PUBLIC DISCLOSURE COPY

Form <b>990</b>
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Department of the Treasury Internal Revenue Service

### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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



AF	or th	e 2023 calendar year, or tax year beginning and	ending					
B c a	heck if pplicab	e: BREAKING GROUND HOUSING DEVELOPMENT FUND		D Employer iden	tifica	ation number		
	Addre	e CORPORATION						
	Name			11-30480	02			
	Initial	~	Room/suite	E Telephone num	nber			
	 return	505 FIGHTH AVENUE 5TH FLOOP		(212) 389-		0		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		32,233,284.		
	Amen return	ded NEW YORK, NY 10018		H(a) Is this a grou	p ret	urn		
	Applie tion	F Name and address of principal officer: DREADA ROBEN		for subordina	ites?	Yes X No		
	pendi	<sup>ng</sup> 505 EIGHTH AVE., 5TH FL., NEW YORK, NY 1001		<b>H(b)</b> Are all subordinate	es inc	luded? Yes No		
<u>I</u> T	ax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 🚺 52	7 If "No," attac	h a li	st. See instructions		
	Vebsi			H(c) Group exemp	otion	number		
KF	orm o	organization: X Corporation Trust Association Other	L Year	r of formation: 1990	м	State of legal domicile: NY		
Pa	art I	Summary						
•	1	Briefly describe the organization's mission or most significant activities:	ER AFFOR	DABLE HOUSING A	ND			
ů ů		SUPPORT PROGRAMS FOR HOMELESS AND VULNERABLE NEW YORKERS.						
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net	asse	ets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3	17		
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	16		
Activities &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0				
viti	6	Total number of volunteers (estimate if necessary)				0		
Acti					7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		7b	0.		
				Prior Year		Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		15,836,50	_	16,460,052.		
enu	9	Program service revenue (Part VIII, line 2g)		12,515,59	_			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		950,75		1,147,386.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		479,47	-	399,757.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		29,782,33		31,598,965.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,416,02		11,860,166.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.		
ď	b	Total fundraising expenses (Part IX, column (D), line 25) 1,295,			_			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,491,62		15,705,943.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,907,64	_	27,566,109.		
	19	Revenue less expenses. Subtract line 18 from line 12		9,874,68		4,032,856.		
Net Assets or Fund Balances			В	eginning of Current Yes	_	End of Year		
sset 3alaı	20	Total assets (Part X, line 16)	······	208,983,14		214,800,596.		
et A.	21	Total liabilities (Part X, line 26)		66,074,97	_	67,859,570.		
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		142,908,17	۰.	146,941,026.		
		Signature Block		and and to the barry of		manufacture and to the first the		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			my l	knowledge and belief, it is		
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch prepare	r nas any knowledge.				

	TAXPAY	ER COPY					
Sign	Signature of off	icer			Date		
Here	KEVIN MORAN, CFO						
	Type or print na	me and title					
	Print/Type preparer's name Preparer's signature Date					PTIN	
Paid	SCOTT THOMP	SETT	Set Shompett	11/07/2	2024 self-employed	P00741490	
Preparer	Firm's name	GRANT THORNTON ADVISORS LI	rc ,		Firm's EIN 99-	1856619	
Use Only	Dnly Firm's address 757 THIRD AVENUE, 3RD FLOOR						
		NEW YORK, NY 10017-2013			Phone no. 212-59	99-0100	
May the IF	RS discuss this	return with the preparer shown abo	ve? See instructions			X Yes	No
						~~~	<b>^</b>

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form <b>8868</b>
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(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service

### File a separate application for each return. 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.

•	Form 7004 to request an extension of time to file income		• • • • •	e, nemoc	,		
	Form 7004 to request an extension of time to file income	e tax retur	ns.				
_	entification			_		( <b></b>	
Type or	Name of exempt organization, employer, or other filer, see instructions.       Taxpayer identification number (TIN)         BREAKING GROUND HOUSING DEVELOPMENT FUND       Taxpayer identification number (TIN)						
Print	CORPORATION	J			11-3048002		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, se 505 EIGHTH AVENUE, 5TH FLOOR						
return. See instructions.	City, town or post office, state, and ZIP code. For a for	reign add	ress, see instructions.				
	NEW YORK, NY 10018		to application for each return)			01	
	Return Code for the return that this application is for (file	· · ·	• • • • • • • • • • • • • • • • • • • •	<u></u>			
Applicatio	on Is For	Return	Application Is For			Return	
		Code				Code	
	or Form 990-EZ	01	Form 4720 (other than individual)			09	
	) (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	I-A	08					
Plan Part II - Au The boo Telepho • If the or	Number         Year Ending (MM/DD/YYYY)         tomatic Extension of Time To File for Exempt Organi         oks are in the care of       KEVIN MORAN         505       EIGHTH AVENUE - NEW Y         one No.       212-389-9300         rganization does not have an office or place of business	YORK, NY	Fax No				
	s for a Group Return, enter the organization's four-digit (						
	If it is for part of the group, check this box						
1 I req	uest an automatic 6-month extension of time until NO	VEMBER 3	15, 20 <u>24</u> , to file	e the exem	npt organization retu	urn for	
the o	organization named above. The extension is for the orga	anization's	return for:				
Х	calendar year 20 23 or						
	tax year beginning	, 20	, and ending		. , 20	)	
2 If the	e tax year entered in line 1 is for less than 12 months, cl Change in accounting period	neck reaso	on: Initial return	Final retur	n		
3a If thi	s application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less				
<u>any</u>	nonrefundable credits. See instructions.			3a	\$	0.	
	s application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
estir	nated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa						
usin	g EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.	
	x Act and Paperwork Reduction Act Notice, see inst				Form <b>8868</b> (R	ev. 1-2024	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

-	BREAKING GROUND HOUSING DEVELOPMENT FUND		11_2040000	_
	1 990 (2023) CORPORATION rt III   Statement of Program Service Accomplishments		11-3048002	Page
Fd				<b>T</b>
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission: SEE SCHEDULE O			
	SEE SCHEDULE O			
2	Did the ergenization undertake any cignificant program convises during the year which were not lid	ad on the		
2	Did the organization undertake any significant program services during the year which were not list			Yes X No
	prior Form 990 or 990-EZ?		L	
~	If "Yes," describe these new services on Schedule O.	io	_	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	am services?	L	
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca	ations to others, t	ne total exper	ises, and
4	revenue, if any, for each program service reported.	0.) (Revenue \$		9 797 163
4a	(Code:) (Expenses \$11,411,569. including grants of \$ THE TIMES SQUARE IS BREAKING GROUND'S FLAGSHIP SUPPORTIVE HOUSING	(Revenue \$		0,797,103.
	RESIDENCE. BREAKING GROUND TRANSFORMED THIS BUILDING INTO THE LARGEST			
	PERMANENT SUPPORTIVE HOUSING RESIDENCE IN THE NATION AND CONTRIBUTED TO			
	THE REVITALIZATION OF THE TIMES SQUARE NEIGHBORHOOD AS A WHOLE WHILE			
	DEMONSTRATING A NEW APPROACH TO ENDING LONG-TERM URBAN HOMELESSNESS.			
	THE TIMES SQUARE COMBINES PERMANENT AFFORDABLE HOUSING FOR LOW-INCOME			
	AND FORMERLY HOMELESS ADULTS, PERSONS WITH SERIOUS MENTAL ILLNESS AND			
	PERSONS LIVING WITH HIV/AIDS. A RANGE OF ON-SITE SOCIAL SERVICES ARE			
	PROVIDED BY BREAKING GROUND'S SOCIAL SERVICE PARTNER, THE CENTER FOR			
	URBAN COMMUNITY SERVICES.			
4b	(Code:) (Expenses \$3, 218, 758. including grants of \$	0.) (Revenue \$		3,187,616.
	SCATTER SITE LIVING PROVIDES CLIENTS WITH SPECIAL NEEDS AN OPPORTUNITY			
	TO LIVE IN THE COMMUNITY IN AN APARTMENT SETTING WHILE STILL RECEIVING			
	SUPPORTIVE SERVICES. THESE PROGRAMS ASSIST INDIVIDUALS WITH THEIR			
	REINTEGRATION INTO THE COMMUNITY AND MOVE TOWARD GREATER STABILITY AND			
	INDEPENDENCE. CLIENTS WORK WITH CASE MANAGERS TO DEVELOP MUTUALLY			
	AGREEABLE GOALS AND SERVICE PLANS AIMED AT IMPROVING THEIR INDIVIDUAL			
	LIVES. SOME OF THE SERVICES PROVIDED INCLUDE:			
	*DAILY LIVING SKILLS AND MONEY MANAGEMENT *POSITIVE SOCIAL NETWORKING			
	AND FAMILY INTEGRATION *MEDICATION MANAGEMENT *VOCATIONAL AND			
	EDUCATIONAL SERVICES *HEALTH AND MEDICAL SERVICES			
	*CRISIS INTERVENTION *CLIENT SELF-ADVOCACY STREET TO HOME OUTREACH			
4c	(Code:) (Expenses \$1,539,936. including grants of \$	0.) (Revenue \$		1,431,271.
	PARK HOUSE AND WEBSTER AVENUE PARK HOUSE IS BREAKING GROUND'S FIRST	, , , , , , , , , , , , , , , , ,		
	AFFORDABLE FAMILY PROJECT. IT SHARES A LARGE SITE WITH A COMPANION			
	AFFORDABLE FAMILY PROJECT. IT SHARES A LARGE SITE WITH A COMPANION BUILDING, WEBSTER AVENUE SUPPORTIVE RESIDENCE, RECLAIMING A BROWNFIELD			
	BUILDING, WEBSTER AVENUE SUPPORTIVE RESIDENCE, RECLAIMING A BROWNFIELD			
	BUILDING, WEBSTER AVENUE SUPPORTIVE RESIDENCE, RECLAIMING A BROWNFIELD SITE. THE 243,760 SF, 12-STORY PROJECT CONTAINS 248 STUDIO, ONE-, TWO-,			
	BUILDING, WEBSTER AVENUE SUPPORTIVE RESIDENCE, RECLAIMING A BROWNFIELD SITE. THE 243,760 SF, 12-STORY PROJECT CONTAINS 248 STUDIO, ONE-, TWO-, AND THREE-BEDROOM UNITS THAT ARE HOME TO LOW-INCOME WORKING ADULTS AND			
	BUILDING, WEBSTER AVENUE SUPPORTIVE RESIDENCE, RECLAIMING A BROWNFIELD SITE. THE 243,760 SF, 12-STORY PROJECT CONTAINS 248 STUDIO, ONE-, TWO-, AND THREE-BEDROOM UNITS THAT ARE HOME TO LOW-INCOME WORKING ADULTS AND			
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332002	12-21-23
332002	12-21-23

