				, to the			00000		- \			
1				AMENDED 1	וחבו ח	TOST	293932	205	05019			
	.:	000 T		AMENDED : AMENDED : Exempt Organization Bus			av Deturn	. 1	OMB No 1545-0047			
	Form	990-T		and proxy tax und)			ax neturi	' ¦	01112 110 1040 0047			
	Harr	2		lendar year 2019 or other tax year beginning	e		1917		2019			
_			rorca			, and ending	ation .	— I	. Z U 13			
		tment of the Treasury al Revenue Service										
	A			Name of organization (Check box if name of	D Emp	Open to Public Inspection for 501(c)(3) Organizations Only loyer identification number						
	AL	Check box if address changed		Name of organization (Check box it mame t	Jianyet	and see manuchons.)			oloyees' trust, see uctions)			
	D E	xempt under section	Print	HOUSING DEVELOPMENT CO	RP (OF DEKALB		5	8-1820981			
		501(C)(3)	or	Number, street, and room or suite no. If a P.O. bo				E Unre	lated business activity code			
	=	408(θ) 220(θ)	Туре	750 COMMERCE DRIVE, NO			-	(See	instructions)			
	F	408A 530(a)		City or town, state or province, country, and ZIP of			-	1				
	\vdash] 529(a)		DECATUR, GA 30030-261		, p		531	.390			
	C Bo	ok value of all assets		F Group exemption number (See instructions.)	$\overline{\triangleright}$		•		· · · · · · · · · · · · · · · · · · ·			
	ate	16,885,9	91.	G Check organization type ► X 501(c) cor	poratio	n 501(c) trust	401(a) trust	Other trust			
	H En			tion's unrelated trades or businesses.	1 .		the only (or first) ur	related	1			
	tra	de or business here	RE	AL ESTATE ACTIVITIES		. If only one	, complete Parts I-V.	If more	e than one,			
	des	scribe the first in the b	lank spa	ice at the end of the previous sentence, complete Pa	arts I ar	nd II, complete a Schedul	e M for each addition	al trade	e oŕ			
	bus	siness, then complete	Parts III	-V								
	I Du	iring the tax year, was	the corp	oration a subsidiary in an affiliated group or a pare	nt-subs	sidiary controlled group?	· ►	Y	es X No			
				tifying number of the parent corporation.								
				EUGENE P WALKER, JR.		,	none number 🕨 (404				
	Pa	rt(I) Unrelated	d Trac	de or Business Income	,	. (A) Income	(B) Expense	3	(C) Net			
	1 a	Gross receipts or sale	S		1							
	b	Less returns and allow	vances	c Balance ▶	1c		265 - 36A (300m) All					
٠,	2	Cost of goods sold (S			2	- :-		-25/67				
	3	Gross profit. Subtract			3	_		995 (38)	/			
•		Capital gain net incom		<u> </u>	4a		17. March 18. Ma		/			
				art II, line 17) (attach Form 4797)	4b							
	C	Capital loss deduction			4c	<u> </u>						
	5			ship or an S corporation (attach statement)	5	 		**************************************				
	8 ,	Rent income (Schedu		40 L . d Iv 5)	8	-						
	7	Unrelated debt-financ			8							
	8	•		nd rents from a controlled organization (Schedule F)		 			 			
	40			on 501(c)(7), (9), or (17) organization (Schedule G)	10	/	-					
	10	Exploited exempt activ			11	 			-			
	11 12	Advertising income (Souther income (See ins			12	451,574.	33836384	MARK N	451,574.			
		Total. Combine lines		•	13/	451,574.		was dond	451,574.			
				ot Taken Elsewhere (See instructions for					<u> </u>			
,	^ :			pe directly connected with the unrelated busin								
	14	Compensation of off	icers, di	rectors, and trustees (Schedule K)				14				
	15	Salaries and wages	-			•		15	180,907.			
	16	Repairs and mainten	ance	` /				16	-			
	17	Bad debts						17	545,249.			
5	18	Interest (attach sche	dule) (s	ee instructions)		SEE STA	rement 2	18	78,578.			
วกวร	19	Taxes and licenses			,			19				
7-	20	Depreciation (attach	Form 4	562)		20			•			
_	21	Less depreciation cla	umed oi	n Schedule A and elsewhere on reterrECEIV		21a		21b				
	22	Depletion		/ 11	בט	70l.		22				
낻	23	Contributions to defe		popensation plans	104	<u> Š</u>		23	14,454.			
	24	Employee benefit pro		papensation plans BAR 1 5 20	141	3		24	12,557.			
	25	Excess exempt expe		chedule I)		J∝		25				
Ž	26	Excess readership co			UT			26	10 654			
CANNED	27	Other deductions (at		nedule)		SEE STA	rement 3	27	12,654.			
Ç	28	Total deductions. A						28	844,399.			
S	29	,		ncome before net operating loss deduction. Subtrac				29	-392,825.			
	30	Déduction for net op	erating	loss arising in tax years beginning on or after Janua	iry 1, 20	018		1				

