI 27.5 SI		43,761 43,761 15,354 24,533	
503 DANTON ST LAND       12-01-2004       33,143       100.00       0       0       0         310 S HIGH ST LAND       01-01-2005       33,116       33,116       100.00       0       0       0         312 S HIGH ST LAND       01-01-2005       33,116       33,116       100.00       0       0       0         312 S HIGH ST LAND       11-01-2005       30,000       30,000       100.00       0       0       0         AND       12-15-2005       30,000       240,000       100.00       0       0       0       0         AND       12-15-2005       30,001       30,000       100.00       0	33,1143 33,176 30,000 100.000 240,000 100.000 240,000 100.000 27,554 100.000 27,554 100.000 27,554 100.000 47,180 100.000 47,180 100.000 47,180 100.000 47,180 100.000 27,500 100.000 27,554 100.000 27,554 100.000 27,554 100.000 27,554 100.000 27,500 100.000 27,500 100.000 27,000 100.000 100.000 27,000 100.0000 100.0000 100.0000 100.0000 100.000 100.000	0 0 27.5 SL 0 0 27.5 SL 27.5 SL 0 0 0 0 27.5 SL 0 0 0 0 0 0 27.5 SL		43,761 15,354 24,533	
310 S HIGH ST LAND       01-01-2005       33,176       100.00       0       0         321 S HIGH ST LAND       01-01-22005       30,000       100.00       100.00       0       0         112 T XENLA AVE HOUSE       12-15-2005       30,000       100.00       100.00       0       0       0         112 T XENLA AVE HOUSE       12-15-2005       30,000       240.000       240.000       200.00       0       0       0       0         122 T XENLA AVE HOUSE       10-01-2008       27,554       27,554       100.00       20,000       0	33,176 100.00 30,000 100.00 100.000 100.00 240,000 100.00 27,554 100.00 27,554 100.00 27,554 100.00 27,554 100.00 47,180 100.00 47,180 100.00 47,180 100.00 27,000 100.00 27,553 100.00 27,554 100.00 27,554 100.00 27,500 100.00 27,000 100.00 20,000 100000000000000000000000000000000	0 27.5 St 0 27.5 St 27.5 St 0 0 0 27.5 St 27.5 St 27.5 St		43,761 15,354 24,533	
321 S HIGH ST LAND       01-01-2005       30,000       30,000       100.000       100.000       100.000         1227 XENLA AVE HOUSE       12-15-2005       30,000       240,000       100.000       100.000       100.000       0       0         ILST XENLA AVE HOUSE       12-15-2005       30,000       240,000       100.000       100.000       100.000       0       0       0         STANCLIFF LOT 7       10-27-2008       37,554       100.000       30,557       27,554       100.000       0	30,000       100.00         240,000       100.00         240,000       100.00         27,554       100.00         27,554       100.00         27,554       100.00         27,554       100.00         27,554       100.00         27,556       100.00         30,473       100.00         43,000       100.00         47,180       100.00         47,180       100.00         47,180       100.00         27,000       100.00         35,823       100.00         100.00       27,000         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00	0 27.5 SL 0 27.5 SL 27.5 SL 0 0 0 0 27.5 SL 27.5 SL 27.5 SL		43,761 15,354 24,533	
1227 XENLA AVE HOUSE       10-11-2005       70,774       70,774       70,774       70,774       70,774         IMNE       121-15-2005       30,000       100.00       100.00       0       0         STANCLIFF LOT 7       10-27-2008       27,554       100.00       100.00       0       0         STANCLIFF LOT 7       10-27-2008       27,554       100.00       100.00       0       0       0         373 W DAVIS LAND       10-05-2011       59,305       100.00       100.00       0       0       0       0         333 W DAVIS LAND       10-05-2011       39,473       30,473       30,473       30,473       100.00       0	240,000       100.00         27,554       100.00         27,554       100.00         27,554       100.00         27,554       100.00         30,473       100.00         30,473       100.00         30,473       100.00         30,473       100.00         43,000       100.00         47,180       100.00         47,180       100.00         47,180       100.00         47,180       100.00         27,000       100.00         35,823       100.00         100.00       27,000         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00	27.5 SL 0 0 27.5 SL 27.5 SL 0 0 0 0 27.5 SL 2 27.5 SL 2 2 5 SL	m oommooc	43,761 15,354 24,533	