Form	990 (2023) CORPORATION 11-304800	2	Р	age <b>3</b>
Par	t 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
<b>ا</b> م	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	114	х	
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
120		12a		x
h	Schedule D, Parts XI and XII	120		
5	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 assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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	х	
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
332003	12-21-23	Form	990	(2023)

Form	990 (2023) CORPORATION 11-30480	02	P	age <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
2	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
07	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
27				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
h.	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00		x
~~	"Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_	w	
	Part V, line 1	34	X	──
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	х	──
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		$\square$
			Yes	No
1a		2		
b		<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	+ 12-21-23	Form	990	(2023)

Form	990 (2023) CORPORATION		11-304800	2	Р	age <b>5</b>
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	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b		
- 3a				3a		x
				3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			30		<u> </u>
чa	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a fareign equation (such as a back account accurities account as other financial account accurities account ac other financial account accurities accurities account accurities accuritie		•	4-		x
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccoui	ių ?	4a		
a	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
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?			<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r 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 ser	vices	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
9 h						<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h		
U	sponsoring organization have excess business holdings at any time during the year?	i by ti		8		
0				0		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a				9a		<u> </u>
b				9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:		1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ı.	1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		L
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	13b				
с	Enter the amount of reserves on hand	13c				
14a	Did the second atting and in the second s	· · · · ·		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16		tinco	me?	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yeap" complete Form 4720. Schedule O		11C (	16		<u> </u>
47	If "Yes," complete Form 4720, Schedule O.		_			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		<u> </u>
	If "Yes," complete Form 6069.			_	000	(00000)
332005	i 12-21-23			Form	390	(2023)

Form	990 (2023) CORPORATION		11-304		F	-age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and f	or a "No"	respo	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	structions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
				_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny 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 99	90 was	filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockhol	ders, 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?				Х	
b	Each committee with authority to act on behalf of the governing body?			<mark>8b</mark>	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue (	Code.)			
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			<b>10a</b>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates,			
				····		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the form?	? <b>11a</b>	Х	-
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			<b>12</b> b	X	<b>_</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				
	on Schedule O how this was done			. 12c		<u> </u>
13	Did the organization have a written whistleblower policy?				X	<u> </u>
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 inc	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official					<u> </u>
b	Other officers or key employees of the organization			<u>15b</u>	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wi	th a			
	taxable entity during the year?			. <b>16a</b>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	S			
0	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-	T (section 501(c	:)(3)s only	) availa	lble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X       Own website       Another's website       X       Upon request       Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest policy,	and finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	KEVIN MORAN - 212-389-9300					
	505 EIGHTH AVENUE, NEW YORK, NY 10018			_	000	100-
332006	12-21-23 <b>7</b>			For	ຟ <b>ລອດ</b>	(2023)
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Form 990 (2023) CORPORATION	11-3048002	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highe	est Compensated	<u> </u>
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
<ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year e</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organization)</li> </ul>	5	,
Enter -0- in columns (D), (E), and (F) if no compensation was paid.		

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

BREAKING GROUND HOUSING DEVELOPMENT FUND

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	id a d	Irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trus		ee	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee or director	Institutional trustee	_	m ploy	st col	5	1000 1120)		organizations
	line)	ndivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) BRENDA ROSEN	12.44									
PRESIDENT & CEO	22.56	Х		х				0.	629,604.	13,827.
(2) KEVIN MORAN	12.44									
CFO	22.56			Х				٥.	353,041.	47,221.
(3) MICHAEL FRANCO	0.58									
CHAIRMAN	0.00	Х		х				٥.	0.	0.
(4) DAVID PICKET	0.46									
DIRECTOR	0.00	Х						0.	0.	0.
(5) BEN STACKS	0.20									
TREASURER	0.36	Х		Х				0.	0.	0.
(6) MICHAEL RYAN	0.38									
DIRECTOR	0.14	Х						٥.	0.	0.
(7) RICHARD ROBERTS	0.38									
DIRECTOR	0.00	Х						0.	0.	0.
(8) NICHOLAS TSANG	0.13									
SECRETARY	0.22	X		Х				٥.	0.	0.
(9) DAVID WALSH	0.45									
DIRECTOR	0.16	Х						0.	0.	0.
(10) KARA MCSHANE	0.23									
DIRECTOR	0.00	Х						0.	0.	0.
(11) MICHAEL LASCHER	0.23									
DIRECTOR	0.00	Х						0.	0.	0.
(12) ANNIE TIRSCHWELL	0.23									
DIRECTOR	0.00	Х						0.	0.	0.
(13) PETER EZERSKY	0.23									
DIRECTOR	0.00	Х						0.	0.	0.
(14) KIRK GOODRICH	0.23									
DIRECTOR	0.00	Х						0.	0.	0.
(15) MICHAEL WERNER	0.35									
DIRECTOR	0.00	Х					L	0.	0.	0.
(16) ANDY D'AMICO	0.23									
DIRECTOR	0.00	Х					<u> </u>	0.	0.	0.
(17) MARK LEVY	0.23									
DIRECTOR	0.00	Х						0.	0.	0.