Unrelated business taxable income. Subtract line 30 from line 29
923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

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SEE STATEMENT

Form 990-		58-1820981 Page 2
∛Part∜	3 The second	11/1-200-005
' 32 1	otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	$\frac{1}{32}$ $-392,825$.
	Amounts paid for disallowed fringes	3 83
	Charitable contributions (see instructions for limitation rules)	34 0.
	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	4
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 -392,825.
38 5	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
39₁ / נ	Inrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1
	prier the smaller of zero or line 37	$\sqrt{ 39 -392,825}$
Part	Tax Computation	
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	► 40 0.
41 1	Frusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	
	Tax rate schedule or Schedule D (Form 1041)	► 4n
42 F	Proxy tax. See instructions	▶ 42
43 /	Alternative minimum tax (trusts only)	43
44,, /1	Fax on Noncompliant Facility Income. See instructions	44
45 1	Foral. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
Part/	Và Tax and Payments	
48a F	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	
b (Other credits (see instructions)	
c (General business credit. Attach Form 3800	
d (Credit for prior year minimum tax (attach Form 8801 or 8827)	
e 1	Fotal credits. Add lines 46a through 46d	469
47 5	Subtract line 46e from line 45	47 0.
48 (Other taxes. Check if from; Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	
49 1	Total tax. Add lines 47 and 48 (see instructions)	49 0.
50 2	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51 a F	Payments: A 2018 overpayment credited to 2019 5 a	
b 2	2019 estimated tax payments	
c 7	Tax deposited with Form 8868	
d F	Foreign organizations: Tax paid or withheld at source (see instructions)	
e E	Backup withholding (see instructions) 5 te	
1 (Credit for small employer health insurance premiums (attach Form 8941)	
g (Other credits, adjustments, and payments: Form 2439	
	Form 4136 Other Total ▶ 51g	
52 1	Total payments. Add lines 51a through 51g	52
53 E	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	53
54 1	Fax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶ 54
55 , 0	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶ 55
56 E	nter the amount of line 55 you want. Credited to 2020 estimated tax	<u>▶ 58 </u>
Part	Statements Regarding Certain Activities and Other Information (see instructions)	
	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	
F	INCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	
	nere 🕨	<u> </u>
58 [During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
1	f "Yes," see instructions for other forms the organization may have to file.	
59 E	inter the amount of tax-exempt interest received or accrued during the tax year 🕒 💲	
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and pomplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	wiedge and belief, it is true,
Sign		May the IRS discuss this return with
Here	PRESIDENT/CEO	the preparer shown below (see
	Signative of officer Date Title	instructions)? X Yes No
	Print/Type preparer's name / Preparer's signature Date Check] if PTIN
Paid	self- employe	
Prepa	arer ANGELA T. DOTSON ANGELA T. DOTSON 02/26/21	P00645864
Use (Only Firm's name ► APRIO, LLP Firm's EIN	▶ 57-1157523
	5 CONCOURSE PARKWAY, SUITE 1000	(404) 000 000
	Firm's address ► ATLANTA, GA 30328 Phone no.	(404) 892-9651
923711 0	1-27-20	Form 990-T (2019)

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	r	-	6	
2 Purchases	rchases 2 7 Cost of goods sold. Subtra							
3 Cost of labor	3	<u>-</u>	╛	from line 5. Enter here	and in I	Parti,		
4 a Additional section 263A costs				line 2		Į	7	
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to		Yes No
Other costs (attach schedule)	4b		╛	property produced or a	cquired	l for resale) apply to		
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?				
Schedule C - Rent Income ((see instructions)	(From Real	Property and	l Per	sonal Property L	ease	d With Real Propo	erty) 	
1. Description of property								
(1)								
(2)			•					
(3)								
(4)				· • • • • • • • • • • • • • • • • • • •				
		ed or accrued				3(a) Deductions directly	connected with the	e income in
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	of rent for	personai	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	columns 2(a) an	d 2(b) (attach sche	dule)
(1)								
(2)	_							
(3)								
(4)								
Total	0.	Total			0.	1		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)				0.	(b) Total deductions. Enter here and on page 1, Part I line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	income (see	ınstru	ctions)				
			2	. Gross income from or allocable to debt-	(2)	3. Deductions directly conn to debt-finance	ed property	
1. Description of debt-fir	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		r deductions schedule)
(1)			+		<u> </u>			
(2)	-		-				<u> </u>	
(3)			1 -					
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ble deductions total of columns and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						inter here and on page 1, Part I, line 7 column (A)		and on page 1, 7, column (B)
Totals				•		0.	.]	0.
Total dividends-received deductions in	icluded in columi	18		• (. •	.]	0.