IMU12-15-200530,000100.00100.000000.00THISTLE CREEK LOTS 62 07-31-2006240,000240,000100.0030,257 $27.5$	240,000       100.00         27,554       100.00         27,554       100.00         30,473       100.00         30,473       100.00         30,473       100.00         30,473       100.00         30,473       100.00         43,000       100.00         47,180       100.00         47,180       100.00         47,180       100.00         47,180       100.00         25,537       100.00         100.00       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00	0 0 27.5 SI 27.5 SI 27.5 SI 0 0 27.5 SI	000000	15,354 24,533	
THISTLE CREEK LOTS \$207-31-2006         240,000         100.0	240,000       100.000         27,554       100.000         27,554       100.000         30,473       100.000         30,473       100.000         30,473       100.000         43,000       100.000         47,180       100.000         47,180       100.000         47,180       100.000         47,180       100.000         47,180       100.000         27,000       100.000         27,000       100.000         27,000       100.000         27,000       100.000         27,000       100.000         27,000       100.000         27,000       100.000         27,000       100.000         27,000       100.000         27,000       100.000         27,000       100.000         27,000       100.000         27,000       100.000         27,000       100.000         27,000       100.000         27,000       100.000         27,000       100.000	0 27.5 SL 0 0 0 0 27.5 SL 0 0 27.5 SL	00 0 0 0 0 0	15,354 24,533	
STANCLIFF         LOT         10-27-2008         27,554         27,054         100.00         30,257         27.5           1227         XENIA AVE         HOUSE         01-01-2009         30,257         27.5         59,306         27.5         59,307         39,743         27.5         54,00         10,000<	27,554 100.00 30,473 100.00 30,473 100.00 43,000 100.00 42,537 100.00 47,180 100.00 47,180 100.00 47,180 100.00 35,823 100.00 35,823 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00	0 27.5 SL 27.5 SL 0 0 0 0 27.5 SL 27.5 SL	0	15,354 24,533	
1227 XENLA AVE HOUSE       01-01-2009       30, 257 $27.5$ $30, 257$ $27.5$ 1227 XENLA AVE STORAGE08-31-2011       59, 306 $27.5$ $30, 473$ $100, 00$ $0$ <	100.00         30,473       100.00         30,473       100.00         29,296       100.00         43,000       100.00         42,537       100.00         47,180       100.00         47,180       100.00         47,180       100.00         47,180       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00	27.5 SL 27.5 SL 0 0 0 0 27.5 SL 27.5 SL	m m o o c	15,354 24,533	
1227 XENLA AVE STORAG08-31-2011       59,306       27.5         335 W DAVIS LAND       10-05-2011       30,473       30,473       100.00       9       9         333 W DAVIS LAND       10-10-2011       29,296       29,296       100.00       9       9       9         540 DAYTON ST LAND       10-10-2011       29,296       29,296       100.00       43,000       43,000       100.00       9	30,473       100.00         30,473       100.00         29,296       100.00         43,000       100.00         42,550       100.00         47,180       100.00         47,180       100.00         35,823       100.00         100.00       100.00         35,823       100.00         35,823       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00	27.5 SL 0 0 0 0 27.5 SL	mooc	24,533	