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332007 12-21-23

Form 990 (2023)

BREAKING GRO	OUND HOUSING	DE	VEL	OPM	ENT	FU	ND		11 20	40000			
Form 990 (2023) CORPORATION Part VII Section & Officers Directors True									11-304	18002		Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Tru (A) Name and title	stees, Key Emp (B) Average hours per week (list any hours for related organizations below	(do box	not cl	(CPOS heck ss per d a d	C) itior <sup>more</sup> rson i		one an tee)	ompensated Employee (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	s (continued) (E) Reportable compensation from related organizations (W-2/1099-MIS 1099-NEC)	5	Est amo comp fro orga	m the nizati relate	of tion e ion ed
	line)	Individ	Institut	Officer	Key em	Highes employ	Former				orgai	nzati	0115
(18) LOUISE CARROLL DIRECTOR (AS OF 4/25/2023)	0.17	x						0.		0.			0.
1b       Subtotal         c       Total from continuation sheets to Part V         d       Total (add lines 1b and 1c)         2       Total number of individuals (including but	II, Section A	·····	· · · · · · · · · · · · · · · · · · ·					0 . 0 . 0 . eceived more than \$100,	982 , 6 982 , 6 000 of reportable	0. 545.			048. 0. 048.
compensation from the organization												Yes	0 <b>No</b>
<ul> <li>3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i></li> <li>4 For any individual listed on line 1a, is the s</li> </ul>	such individual um of reportabl	 e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization		3		x
<ul> <li>and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," col</li> </ul>	accrue compen	Isati	on fr	om	any	unre	late	ed organization or individ	ual for services		4 5	X	x
Section B. Independent Contractors				<u>en ;</u>		•							
1 Complete this table for your five highest control the organization. Report compensation for	-	-								ensatio	on fror	n	
(A) Name and busines	s address							<b>(B)</b> Description of se	ervices	Со	(C) mpen		n
ALLIED UNIVERSAL SECURITY SERVICES, BOX 828854, PHILADELPHIA, PA 19182-8 CENTER FOR URBAN COMMUNITY SERVICES								SECURITY SERVICES			1,3	327,	637.
198 EAST 121ST STREET, NEW YORK, NY THE BACHRACH GROUP	10035						-	CONTRACTUAL SERVIC	ES		1,3	137,	503.
1430 BROADWAY, FLOOR 13, NEW YORK, 1 HIGH POINT CONSTRUCTION GROUP CORP	VY 10018							TEMP STAFFING EXPE	NSES		4	<b>1</b> 97,	177.

Total number of independent contractors (including but not limited to those listed above) who received more than

321<u>,</u>755.

232,754.

332008 12-21-23

2

2761 BATH AVE, UNIT#B2, BROOKLYN, NY 11214

\$100,000 of compensation from the organization

KELLNER HERLIHY GETTY & FRIEDMAN LLP 470 PARK AVE SOUTH, 7N, NEW YORK, NY 10016 GENERAL REPAIRS & MAINTENANCE

LEGAL SERVICES

6

CORPORATION 11 - 3048002Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b b Membership dues c Fundraising events 3,396,482. 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 13,063,570 1f 81,316 g Noncash contributions included in lines 1a-1f 1g |\$ 16,460,052 h Total. Add lines 1a-1f **Business Code** 2 a LOW INCOME HOUSING RENTAL INCOME 900099 7,647,987. 7,647,987. Program Service Revenue TENANT HOUSING (GOV'T CONTRACTS) 900099 5,662,222 5,662,222 b ANCILLARY TENANT SERVICES 900099 168,763 168,763. С OUTREACH SERVICE INCOME 900099 112,798. 112,798. d е f All other program service revenue 13,591,770 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 1,147,386 1,147,386. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 494,282. 6 a Gross rents 6a Ο. 6b **b** Less: rental expenses 494,282. **c** Rental income or (loss) 6c 494,282 494,282. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis and sales expenses 7b Other Revenue 7c c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 3,396,482. of contributions reported on line 1c). See Part IV, line 18 205,375. 8a 634,319, **b** Less: direct expenses 8h -428 944 428,944. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a 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 **Business Code** Miscellaneous Revenue 11 a MISCELLANEOUS REVENUE 900099 188,895 188,895. b REIMBURSED CLEANING/UTILITY COSTS 900099 93,290 93,290. c OTHER REIMBURSEMENTS/REBATES 900099 52,234 52,234. d All other revenue 334,419 Total. Add lines 11a-11d е 13,591,770 0. 1,547,143. 31,598,965, Total revenue. See instructions 12

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332009 12-21-23

2023.05000 BREAKING GROUND HOUSING D 01714951

Form 990 (2023)

ecti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must corr	nplete column (A).	
	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	9,677,183.	8,220,852.	907,961.	548,37
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	69,563.	32,483.	24,560.	12,52
9	Other employee benefits	1,479,291.	1,299,473.	120,879.	58,93
0	Payroll taxes	634,129.	523,628.	70,298.	40,20
1	Fees for services (nonemployees):				
а	Management	562,811.	562,811.		
b	Legal	318,470.	253,367.	65,103.	
С	Accounting	57,271.	14,500.	42,771.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	310,175.	243,260.	66,915.	
2	Advertising and promotion				
3	Office expenses	509,431.	506,380.		3,05
4	Information technology	167,326.	164,236.		3,09
5	Royalties				
6	Occupancy	3,509,276.	3,356,350.	152,926.	
7		16,737.	16,737.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	100.000	400.000		
9	Conferences, conventions, and meetings	122,689.	120,222.		2,46
0	Interest	873,475.	377,093.	496,382.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,734,629.	1,734,629.		
3	Insurance	535,991.	535,991.		
4	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 0.)				
а	REPAIRS AND MAINTENANCE	1,360,465.	1,360,465.		
b	SECURITY EXPENSES	1,327,637.	1,327,637.		
с	TENANT SOCIAL SERVICES	1,206,403.	1,206,403.		
d	BAD DEBT	532,663.	525,115.		7,54
е	All other expenses	2,560,494.	1,859,393.	82,047.	619,05
5	Total functional expenses. Add lines 1 through 24e	27,566,109.	24,241,025.	2,029,842.	1,295,24
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

332010 12-21-23

Form 990 (2023)

CORPORATION

Form 990 (2023)

11-3048002 Page **11** 

Par	tХ	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,429,130.	1	2,019,35
	2	Savings and temporary cash investments			1,832,427.	2	1,975,32
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			19,692,519.	4	21,366,68
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ω	7	Notes and loans receivable, net		ſ	38,788,409.	7	39,182,14
Assets	8	Inventories for sale or use		r		8	
As	9				147,403.	9	138,69
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		71,151,951.			
	b	Less: accumulated depreciation		42,579,180.	30,007,586.	10c	28,572,77
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	ſ		14		
	15	Other assets. See Part IV, line 11			116,085,666.	15	121,545,62
	16	Total assets. Add lines 1 through 15 (must ed			208,983,140.	16	214,800,59
	17	Accounts payable and accrued expenses			4,351,604.	17	5,007,28
	18	Grants payable		18			
	19	Deferred revenue	2,629,255.	19	1,995,35		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for					
l tie		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th				22	
티	23	Secured mortgages and notes payable to unre	-		51,885,012.	23	54,849,70
	24	Unsecured notes and loans payable to unrelat		ſ		24	, ,
	25	Other liabilities (including federal income tax, p					
	20	parties, and other liabilities not included on lin	•				
			,		7,209,099.	25	6,007,22
	26	Total liabilities. Add lines 17 through 25			66,074,970.	26	67,859,57
	20	Organizations that follow FASB ASC 958, cl	neck her		, , , -		
es		and complete lines 27, 28, 32, and 33.					
Š	27				120,761,293.	27	125,554,75
Sale	28	Net assets with donor restrictions			22,146,877.	28	21,386,26
ē	20	Organizations that do not follow FASB ASC				20	
5		and complete lines 29 through 33.	500, ene				
P	29	Capital stock or trust principal, or current fund	c			29	
ets	29 30	Paid-in or capital surplus, or land, building, or				30	
1SS	30 31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				142,908,170.	32	146,941,02
Ž		Total net assets or fund balances			208,983,140.	32	214,800,59
	33	Total liabilities and net assets/fund balances			200,000,140.	<u> 3</u> 3	Form <b>990</b> (20)

	BREAKING GROUND HOUSING DEVELOPMENT FUND				
Form	990 (2023) CORPORATION	11-304	8002	Pa	<sub>ge</sub> 12
Par	t 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	31,	598,	965.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,	566,	109.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,	032,	856.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	142,	908,	170.
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	146,	941,	026.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	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 X 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	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 required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2023)