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Schedule F - Interest, A	nnuities, Ro	yalties, ar	nd Rents	From Co	ntrolle	d Organiza	tions	(see ins	tructions	s)
<u> </u>				Controlled O						
1. Name of controlled organizati		Employer dentification number		elated income instructions)		tal of specified ments made	included	of column 4 t In the contri ion's gross ii	olling	Deductions directly connected with income in column 5
(1)			1							
(2)							•			
(3)										
(4)								·		
Nonexempt Controlled Organiz	ations									
7. Taxable Income	8. Net unrelated (see instru		9. Total	of specified payr made	nents	10. Part of column the controlling gross			11. Dec with	ductions directly connected income in column 10
(1)	-							•		
(2)						-				
(3)										
(4)										
						Enter here and	nns 5 and 1 I on page 1, column (A)	, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					•			0.		0.
Schedule G - Investme		a Section	n 501(c)(7	'), (9), or (17) Org	ganization				
(see instr	uctions)			<u></u>		2 Deduction				5 Total deductions
1. Descr	aption of income			2. Amount of	income	3. Deductio directly conne (attach sched	ected	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)				,			- -			
(3)										
(4)				f-10- hara and		andret, radio WV	10 100 11 11 10 10 10 10 10 10 10 10 10	krahtir azrostossás J	RS 30001 701	* Enter here and an age 1
			_	Enter here and Part I, line 9, co	lumn (A)					Enter here and on page 1 Part I, line 9, column (B)
Totals Schedule I - Exploited I	Exempt Activ	ity Incom	ne Other	Than Adv	0. vertisin	a Income	34 Y4 ' N	: 6.00 (MC-199600).	-6. (W \ 6	<u> </u>
(see instru	-	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(711071710		.9				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p	expenses or connected production inrelated ess income	4. Net inconfrom unrelated business (cominus colum gain comput through	I trade or Ilumn 2 n 3) If a e cols 5	5. Gross inco from activity (is not unrelat business inco	that ted	6. Exp attribute colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										4
(3)		•								
(4)	Enter here and or	Enter h	nere and on	Wed Edies	lu v Tibr och			rii estin	*2 GBA: 48	Enter here and
	page 1, Part I, line 10, col (A)	page	1, Part I, 0 col (B)							on page 1 Part II, line 25
Schedule J - Advertisir				I amme min selection.	M. Maran, M. p.	reducing acres.	** . es ellimb;		oo vasti (* 1888	
Partil Income From F				solidated	Basis	-				
	<u> </u>	1		1,		 	1		Т	7
1. Name of periodical	2. Greadverti incor	sing	3. Direct ivertising costs	4. Advert or (loss) (c col 3) If a g cols 5 th	tising gain of 2 minus ain, comput arough 7			6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				10 Y248F	8.988	1				360 E. P. P.
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	>	0.	0	•				_		0.
•										Form 990-T (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of perior	dical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							-
(2)					1		
(3)						1	•
(4)					•		
Totals from Part I	. •	0.	0.				0.
1	· ·	Enter here and on page 1, Part I, line 11 col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1 Part II, line 26
Totals, Part II (lines 1-5)		0.	0.				0.
Schedule K - Com	pensatio	n of Officers, l	Directors, and	d Trustees (see ii	nstructions)		
	1. Name		•	2. Title	3. Perce time devo busine	oted to	ensation attributable related business
(4)					The state of the s	3.1	

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(2) (3) (4)

Total. Enter here and on page 1, Part II, line 14

,				
FORM 990-T		OTHER INCOME		STATEMENT 1
DESCRIPTION				AMOUNT
REAL ESTATE A	CTIVITIES			451,574
TOTAL TO FORM	451,574			
FORM 990-T		INTEREST PAI	D	STATEMENT 2
DESCRIPTION				AMOUNT
DEVELOPMENT L	OAN INTEREST			78,578
TOTAL TO FORM	1 990-T, PAGE 1,	LINE 18		78,578
FORM 990-T		OTHER DEDUCTI	ONS	STATEMENT 3
DESCRIPTION			,	TNŲOMA
OFFICE EXPENS OCCUPANCY TRAVEL	E			4,206 6,860 1,588
TOTAL TO FORM	1 990-T, PAGE 1,	LINE 27		12,654
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 4
TAX YEAR L	OSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
10/21/10	227 252	0.	227 252	227 252
12/31/18	237,252.	0.	237,252.	237,252.

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 5		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
12/31/17	38,153.	0.	38,153.	38,153.		
NOL CARRYOV	ER AVAILABLE THIS	38,153.	38,153.			