335 W DAVIS LAND 10-05-2011 30,473 30,473 100.00 333 W DAVIS LAND 10-10-2011 29,296 30,00 00 540 DAVION ST LAND 12-22-2011 43,000 43,000 100.00 138 CEMETERY ST LAND 12-22-2011 43,000 43,000 100.00 138 CEMETERY ST LAND 71-16-2015 42,537 42,537 100.00 142 M HIGH ST LAND 71-16-2015 42,500 42,500 100.00 142 M HIGH ST LAND 71-16-2015 42,500 100.00 110.00 11.150 27.5 12.2 M HIGH ST LAND 10-08-2015 47,180 100.00 100.00 12.2 X ENETERY ST LAND 10-08-2015 47,180 100.00 100.00 12.2 X ENETERY ST LAND 10-08-2015 47,180 100.00 11.150 27.5 100.00 12.2 X ENLL AVE WATER 65-27-2016 1,150 2,100 100.00 12.2 X ENLL AVE WATER 65-27-2016 1,150 2,100 100.00 12.2 X ENLL AVE WATER 65-27-2016 1,150 2,100 0,00 2,100 100.00 2,100 100.00 2,100 100.00 2,100 100.00 2,100 100.00 2,100 100.00 2,100 100.00 2,100 100.00 2,000 100.00 100.00 2,000 100.00 100.00 2,000 100.00 100.00 2,000 100	30,473 100.00 29,296 100.00 42,537 100.00 42,550 100.00 47,180 100.00 47,180 100.00 100.00 35,823 100.00 35,823 100.00 35,823 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00	0 0 0 27.5 SL	0 0 C		
333 W DAVIS LAND         10-10-2011         29,296         100         00         0         0           540 DAYTON ST LAND         12-22-2011         43,000         43,000         100.00         0         0         0           138 CEMETERY ST LAND         12-22-2011         43,000         42,537         42,537         100.00         0         0         0           140 CEMETERY ST LAND         07-16-2015         42,530         100.00         0         0         0         0           422 N HIGH ST LAND         07-16-2015         42,530         100.00         0         0         0         0           422 N HIGH ST LAND         07-06-2015         47,180         47,180         47,180         47,180         77,180         77,180         77,180         77,190         27,55           1227 XENLA AVE WATER         05-27-2016         1,150         1,160         0         1,150         27,135           511 DAYTON ST HOUSE         07-01-2019         397,743         27,00         27,000         27,000         27,000         27,000         27,000         27,000         27,000         27,000         27,000         0         0         0         0         0         0         0         0         <	29,296 100.00 43,000 100.00 42,537 100.00 47,180 100.00 47,180 100.00 100.00 35,823 100.00 35,823 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00	0 0 0 27.5 SL	o c		
540 DAYTON ST LAND         12-22-2011         43,000         100.00         100.00         0	43,000       100.00         42,537       100.00         47,180       100.00         47,180       100.00         100.00       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00         27,000       100.00	0 0 0 27.5 SL	c		
138 CEMETERY ST LAND       07-16-2015       42,537       42,537       42,500       100.00       0       0       0       0       0         140 CEMETERX ST LAND       07-16-2015       42,500       47,180       47,180       47,180       27,100       0       0       0       0         1227 XENTA AVE STRUCT       10-08-2015       1,1150       2,110       2,100       0       2,100       27,5         1227 XENTA AVE WATER       05-27-2016       1,1150       2,100       2,100       27,100       27,5         1227 XENTA AVE WATER       05-27-2016       1,1150       2,100       27,100       27,5       2,100       27,5         511 DAYTON ST HOUSE       07-01-2019       489,108       100.00       100.00       2,5       27,55       35,823       100.00       27,5       397,743       27,5         511 DAYTON ST HOUSE       07-01-2019       489,108       27,000       27,000       27,000       27,000       27,000       27,000       27,000       27,000       27,000       27,000       27,000       27,000       27,000       27,000       27,000       27,000       0       0       0       0       0       0       0       0       0       0       0 <td>42,537 100.00 42,500 100.000 47,180 100.000 100.000 100.000 35,823 100.000 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00</td> <td>0 0 27.5 SL</td> <td>- &gt; -</td> <td></td> <td></td>	42,537 100.00 42,500 100.000 47,180 100.000 100.000 100.000 35,823 100.000 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00	0 0 27.5 SL	- > -		