S	CHE	DULE A		<b>Dublic Cha</b>	rity Status an	d Duk	lia Su	innort	OMB No. 1545-0047			
(Fo	orm 99	90)			nization is a section 501					2023		
					47(a)(1) nonexempt cha					Ζυζυ		
		of the Treasury nue Service			ttach to Form 990 or Fo					Open to Public		
				-	Form990 for instruction		latest inf	ormation.	<b>F</b> aran January			
Nar	ne or	the organizati		ING GROUND HOUSI RATION	ING DEVELOPMENT FUN	U				identification number		
Pa	art I	Reason			(All organizations must c	omolete ti	nis nart ) S	ee instruction		11-3040002		
					For lines 1 through 12, c				0.			
1			-		on of churches described	•	-	I)(A)(i).				
2	$\square$				(Attach Schedule E (Forn							
3					anization described in se		(b)(1)(A)(ii	i).				
4		A medical res	earch organiz	zation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state	e:									
5		An organizati	on operated f	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170	b)(1)(A)(iv).(	Complete Part II.)								
6			· ·	-	nental unit described in							
7	X	-		-	intial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in		
8		-		Complete Part II.)	(1)(A)(vi). (Complete Par	н II )						
9	$\square$			.,	in section 170(b)(1)(A)	,	ed in coniu	inction with a	land-grant	college		
5		-		-	ulture (see instructions).		-		-	-		
		university:		9.4				, and clare er	line eenege			
10		An organizati	on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities relat	ed to its exer	mpt functions, subjec	ct to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment		
		income and u	nrelated busi	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.		
				omplete Part III.)								
11		-	-		ively to test for public sa	•						
12		-	-		ively for the benefit of, to	-			•			
				-	ed in section 509(a)(1) of supporting organization							
a		_	-	•••	supervised, or controlled				-	aivina		
				-	gularly appoint or elect a	• • • •	-					
			-	complete Part IV, Se								
k	<b>)</b>	<b>Type II.</b> A s	upporting org	ganization supervised	d or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ving		
		control or n	nanagement o	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
	_			st complete Part IV,								
C			-		g organization operated				ly integrate	ed with,		
c			•	.,.	b). You must complete I porting organization oper				tod organi-	zation(c)		
Ľ	•				zation generally must sat				•			
				0	mplete Part IV, Sections	•		•	anatonin			
e	•	_			written determination fro				II, Type III			
					nally integrated supporti							
f	Ent	er the number o	of supported of	organizations								
<u> </u>		vide the followi (i) Name of suppo		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) is the oro	anization listed	(v) Amount o	monetan	(vi) Amount of other		
		organization			(described on lines 1-10	in your govern	ng document?	support (see ir		support (see instructions)		
					above (see instructions))	Yes	No					
										<u> </u>		
_												
Tot	al											

			HOUSING DEVEL	JOPMENT FUND			
		DRPORATION	Described	0		11-30480	
Pa	IT II Support Schedule for	-					
	(Complete only if you checked			•	n failed to qualify u	inder Part III. If the	organization
_	fails to qualify under the tests	listed below, pleas	se complete Part II	1.)			
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,835,923.	10,216,530.	11,748,141.	15,836,507.	16,460,052.	61,097,153.
2	Tax revenues levied for the organ-						
	ization'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	6,835,923.	10,216,530.	11,748,141.	15,836,507.	16,460,052.	61,097,153.
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)						7,251,463.
	Public support. Subtract line 5 from line 4.						53,845,690.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	6,835,923.	10,216,530.	11,748,141.	15,836,507.	16,460,052.	61,097,153.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,684,289.	2,206,284.	1,602,146.	1,426,557.	1,641,668.	8,560,944.
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.)	761,239.	338,412.	645,470.	448,211.	539,794.	2,733,126.
11	Total support. Add lines 7 through 10						72,391,223.
12	Gross receipts from related activities,					12	63,413,062.
13	First 5 years. If the Form 990 is for the						
0.	organization, check this box and stop						
	ction C. Computation of Publi		-				= 4 . 2 0
	Public support percentage for 2023 (li					14	74.38 %
	Public support percentage from 2022						74.91 %
16a	<b>33 1/3% support test - 2023.</b> If the c						V
	stop here. The organization qualifies		-				
k	<b>33 1/3% support test - 2022.</b> If the c						
	and <b>stop here.</b> The organization qual		•				
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-			-		
k	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu		•	. ,			
	Private foundation. If the organizatio	n did not check a l	box on line 13 16a	. 16b. 17a. or 17b	check this box a	nd see instructions	

Schedule A (Form 990) 2023

BREAKING	GROUND	HOUSING	DEVELOPMENT	FUND

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Schedule A	(Form 990)	2023	CORPORATION			
Part III	Support	Schedule for	r Organizations	Described in	Section	509(a)(2)

CORPORATION

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included 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	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2023 (	line 8, column (f), d	ivided by line 13,	column (f))		15	%
-	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for 2					17	%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2023.</b> If the						ine 17 is not
	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2022.</b> If the						
	line 18 is not more than 33 1/3%, che						tion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		<u></u>
33202	23 12-21-23		16			Sched	lule A (Form 990) 2023

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2023

	BREAKING GROUND HOUSING DEVELOPMENT FUND			
	dule A (Form 990) 2023 CORPORATION	11-3048002	Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		-	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	cers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<b>Raa</b>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion D. An Type in Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the Activities Test, Organization and the Integral Part Test during the year (see instruction)	uctions).		
a L	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>	,	,	
c o	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	y (see instruction		Na
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			

- one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

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.* 332025 12-21-23

18

3b | | Schedule A (Form 990) 2023

2b

3a

 $09241107 \ 153424 \ 0171495-00046$ 

BREAKING	GROUND	HOUSING	DEVELOPMENT	FUND
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	MENT FUND		
CORPORATION			11-3048002 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Support	ting Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qual	ifying trust on N	ov. 20, 1970 ( <i>explain i</i>	n Part VI). See instructions
All other Type III non-functionally integrated supporting organizations r	nust complete S	Sections A through E.	
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
ection 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

BREAKING	GROUND	HOUSING	DEVELOPMENT	FUND
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Sche	edule A (Form 990) 2023 CORPORATION			11-3	8048002	Page <b>7</b>
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued	d)		
Sect	ion D - Distributions				Current Ye	er
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required - pre	ovide details in Part VI)		5		
_6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(1)	1	0	<i>(</i> )	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributal Amount for 2	
_1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
<u>a</u>	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years			_		
	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$			-		
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	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 <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
U	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3					
'	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

BREAKING GROUND HOUSING DEVELOPMENT FUND		
Schedule A (Form 990) 2023 CORPORATION	11-3048002	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section Section D, lines 2, 5, and 6. Also complete this part for any additional section Sect	and 2; Part IV, Sectio /, Section B, line 1e; F	
(See instructions.)		
CHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
MISCELLANEOUS INCOME		
2019 AMOUNT: \$ 359,489.		
2020 AMOUNT: \$ 338,412.		
2021 AMOUNT: \$ 310,339.		
2022 AMOUNT: \$ 264,836.		
2023 AMOUNT: \$ 188,895.		
FUNDRAISING INCOME		
2019 AMOUNT: \$ 216,750.		
2020 AMOUNT: \$ 0.		
2021 AMOUNT: \$ 335,131.		
2022 AMOUNT: \$ 183,375.		
2023 AMOUNT: \$ 205,375.		
GAIN ON FORGIVENESS OF LOAN		
2019 AMOUNT: \$ 185,000.		
2020 AMOUNT: \$ 0.		
2021 AMOUNT: \$ 0.		
2022 AMOUNT: \$ 0.		
2023 AMOUNT: \$ 0.		
REIMBURSED CLEANING/UTILITY COSTS		
2019 AMOUNT: \$ 0.		
2020 AMOUNT: \$ 0.		
2021 AMOUNT: \$ 0.		
2022 AMOUNT: \$ 0.		
32028 12-21-23	Schedule A (Form	990) 202

	BREAKING GROUND HOUSING DEVELOPMENT FUND		
Schedule A (Form 990) 2023	CORPORATION	11 - 3048002	Page <b>8</b>
Part IV, Section A, lines 1 line 1; Part IV, Section D,	rmation. Provide the explanations required by Part II, line 10; Part II, line 17a of I, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part I 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C, art V,
2023 AMOUNT: \$ 93,290.			
OTHER REIMBURSEMENTS/REBATES			
2019 AMOUNT: \$ 0.			
2020 AMOUNT: \$ 0.			
2021 AMOUNT: \$ 0.			
2022 AMOUNT: \$ 0.			
2023 AMOUNT: \$ 52,234.			
332028 12-21-23		Schedule A (Form	990) 2023

** PUBLIC DISCLOSU	JRE COPY	* *
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# Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

11-3048002

	e		
Nama	of the	organization	
INALLE		organization	

Schedule B

Department of the Treasury

Internal Revenue Service

(Form 990)

BREAKING	GROUND	HOUSING	DEVELOPMENT	FUND	
CODDODADI					

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (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 totaling \$5,000 or more during the year \_\_\_\_\_\_\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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.