140 CEMETERY ST LAND         07-16-2015         42,500         42,500         100.00         0         0           422 N HIGH ST LAND         10-08-2015         47,180         47,180         47,180         47,180         100.00         0         0           1227 XENIA AVE STRUCT         10-01-2016         1,150         2,100         1,150         2,100         0         0           1227 XENIA AVE STRUCT         01-01-2016         2,100         100.00         2,100         2,100         2,100         2,100         2,100         2,100         2,100         2,100         2,100         2,100         2,15         2,100	42,500 100.00 47,180 100.00 100.00 100.00 35,823 100.00 35,823 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00	0 0 27.5 SL	0		-
422 N HIGH ST LAND       10-08-2015       47,180       47,180       47,180       47,180       47,180       100:00       1,150       27.5         1227 XENIA AVE STRUCTO1-01-2016       1,150       1,150       2,100       27.5       2,100       27.5         1227 XENIA AVE WATER       05-27-2016       1,150       21,00       27,00       27,00       27,50         511 DAYTON ST HOUSE       07-01-2019       397,743       27,00       200.00       27,000       27,50         540 DAYTON ST HOUSE       07-01-2019       397,743       27,5       397,743       27,5         511 DAYTON ST HOUSE       07-01-2019       489,108       27,000       27,000       27,000       27,000       27,000       27,000       27,000       0       0       0         589 YS SENIOR LIHTC       01-01-2019       27,000       27,000       27,000       27,000       27,000       0	47,180 100.00 100.00 100.00 35,823 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00	0 27.5 SL	0		
1227 XENLA AVE STRUCT 01-01-2016       1,150       1,150       27.5         1227 XENLA AVE WATER       05-27-2016       2,100       27.5         511 DAYTON ST HOUSE       03-01-2019       397,743       27.5         540 DAYTON ST HOUSE       07-01-2019       489,108       27.5         511 DAYTON ST HOUSE       07-01-2019       489,108       27.5         511 DAYTON ST HOUSE       07-01-2019       489,108       27.5         511 DAYTON ST HOUSE       07-01-2019       489,108       27.60         511 DAYTON ST HAND SP11-30-2017       35,823       35,823       100.00         588 XS SENIOR LIHTC       01-01-2019       27,000       100.00       0         589 YS SENIOR LIHTC       01-01-2019       27,000       100.00       0       0         590 YS SENIOR LIHTC       01-01-2019       27,000       100.00       0       0       0         591 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0       0       0         591 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0       0       0       0       0       0       0       0       0       0       0       <	100.00         100.00         33           100.00         100.00         33           27,000         100.00         34           27,000         100.00         37           27,000         100.00         37           27,000         100.00         37           27,000         100.00         37           27,000         100.00         37	27.5 SL	0		
127 XENLA AVE WATER       05-27-2016       2,100       27.5         511 DAYTON ST HOUSE       03-01-2019       397,743       27.5         540 DAYTON ST HOUSE       07-01-2019       489,108       27.13         511 DAYTON ST HOUSE       07-01-2019       489,108       27.5         511 DAYTON ST HOUSE       07-01-2019       489,108       27.5         511 DAYTON ST HAUSE       07-01-2019       489,108       27.5         511 DAYTON ST LHTC       01-01-2019       35,823       35,823       100.00         588 YS SENIOR LIHTC       01-01-2019       27,000       27,000       00       0         589 YS SENIOR LIHTC       01-01-2019       27,000       100.00       0       0       0         590 YS SENIOR LIHTC       01-01-2019       27,000       100.00       0       0       0       0         591 YS SENIOR LIHTC       01-01-2019       27,000       100.00       0       0       0       0       0         591 YS SENIOR LIHTC       01-01-2019       27,000       100.