	3 (Form 990) (2023)		Page <b>2</b>
Name of or			Employer identification number
BREAKING	GROUND HOUSING DEVELOPMENT FUND		11-3048002
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
1		\$2,000,	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
2		\$3,945,	816.       Person X         Payroll       Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contribution	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
4		\$1,500,	000.       X         Payroll       Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$500,	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
6		\$460,	000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

	ganization	E	mployer identification number
EAKING	GROUND HOUSING DEVELOPMENT FUND		11-3048002
			11 3040002
Part II	Noncash Property (see instructions). Use duplicate copies of Provide the Provide text of Provi	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Schedule	B (Form 990) (2023)			Page <b>4</b>						
Name of c	organization		En	nployer identification number						
BREAKING	G GROUND HOUSING DEVELOPMENT FUND									
CORPORAT			<u> </u>	11-3048002						
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	) through (e) and the following line entry.	For organizations							
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or les	for the year. (Enter this info. once.)	\$						
(a) No.	Use duplicate copies of Part III if additional	space is needed.								
from	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held						
Part I										
		(e) Transfer of gift								
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transfe	eror to transferee						
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held						
	(e) Transfer of gift									
		Deletionship of transf	were the two model and							
	Transferee's name, address, a		Relationship of transfe	eror to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held						
Part I			(d) Descript							
	<u> </u>		_							
		(e) Transfer of gift								
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transfe	eror to transferee						
(a) No										
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held						
Part I										
		(e) Transfer of gift								
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transfe	eror to transferee						
		[								
323454 12-20	I 6-23			Schedule B (Form 990) (2023)						
				20						

# 09241107 153424 0171495-00046

901	HEDULE D		Supplementa	al Financial	St	atements	5		OMB No. 1	545-0047
	1EDOLE D 1 990)		Complete if the orga						20	23
•			Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, ttach to Form 990.	11e	e, 11f, 12a, or 12	2b.		<b>LU</b> Open to	CU o Public
	nent of the Treasury Revenue Service		ہم Go to www.irs.gov/Form99		d th	e latest informa	tion.		Inspect	
Name	e of the organizati	on	BREAKING GROUND HOUSING DEV	ELOPMENT FUND					identificatio	
Der			CORPORATION	d Funda av Otha	- 0				11-304800	
Par			ns Maintaining Donor Advise swered "Yes" on Form 990, Part IV, lin		r 3	imilar Funds	or AC	counts.	Complete if t	he
	organizatio			(a) Donor adv	/ise	d funds	(	b) Funds and	d other acco	unts
1	Total number at er	nd of	f year							
2			ntributions to (during year)							
3			Ints from (during year)							
4			d of year							
5			form all donors and donor advisors in		he	ld in donor advis	ed fund	s		
	are the organizatio	n's p	property, subject to the organization's	exclusive legal contro	?				Yes	No No
6	Did the organization	on in	form all grantees, donors, and donor a	dvisors in writing that	gra	ant funds can be	used or	nly		
			s and not for the benefit of the donor o	,		, , ,		0		
Par	impermissible priv				 V			line 7	Yes	No
1			on Easements. Complete if the organization			s" on Form 990, 1	Part IV,	line 7.		
•			ation easements held by the organization and for public use (for example, recrea	· · · ·	y).	Preservation of	a histo	rically impor	tant land are	<b>.</b>
	Protection o					Preservation of Preservation of				a
	Preservation						u oortii		Structure	
2			ugh 2d if the organization held a quali	ied conservation cont	ribu	ution in the form	of a cor	nservation ea	asement on t	he last
	day of the tax year								at the End of t	
а	Total number of co	onse	rvation easements					2a		
b			al la construction d'action de la construction					2b		
С	Number of conser	vatio	on easements on a certified historic stru	ucture included on line	e 2a	a		2c		
d			on easements included on line 2c acqu							
			listed in the National Register					2d		
3		vatio	n easements modified, transferred, rel	eased, extinguished, o	or te	erminated by the	organiz	zation during	the tax	
4	year	vba		amont is located						
4 5			re property subject to conservation eas have a written policy regarding the per	-	oct	ion bandling of				
5	8		ment of the conservation easements it	5, 1					Yes	No
6			urs devoted to monitoring, inspecting,							
				Ū .		C C			0,	
7	Amount of expens	ies ir	ncurred in monitoring, inspecting, hand	lling of violations, and	enf	forcing conserva	tion eas	ements duri	ng the year	
8	Does each conser	vatio	on easement reported on line 2d above	satisfy the requireme	nts	of section 170(h	)(4)(B)(i)			
	and section 170(h)								Yes	No
9			ow the organization reports conservation			-				
			lude, if applicable, the text of the footr	note to the organizatio	n's	financial stateme	ents tha	t describes t	the	
Par			ing for conservation easements. ns Maintaining Collections of	Art. Historical T	rea	asures, or Ot	her Si	milar Ass	sets.	
			organization answered "Yes" on Form							
1a			ted, as permitted under FASB ASC 95		reve	enue statement a	nd bala	nce sheet w	orks	
	•		res, or other similar assets held for put							
			XIII the text of the footnote to its finar					•		
b	If the organization	elec	ted, as permitted under FASB ASC 95	8, to report in its reve	nue	statement and I	balance	sheet works	s of	
	art, historical treas	sures	, or other similar assets held for public	exhibition, education	, or	research in furth	nerance	of public se	rvice,	
	provide the followi	ng a	mounts relating to these items.							
	(i) Revenue inclu	ded	on Form 990, Part VIII, line 1							
	(ii) Assets include							\$		
2			eived or held works of art, historical tre				l gain, p	orovide		
	-		required to be reported under FASB A	-						
			Form 990, Part VIII, line 1							
			m 990, Part X				<u></u>			- 000\ 0000
		eauc	ction Act Notice, see the Instructions	5 IOF FORM 990.				Sche	dule D (Forn	n 990) 2023
JJ2051	09-28-23			27						

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrued)         3 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply).       d       Loan or exchange program         a [P-tytic exclusion       d       Loan or exchange program       b         b Provide a description of the organization solucitons and explain how they further the organization's exempt purpose in Part XIII.       During the securitor of the organization solucitons and explain how they further the organization's exempt purpose in Part XIII.         b During the securitor of the organization solucitons and explain how they further the organization's collection?       Yes No         Part V Escrow and CutStocial Arrangements Complete if the organization answered "Yes" on Form 900, Part X, line 21.       Yes       No         b H "Yes" explain the arrangement in Part XIII and complete the following table:       Yes       No       No         c Addition during the year       1d       1d       1d       1d       1d         a De the organization include an amount on Form 900, Part X, line 21, for encrow or cutstodial account liability?       Yes       No         b H "Yes" explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII       Part V Enclowent Turned.       No         1 a Beginning of year balance       1d       1d       1d       1d		dule D (Form 990) 2023 CORPORATIO							48002		age <b>2</b>
collection terms (check all that apply).       a       Debte cohibition       d       Loan or exchange program         b       Scholarly research       e       Other	Par									nued)	
a       Public exhibition       d       Loan or exchange program         b       Scholarly research       e       Other         c       Prevalue a description of thure generations       e       Other         c       Prevalue a description of thure generations       e       Other       memory         c       Prevalue a description of thure generation is collections and explain how they further the organization's exempt purpose in Part XIII.       During they served it's exempt purpose in Part XIII.         c       Burnow Tescritow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21.       Test set organization an agement in Part XIII and complete the following table:       Amount         c       Beginning balance       tot       tot       Test       Amount         d       Additions during the year       tot       tot       tot       Test       No         d       Distributions during the year       tot       tot       tot       Test       No       No         d       Diff Yes, 'explain the arrangement in Part XII ine 21, for secrow or custodial account tability?       Yes       No         d       Additions during the year       tot       tot       Test       No       No         d       Additions duri	3		on, and other record	ls, check	any of the f	ollowing that	make sigr	nificant use of its			
b       Scholary research       e       Other         c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         6       Dirent the organization assueed "Yes" on Form 990, Part M, line 9, or reported an amount on Form 990, Part X, line 21.         16       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.         7       Distributions during the year       1e       1e       1e         17       Distributions during the year       1e       1e       1e         20       Distributions during the year       1e       1e       1e       1e         21       Distributions during the year       1e       1e       1e       1e       1e         21       Distributions       In Part XIII.       Chandrow part XIII.       1e				. —	_						
c  Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part X, line 21. 14 Is the organization and and the arrangement in Part XIII and complete the following table:  Additions during the year  C Beginning balance  Additions during the year  C Beginning balance  Additions during the year  C Beginning balance  (a Additions during the year  C Beginning balance  (b C Press' explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Additions during the year  (a Additions during the year  (b C Press' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Additions during the year  (c) Current year  (b) Prives' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Additions during the year  (c) Current year  (c) Cu	а		c								
Provide a description of the "ganization's collections and explain how they further the organization's exempt purgoes in Part XIII.     During the year, did the organization is collection?	b		e	•	Other						
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part M Escrow and Custodial Arrangements Complete if the organization answered "Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fursuke, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, ruske, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, ruske, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, ruske, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, ruske, custodian, or other intermediary for contributions or outer assets not included on Form 990, Part X, ruske, custodian, or other intermediary for contributions or outer assets if the custodiary the year is custodiary to reserve or custodial account liability?	с										
to be sold to raise funds rather than to be maintained as part of the organization's collection?         Yes         No.           Part IV         Escrow and Custodial Arrangements         Complete if the organization answered "Yes" on Form 990, Part IV, line 8, or reported an amount on Form 990, Part X, line 21.         Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.           16         Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Amount           16         Is datitions during the year         Is         Is         Is         Is           2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           bit f*ves, 'explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         Im         Im           Part V         Endowment Funds         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Im         Im           Part V         Endowment Funds         Complete if the explanation has been provided in Part XIII         Im         Im           Part V         Endowment Funds         Complete if the explanation inside an explanation answered "Yes" on Form 990, Part IV, line 10.         Im         Im         Im         Im         Im <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>t XIII.</td><td></td><td></td></t<>									t XIII.		
Part IV       Escrow and Custodial Arrangements       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X (IIII)       IVes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custolal account fability?       IVes       No         b       If "Yes," explain the arrangement in Part XII. Ibeck hare if the explanation has been provided in Part XIII       Image: Complete intermediate interm	5							_			1
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If 'Yes," explain the arrangement in Part XIII and complete the following table:       Amount         1a       Additions during the year       1a         2       Dist for organization include an amount on Form 990, Part X, line 21, for serrow or custodial account liability?       Ves       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       No       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIIII       No         Part V       Endowment Funds       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Second Se	D.										No
1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       IVes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ite         c       Beginning balance       Ite       Amount       Ite         d       Additions during the year       Ite       Ite       Ite       Ite         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No       Ite       Ite         Part V       Endowment FundS Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Ite	Par			ete if the	organization	answered "	Yes" on Fo	orm 990, Part IV,	line 9, or		
on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         d Additions during the year       1d         d Editions during the year       1d         d Distributions       0         Part V       Endowment Funds Complete if the organization inswered "Yes" on Form 990, Part X, line 10.         l Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         a Grants or scholarships       a       a       a       a       a         e Other expenditures for facilities and programs       a       a       a       a       a         f Administrative expenses       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a </td <td></td>											
b       If "Yes," explain the arrangement in Part XII and complete the following table:	1a			•				_			1
c       Beginning balance       Image: Construction of the set of the current set of the curent set of the curent set of the current se								L	Yes		No
c       Beginning balance       1c         d       Additions during the year       1d         e       Distributions during the year       1d         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Part V       Endowment Funds       Complete if the explanation has been provided in Part XIII         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Second Seco	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
d Additions during the year       1d         e Distributions during the year       1e         1 Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If Yes, "explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII       Yes       No         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part X, line 10.       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         d Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         e Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (e) Cour years back         g End of year balance       (met scholar dequal 100%.       (a) Courtent year end balance (line 1g, column (a) held as:       (a) Courtent year       (b) Prior year       (c) Accurulated organization									Amoun	t	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII.       Other explanation has been provided in Part XIII.       No         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Tour years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         e       Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Administrative expenses       (a) Current year end balance (line 1g, column (a) held as:       (a) Contributions for the companization (a) held as:       (a) Contributions for the possession of the organization (a) held as:         a       Board designated or quasi-andowment       %       % <td></td>											
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       f**es, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Image: Second Se								1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Contributions       (b) Contributions       (c) Two years back       (d) Three years back       (e) Four years back         6 Contributions       (c) Two years or chalanships       (c) Two years back       (d) Three years back       (e) Four years         6 Other expenditures for facilities       (f) Administrative expenses       (f) Three yearb back       (f) Three yearb bac	е	Distributions during the year						1e			
b       if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         Part V       Endowment Funds Complete if the organization answered "Yes" on Form 90, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (a) Current year       (c) Two years back       (c) Two years back       (e) Four years back         e       Other expenditures for facilities       (a) Current year end balance (line 1g, column (a) held as:       (a) Complete if the organization of the organization that are held and administered for the organization by:       (f) Three preentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment Indush not in the possession of the organization that are held and administered for the organizations?       (a)											1
Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (c) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Other expenditures for facilities       (a) Control year       (c) Two years back		-					-	/?L	Yes		No
Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance											
1a       Beginning of year balance	Par	<b>TV</b> Endowment Funds Complete if		1					1 ( ) =		
b       Contributions			(a) Current year	(b) F	rior year	(c) I wo yea	rs back (c	d) Three years bac	(e) Fou	years	back
c       Net investment earnings, gains, and losses											
d Grants or scholarships	b	Contributions							_		
e Other expenditures for facilities and programs											
and programs	d	Grants or scholarships									
f       Administrative expenses	е	Other expenditures for facilities									
g End of year balance		and programs									
g End of year balance	f	Administrative expenses									
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i) Unrelated organizations?         (ii) Related organizations?         b If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         b Buildings       2,634,825.         2,634,825.       2,634,825.         b Buildings       62,605,526.         37,144,290.       25,461,236.         c Leasehold improvements       254,573.       0.         d Equipment       4,085,737.       3,794,926.       290,811.         e Other       1,571,290.       1,385,391.       185,899.	g	End of year balance									
b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) I "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. <ul> <li>Description of property</li> <li>(a) Cost or other basis (investment)</li> <li>basis (investment)</li> <li>basis (investment)</li> <li>basis (other)</li> <li>(c) Accumulated depreciation depreciation</li> <li>(d) Book value basis (investment)</li> <li>basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value depreciation</li> <li>(d) Cost or other depreciation depreciation</li> <li>(d) Book value depreciation</li> <li>(d) Book value depreciation depreciation</li> <li>(d) Book value depreciation</li> <li>(d) Equipment depreciation depreciation depreciation</li> <li>(d</li></ul>	2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1ç	g, column (a)	) held as:					
c       Term endowment       %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(e) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Cost or other</li> <li>(e) Cost or other</li> <li>(f) Cost or other</li> <li>(f) Cost or other</li> <li>(g) Cost or other</li> <li>(h) Cost or other</li></ul>	а	Board designated or quasi-endowment		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) The percentages on line 3a(ii), are the related organization's endowment funds.</li> </ul> <ul> <li><b>Yes</b> No</li> <li><b>3a(ii)</b></li> <li><b>3a(ii)</b></li> <li><b>3a(ii)</b></li> <li><b>3a(ii)</b></li> <li><b>3a(ii)</b></li> <li><b>3a(ii)</b></li> <li><b>3b</b></li> <li><b>b</b> If "Yes" on line 3a(ii), are the related organization's endowment funds.</li> </ul> <ul> <li><b>Part VI</b></li> <li><b>Land, Buildings, and Equipment</b></li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li><b>Description of property</b></li> <li><b>(a)</b> Cost or other basis (investment)</li> <li><b>b</b> asis (other)</li> <li><b>d</b> apreciation</li> </ul> <ul> <li><b>1a</b> Land</li> <li><b>2</b>, 634, 825.</li> <li><b>3</b>, 7144, 290.</li> <li><b>2</b>, 5461, 236.</li> <li><b>2</b> (appment</li> <li><b>4</b>, 085, 737.</li> <li><b>3</b>, 794, 926.</li> <li><b>2</b>, 90, 811.</li> <li><b>e</b> Other</li> <li><b>1</b>, 571, 290.</li> <li><b>1</b>, 385, 391.</li>             &lt;</ul>	b	Permanent endowment	%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Part VI</li> <li>Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> 1a Land     2,634,825.           b Buildings         62,605,526.               c Leasehold improvements <li>254,573.</li> <li>254,573.</li> <li>200,811.</li> <li>e Other</li> <li>1,571,290.</li> <li>1,385,391.</li> <li>185,899.</li>	с	Term endowment	%								
organization by:       Yes       No         (i)       Unrelated organizations?       3a(i)       3a(i) <td< td=""><td></td><td>The percentages on lines 2a, 2b, and 2c sho</td><td>uld equal 100%.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
(i) Unrelated organizations?       3a(i)         (ii) Related organizations?       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       2,634,825.       2,634,825.         b Buildings       62,605,526.       37,144,290.       25,461,236.         c Leasehold improvements       254,573.       0.       4,085,737.       3,794,926.       290,811.         e Other       0ther       1,571,290.       1,385,391.       185,899.	3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the				
(ii) Related organizations?       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       2,634,825.       2,634,825.       2,634,825.         b Buildings       62,605,526.       37,144,290.       25,461,236.         c Leasehold improvements       254,573.       254,573.       0.         d Equipment       4,085,737.       3,794,926.       290,811.         e Other       0.ther       1,571,290.       1,385,391.       185,899.		organization by:								Yes	No
(ii) Related organizations?       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       2,634,825.       2,634,825.       2,634,825.         b Buildings       62,605,526.       37,144,290.       25,461,236.         c Leasehold improvements       254,573.       254,573.       0.         d Equipment       4,085,737.       3,794,926.       290,811.         e Other       0.ther       1,571,290.       1,385,391.       185,899.		(i) Unrelated organizations?							3a(i)		
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       2,634,825.       2,634,825.         b       Buildings       62,605,526.       37,144,290.       25,461,236.         c       Leasehold improvements       254,573.       0.       0.         d       Equipment       4,085,737.       3,794,926.       290,811.         e       Other       1,571,290.       1,385,391.       185,899.											
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       2,634,825.       2,634,825.         b       Buildings       62,605,526.       37,144,290.       25,461,236.         c       Leasehold improvements       254,573.       254,573.       0.         d       Equipment       4,085,737.       3,794,926.       290,811.         e       Other       1,571,290.       1,385,391.       185,899.	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	chedule R?				3b		
Part VILand, Buildings, and EquipmentComplete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1aLand2,634,825.2,634,825.2,634,825.bBuildings62,605,526.37,144,290.25,461,236.cLeasehold improvements254,573.254,573.0.dEquipment4,085,737.3,794,926.290,811.eOther1,571,290.1,385,391.185,899.											
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         2,634,825.         2,634,825.         2,634,825.           b Buildings         62,605,526.         37,144,290.         25,461,236.           c Leasehold improvements         254,573.         254,573.         0.           d Equipment         4,085,737.         3,794,926.         290,811.           e Other         1,571,290.         1,385,391.         185,899.	Par										
basis (investment)         basis (other)         depreciation           1a Land         2,634,825.         2,634,825.           b Buildings         62,605,526.         37,144,290.         25,461,236.           c Leasehold improvements         254,573.         254,573.         0.           d Equipment         4,085,737.         3,794,926.         290,811.           e Other         1,571,290.         1,385,391.         185,899.		Complete if the organization answere	d "Yes" on Form 990	), Part IV	/, line 11a. S	ee Form 990	, Part X, lir	ne 10.			
basis (investment)         basis (other)         depreciation           1a Land         2,634,825.         2,634,825.           b Buildings         62,605,526.         37,144,290.         25,461,236.           c Leasehold improvements         254,573.         254,573.         0.           d Equipment         4,085,737.         3,794,926.         290,811.           e Other         1,571,290.         1,385,391.         185,899.		Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Acc	cumulated	(d) Boo	k value	;
b         Buildings         62,605,526.         37,144,290.         25,461,236.           c         Leasehold improvements         254,573.         254,573.         0.           d         Equipment         4,085,737.         3,794,926.         290,811.           e         Other         1,571,290.         1,385,391.         185,899.					• •		• •		.,		
b         Buildings         62,605,526.         37,144,290.         25,461,236.           c         Leasehold improvements         254,573.         254,573.         0.           d         Equipment         4,085,737.         3,794,926.         290,811.           e         Other         1,571,290.         1,385,391.         185,899.	<b>1</b> a	Land		-		, ,			2	634,	825.
c       Leasehold improvements       254,573.       254,573.       0.         d       Equipment       4,085,737.       3,794,926.       290,811.         e       Other       1,571,290.       1,385,391.       185,899.							3	7,144,290.			
d Equipment         4,085,737.         3,794,926.         290,811.           e Other         1,571,290.         1,385,391.         185,899.										,	
e Other					4					290.8	
				X lina 1		, ,			28	-	