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td>100.00         35           100.00         100.00           35,823         100.00           27,000         100.00           27,000         100.00           27,000         100.00           27,000         100.00           27,000         100.00           27,000         100.00           27,000         100.00</td> <td></td> <td></td> <td>292</td> <td>42 334</td>	100.00         35           100.00         100.00           35,823         100.00           27,000         100.00           27,000         100.00           27,000         100.00           27,000         100.00           27,000         100.00           27,000         100.00           27,000         100.00			292	42 334
511 DAYTON ST HOUSE       03-01-2019       397,743       27.5         540 DAYTON ST HOUSE       07-01-2019       489,108       397,743       27.5         511 DAYTON ST HOUSE       07-01-2019       489,108       27.5       489,108       27.5         511 DAYTON ST LIHTC       07-01-2019       489,108       100.00       489,108       27.5         588 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0         589 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0       0         590 YS SENIOR LIHTC       01-01-2019       27,000       100.00       0	100.00         35,823         100.00         48           35,823         100.00         27,000         100.00           27,000         100.00         27,000         27,000           27,000         100.00         27,000         27,000           27,000         100.00         27,000         27,000	27.5 SL	m m	529	
540       DAYTON ST HOUSE       07-01-2019       489,108       27.5         511       DAYTON ST HOUSE       07-01-2019       489,108       27.5         588       YS SENIOR LIHTC       01-01-2019       35,823       35,823       35,823       100.00         588       YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0         590       YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0       0         591       YS SENIOR LIHTC       01-01-2019       27,000       100.00       0	27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00	27 E CT		54 001	09
511       DATION ST LANDS       07-01-2019       403,100       27,000       0       0         588       YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0       0         589       YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0       0       0         590       YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0	35,823 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00 27,000 100.00	27.5 SL		106, 4C	
511 DAYTON ST LAND SF11-30-2017       35,823       15,823       100.00       0         588 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0         599 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0         590 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0         591 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0         604 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0         592 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0       0         593 KS SENIOR LIHTC       01-01-2019       27,000       27,000       0       0       0       0         594 YS SENIOR LIHTC       01-01-2019       27,000       100.00       0       0       0       0         592 YS SENIOR LIHTC       01-01-2017       42,250       42,250       100.00       0       0       0       0         593 KS SENIOR LIHTC       01-01-2017       42,250       100.00       0       0       0       0       0 <t< td=""><td>35, 823 27, 000 27, 000 27, 000 27, 000 27, 000</td><td>c.12</td><td></td><td>050,10</td><td>T/'/04 /3'474</td></t<>	35, 823 27, 000 27, 000 27, 000 27, 000 27, 000	c.12		050,10	T/'/04 /3'474
588 YS SENIOR LIHTC       01-01-2019       27,000       100.00       0       0         589 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0         590 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0         591 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0         604 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0         592 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0       0         592 KS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0       0         513 CEMETERY ST LAND       01-01-2017       42,250       42,250       100.00       0       0       0	27,000 27,000 27,000 27,000 27,000 27,000		0		
589 YS SENIOR LIHTC       01-01-2019       27,000       100.00       0       0         590 YS SENIOR LIHTC       01-01-2019       27,000       100.00       0       0       0         591 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0       0         591 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0       0         592 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0       0         592 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0       0       0         5136 CEMETERY ST LAND       01-01-2017       42,250       42,250       100.00       0       0       0       0	27,000 27,000 27,000 27,000 27,000		0		
590 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00         591 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00         604 YS SENIOR LIHTC       01-01-2019       27,000       27,000       27,000       00.00         592 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0         512 KS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0         512 KS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0         512 KS SENIOR LIHTC       01-01-2019       27,000       27,000       0       0       0       0       0         512 KS SENIOR LIHTC       01-01-2019       27,000       27,000       0       0       0       0       0	27,000 27,000 27,000 27,000		0		
591 YS SENIOR LHHTC       01-01-2019       27,000       100.00       0       0         604 YS SENIOR LHHTC       01-01-2019       27,000       27,000       100.00       0       0         592 YS SENIOR LHHTC       01-01-2019       27,000       27,000       100.00       0       0       0         136 CEMETERY ST LAND       01-01-2017       42,250       42,250       100.00       0       0       0	27,000 27,000 27,000		0		
604 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0         592 YS SENIOR LIHTC       01-01-2019       27,000       27,000       100.00       0       0         136 CEMETERY ST LAND       01-01-2017       42,250       42,250       100.00       0       0	27,000 27,000		0		
592 YS SENIOR LIHTC         01-01-2019         27,000         27,000         100.00         0           136 CEMETERY ST LAND         01-01-2017         42,250         42,250         100.00         0	27,000		0		
136 CEMETERY ST LAND 01-01-2017 42,250 42,250 100.00			0		
136 CEMETERY ST LAND 01-01-2017 42,250 42,250 100.00			>		
	42,240		0		

Image: control       This page is not lifed with the return. It is kny our records only).       Amount is kny our records only).         Image: control       form	<ul> <li>* Item is included in UBIA for Section 199A calculations.</li> </ul>					Deprec	Depreciation Detail Listing	ail Listinç 	_					<b>2023</b>	
Title Stranges       Distantion       Distantio	See "UBIA" in lower right corner.				(This pa	ge is not filed v	vith the return. It	is for your recc	irds only	(')					
Dention         Data         duration         Data	HOME	AC										Social sec 31	urity number/EIN -1656193	-	
314 Contractive for a stand of the contraction of the contractive for a stand of the contractive for a stan		Date	Cost	Basis Adiustment	Business bercentade	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
3,383,775 209,163 74,875 30,000 CY Bonus		01-01-2017 09-22-2021 R06-12-2019 10-22-2022 05-27-2016 05-27-2016 05-27-2016 05-27-2016 05-27-2016 05-27-2016 05-27-2016 05-27-2016 05-27-2016	42, 250 9, 075 933 453 997, 401 4, 227 4, 227 187, 064		100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00			9, 071 9, 1455 9, 1405 9, 1405 1405 1405 1405 1405 1405 1405 1405	27.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5	8	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	426 139 7,560 7,560	34 34 35 36, 266 36, 266	726 191 43, 826	