Schedule D (Form 990) 2023

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Part VII       Investments - Other Securities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.         (a) Description of security or category (including name of security)       (b) Book value       (c) Method of valuation: Cost or end-of-year	
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year	
	r market value
(1) Financial derivatives	
(2) Closely held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	
Part VIII Investments - Program Related.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year	r market value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9) Tetel (Col. (b) must savel Form 000, Dart V, ling 10, col. (D))	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
	o) Book value
(1) DUE FROM AFFILIATE	109,161,572.
(1) SOL THON METERINE (2) CONTRACTUAL RESERVE	8,320,173.
	3,400,818.
	376,941.
	268,101.
(5) OTHER ASSETS (6) DEFERRED RENT	18,020.
	10,020.
(7)	
(8)	
	101 545 605
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	121,545,625.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
	o) Book value
	b) BOOK value
(1) Federal income taxes	- COR 252
(2) PROJECT GRANT ADVANCES	5,627,353.
(3) LEASE OBLIGATIONS	363,084.
(4) SECURITY DEPOSITS	16,785.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	6,007,222.

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

Schedule D (Form 990) 2023

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	BREAKING GROUND HOUSING DEVELOPMEN	IT FUND		
Sche	dule D (Form 990) 2023 CORPORATION		11-3048002	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 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	2a		
b	Donated services and use of facilities	2b		
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.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	<u>)</u>		
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With Expen	ises per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 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	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		
Pa	t 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.

30

PART X, LINE 2:

BREAKING GROUND FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX

RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND

MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN

TAX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL

STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF

THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT

OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE

POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE

CHALLENGED.

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	BREAKING GROUND HOUSING DEVELOPMENT FUND		
	CORPORATION	11-3048002	Page 5
Part XIII Supplemental Infor	mation (continued)		
BREAKING GROUND IS EXEMPT FR	OM FEDERAL INCOME TAX UNDER IRC SECTION		
501(C)(3), THOUGH IT IS SUBJ	ECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT		
PURPOSE, UNLESS THAT INCOME	IS OTHERWISE EXCLUDED BY THE CODE. BREAKING		
GROUND HAS PROCESSES PRESENT	LY IN PLACE TO ENSURE THE MAINTENANCE OF ITS		
TAX-EXEMPT STATUS; TO IDENTI	FY AND REPORT UNRELATED INCOME; TO DETERMINE		
ITS FILING AND TAX OBLIGATIO	NS IN JURISDICTIONS FOR WHICH IT HAS NEXUS;		
AND TO IDENTIFY AND EVALUATE	OTHER MATTERS THAT MAY BE CONSIDERED TAX		
POSITIONS. BREAKING GROUND H	AS DETERMINED THAT THERE ARE NO MATERIAL		
UNCERTAIN TAX POSITIONS THAT	REQUIRE RECOGNITION OR DISCLOSURE IN THE		
CONSOLIDATED FINANCIAL STATE	MENTS. IN ADDITION, BREAKING GROUND HAS NOT		
RECORDED A PROVISION FOR INC	OME TAXES AS IT HAS NO MATERIAL TAX LIABILITY		
FROM UNRELATED BUSINESS INCO	ME ACTIVITIES.		

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						
Department of the Treasury		Open to Public					
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection r identification number
Name of the organization	ttion BREAKING GROUND HOUSING DEVELOPMENT FUND Employee 11-304						
Part I Fundrais	ing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ine 17. Form 99	0-EZ filers are not
	complete this part						
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes No
(i) Name and addres or entity (func		<b>(ii)</b> Activity	fùndr have c or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	<b>(v)</b> Amount p to (or retained fundraiser listed in col.	by) to (or retained by)
			Yes	No			
Total							
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt fro	om registration