30,000 CY 179 and CY Bonus S	Totals		3.383.775					058.				209,163	74.875	284.038	
3,353,775 TOTAL CY DEPY including 179/bonus	Land Amount Net Depreciable Cost		3, 353, 775						CY 179 TOTAL	) and CY Bo CY Depr in	nus cluding	1	74,875	ST ADJ:	

		AMT Current	Current	
<b>2023</b> PAGE 1		Accumulated Depreciation	4,700 4,700 400 400	6,040
	Social security number/EIN 31-1656193		0 4 0 0	461
	Social secur 31-	Prior		5,579
		Rate	7 - 7 - 6 4 - 1 - 9 - 2 - 2 - 7 6 - 2 - 7 6 - 2 - 7 6 - 2 - 7 6 - 2 - 7 6 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
ŝ		Method	200 DB MQ 200 DB HY 200 DB HY 200 DB HY	5,579
<b>J</b> ords only		Life		N
il Listinç teral		Depreciable Basis	2, 350 562 500	4,162
<b>Depreciation Detail Listing</b> Management & General (This page is not filed with the return. It is for your records only)		Bonus denreciation	py 2, 350	
Deprec		Section 179	29	
(This page		Business	percentage 100.00 100.00 100.00	
			Adjustment	
		Cost	4,700 562 562 500	6, 512
		Date	12-12-2016 04-23-2021 05-26-2021 07-31-2018	
* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.	Vame(s) as shown on return YELLOW SPRINGS HOME INC	Description	4 CUBICLES WIRED COMPUTER 2 LARRICK FURNITURE	Totals
* Item for Se See "I	Name(s YE	, Š		

# Next Year's Depreciation Worksheet (This page is not filed with the return. It is for your records only.) 2023 Name(s) as shown on return Tax ID Number YELLOW SPRINGS HOME INC 31–165619

YELLO	W SPRING	S HOME INC					31-1	656193
Form	Multi-Form	Description	Date	Basis	Method		Life	Deduction
PRG	1	143 W COLLEGE ST LAND	12-01-2004				0	
PRG	1	11211 XENIA AVE LAND	12-01-2004				0	
PRG	1	321 N HIGH ST LAND	12-01-2004				0	
PRG	1	503 DAYTON ST LAND	12-01-2004				0	
PRG	1	310 S HIGH ST LAND	01-01-2005				0	
PRG	1	321 S HIGH ST LAND	01-01-2005				0	
PRG	1	1227 XENIA AVE HOUSE	12-15-2005	70,774	SL	MM	27.5	2,574
PRG	1	THISTLE CREEK LOTS 62	07-31-2006				0	
PRG	1	STANCLIFF LOT 7	10-27-2008				0	
PRG	1	1227 XENIA AVE HOUSE 2	01-01-2009	30,257	SL	MM	27.5	1,100
PRG	1	1227 XENIA AVE STORAGE	08-31-2011	59 <i>,</i> 306	SL	MM	27.5	2,157
PRG	1	335 W DAVIS LAND	10-05-2011				0	
PRG	1	333 W DAVIS LAND	10-10-2011				0	
PRG	1	540 DAYTON ST LAND	12-22-2011				0	
PRG	1	138 CEMETERY ST LAND	07-16-2015				0	
PRG	1	140 CEMETERY ST LAND	07-16-2015				0	
PRG	1	422 N HIGH ST LAND	10-08-2015				0	
PRG	1	1227 XENIA AVE STRUCTURE	01-01-2016	1,150	SL	MM	27.5	42
PRG	1	1227 XENIA AVE WATER	05-27-2016	2,100	SL	MM	27.5	76
PRG	1	511 DAYTON ST HOUSE	03-01-2019	397,743	SL	MM	27.5	14,463
PRG	1	540 DAYTON ST HOUSE	07-01-2019	489,108	SL	MM	27.5	17,786
PRG	1	511 DAYTON ST LAND SPLIT	11-30-2017				0	
PRG	1	588 YS SENIOR LIHTC	01-01-2019				0	
PRG	1	589 YS SENIOR LIHTC	01-01-2019				0	
PRG	1	590 YS SENIOR LIHTC	01-01-2019				0	
PRG	1	591 YS SENIOR LIHTC	01-01-2019				0	
PRG	1	604 YS SENIOR LIHTC	01-01-2019				0	
PRG	1	592 YS SENIOR LIHTC	01-01-2019				0	
PRG	1	136 CEMETERY ST LAND	01-01-2017				0	
PRG	1	134 CEMETERY ST LAND	01-01-2017				0	
PRG	1	1227 XENIA AVE ROOF	09-22-2021	9,075	SL		27.5	330
PRG	1	1227 XENIA AVE STRUCTURE	11-30-2021	933	SL		27.5	34
PRG	1	1227 XENIA AVE WASHER	06-12-2019	453	200 DE			26
PRG	1	6 UNITS XENIA AVE	10-22-2022	997,401	SL	MM	27.5	36,269
PRG	1	1131 XENIA AVE LAND	05-27-2016				0	
PRG	1	1137 XENIA AVE LAND	05-27-2016				0	
PRG	1	1139 XENIA AVE LAND	05-27-2016				0	
PRG	1	1141 XENIA AVE LAND	05-27-2016				0	
PRG	1	1135 XENIA AVE LAND	05-27-2016				0	
PRG	1	1133 XENIA AVE LAND	05-27-2016				0	
PRG	1	1143 A/B XENIA AVE LAND	05-27-2016				0	
PRG	1	1127 XENIA AVE LAND	05-27-2016				0	
PRG	1	1129 XENIA AVE LAND	05-27-2016				0	
MGT	1	4 CUBICLES WIRED	12-12-2016	2,350	200 DE	-		
MGT	1	COMPUTER	04-23-2021	750	200 DE			86
MGT	1	COMPUTER 2	05-26-2021	562	200 DE			65
MGT	1	LARRICK FURNITURE	07-31-2018	500	200 DE	знұ		
PRG	1	CASCADES PRE DEVELOPMENT	06-26-2023				27.5	
		TOTAL						75,008