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

Schedule G (Form 990) 2023

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	11 - 304800	2 Page <b>2</b>
10		*

		oss income on Form 990-	-EZ, lines I and 6D. List ev	/ents with dross receipt	S UICALCI LIIAII OJ.UUU.
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA	SERVING HOME	NONE	(add col. <b>(a)</b> through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
al		(010			
Hevenue	1 Gross receipts	3,315,672.	286,185.		3,601,85
ř					
	2 Less: Contributions	3,124,922.	271,560.		3,396,48
	3 Gross income (line 1 minus line 2)	190,750.	14,625.		205,37
	4 Cash prizes				
	5 Noncash prizes				
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
	6 Rent/facility costs	168,680.	15,082.		183,763
Ulrect Expenses		152,442.	2,500.		154,942
	7 Food and beverages	152,442.	2,500.		154,942
_	8 Entertainment	132,703.	22,000.		154,703
	9 Other direct expenses		· · · ·		140,91
	0 Direct expense summary. Add lines 4 through				634,31
1	1 Net income summary. Subtract line 10 from I	ine 3, column (d)			-428,94
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	( <b>b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
anuavau	\$15,000 on Form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo		(c) Other gaming	
		(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	1 Gross revenue 2 Cash prizes	(a) Bingo		(c) Other gaming	
	1 Gross revenue	(a) Bingo		(c) Other gaming	
Jirect Expenses Hevenue	1 Gross revenue 2 Cash prizes	(a) Bingo		(c) Other gaming	
t Expenses	1 Gross revenue	(a) Bingo		(c) Other gaming	
it Expenses	Gross revenue     Cash prizes     Noncash prizes		bingo/progressive bingo		
Direct Expenses	1 Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs         5 Other direct expenses	(a) Bingo		(c) Other gaming	
	1 Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs         5 Other direct expenses         6 Volunteer labor	Yes%	bingo/progressive bingo	Yes %	
Direct Expenses	1 Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs         5 Other direct expenses	Yes%	bingo/progressive bingo	Yes %	
	1 Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs         5 Other direct expenses         6 Volunteer labor		bingo/progressive bingo	Yes%	
Direct Expenses	1 Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs         5 Other direct expenses         6 Volunteer labor         7 Direct expense summary. Add lines 2 through         8 Net gaming income summary. Subtract line 7	Yes%           No           1 from line 1, column (d)	bingo/progressive bingo	Yes%	
	<ol> <li>Gross revenue</li></ol>	Yes%         No         1 5 in column (d)         2 from line 1, column (d)         ucts gaming activities:	bingo/progressive bingo	Yes%	col. (a) through col. (
	<ol> <li>Gross revenue</li></ol>	Yes% No  for 5 in column (d)  from line 1, column (d)  ucts gaming activities: ctivities in each of these s	bingo/progressive bingo	Yes%	col. (a) through col. (
	<ol> <li>Gross revenue</li></ol>	Yes% No  for 5 in column (d)  from line 1, column (d)  ucts gaming activities: ctivities in each of these s	bingo/progressive bingo	Yes%	col. (a) through col. (
	<ol> <li>Gross revenue</li></ol>	Yes% No No from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes%	col. (a) through col. (
	<ol> <li>Gross revenue</li></ol>	Yes% No  'from line 1, column (d)  ucts gaming activities: ctivities in each of these s evoked, suspended, or te	bingo/progressive bingo	Yes%	col. (a) through col. (

332082 09-13-23

Schedule G (Form 990) 2023

BREAKING GROUND HOUSING DEVELOPMENT FUN	BREAKING	GROUND	HOUSING	DEVELOPMENT	FUND
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Sch	edule G (Form 990) 2023	CORPORATION 1	1-3048002	2 Page <b>3</b>
11	Does the organization conduct ga	ming activities with nonmembers?	🗌 Y	/es 🗌 No
		ficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		🗆 Y	íes 🗌 No
13	Indicate the percentage of gaming	activity conducted in:		
а	The organization's facility		13a	%
b	An outside facility		13b	%
14	Enter the name and address of the	e person who prepares the organization's gaming/special events books and records:		
	Name			
	Address			
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?	י 🗌 י	res 🗌 No
b	If "Yes," enter the amount of gam	ing revenue received by the organization \$ and the amoun	t	
	of gaming revenue retained by the	e third party \$		
С	If "Yes," enter name and address	of the third party:		
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Coming monopoly companyation	¢		
	Gaming manager compensation	\$		
	Description of services provided			
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
	•	state law to make charitable distributions from the gaming proceeds to		
		~ ···	🗀 Y	/es 🗌 No
b		required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activit	es during the tax year \$		
Pa	rt IV Supplemental Infor	mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	l Part III, line	es 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.		
3300	33 09-13-23	۹۵ ۲۵	hedula C (E	orm 990) 2023
00208	50 00-10-20	30	u(F	5.111 550/ 2020

	BREAKING GROUND HOUSING DEVELOPMENT FUND		
Schedule G (Form 990) Part IV Supplemental Inform	CORPORATION	11-3048002	Page 4
	(continued)		
		Schedule G (	Form 990)
332084 04-01-23	35		

 $09241107 \ 153424 \ 0171495-00046$ 

(Form 990)       For certain Officers. Detectors. Truztees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attact to Form 990.       Description       Description         Name of the organization       Cast to wave its, gov/Form990 for instructions and the latest information.       Employer identification numbers Complete if the organization       Employer identification numbers Complete if the organization       Employer identification numbers Complete if the organization         Part I       Clustions Regarding Compensation       Imployer identification numbers Complete if the organization provided any of the following to or for a person listed on Form 990.       Yes       Yes         Part I       Clustions Regarding Compensation       Imployer identification numbers Complete if the organization provided any of the following to or for a person listed on Form 990.       Yes       Yes         Part I       Clustions Regarding Compensation       Imployer identification numbers Complete if the organization provided any of the following to or for a person listed on Form 990.       Yes       Yes         Imployer identification and prossup payments       Imployer identification following complete incored by all directors, trustees, and offices, including the CEO/Executive Director, regarding the items checked on line 1a?       2       Imployer identification incored by all directors, trustees, and offices, including the Organization used to establish the compensation committee       2       Imployer identification incored by all directors, trustees, and offices, including the Organization used	sc	HEDULE J	Compensation Information	1	OMB No.	1545-004	47
Compose if the organization answered "Yee" on Form 990, Part IV, tine 23.     Attach to Form 990.     Attach Part VII.     Section A, Ito 14.     Complete Part III to provide any of the following to or for a person listed on Form 90.     Part VII.     Section A, Ito 14.     Complete Part III to provide any of the following to or for a person listed on Form 90.     Part VII.     Section A, Ito 14.     Complete Part III to provide any of the following to or for a person listed on Form 90.     Part VII.     Section A, Ito 14.     Complete Part III to provide any of the following to or for a person listed on Form 90.     Part VII.     Section A, Ito 14.     Complete Part VII.     Section A, Ito 14.     Section A, Ito 14.     Complete Part VII.     Section A, Ito 14.     Sectin A, Ito 14.     Section A, Ito 14.     Sectin A, Ito 14.     Sect	(= 000)		-		20	00	
Department         Attach to Form 990.         Open to Public           Name of the organization         BREAKING 3600XD B0051ND BVELOPKENT FUND         Employeer identification number           11-3048902         Impection         11-3048902           Part Device in the organization         SERAKING 3600XD B0051ND BVELOPKENT FUND         Employeer identification number           11-3048902         Impection         11-3048902           Part UN, Section A, line 1a. Complete Part III to provide any of the following these items.         Impection         Impection           Taxie If or comparison         Part NI, Section A, line 1a. Complete Part III to provide any of the following these items.         Impection         Impection           Taxie If or comparison         Part NI (Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Impection         Impection           Taxie If or comparison of all of the expansitation torice methormating or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?         Impection         Impection           2         Indicate which, if any, of the following the organization used to establish the compensation committee         Imployment compensation committee         Imployment compensation committee           4         During the yaar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to establi	•		Compensated Employees		ZU	Ľ٦	)
Index of the organization         Co to www.irs.gov/Form900 for instructions and the latest information.         Impection           Name of the organization         REARINO (60000) ROUSINO DEVELOPMENT FUND         Employer identification number 11-3048002           Part II         Questions Regarding Compensation         Impecting identification number 11-3048002           Image of the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, odd the organization regarding these items.         Image of the organization provide any offer following to or for a person a residence items.           Image of the organization provide any offer following to or for a person itseld on Form 990, Part VII, Section A, line 1a, odd the organization regarding the set inst.         Image of the organization residence items.           Image of the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officer, including the CCO*Executive Director, regarding the tems checked on line 1a?         Image officer, including the CCO*Executive Director, regarding the tems checked on line 1a?         Image officer, including the CCO*Executive Director, regarding the set by a related organization to establish compensation organization survey or study         Image officer, including the CCO*Executive Director, regarding the set by a related organization to establish compensation committee         Image officer, including the compensation committee         Image officer, including the compensation committee         Image officer, including the personal services of the organization to establish compensation committee         Image officer, i	Deres	the state of the Transmission			Open to	Publ	ic
CORRENTION       11-3048002         Part 1       Questions Regarding Compensation       Yes         Is Check the appropriate box(e) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Inte 1, Complete Part III to provide any relevant information regarding these times.       Yes         Part VII, Section A, Inte 1, Complete Part III to provide any relevant information regarding these times.       Part vII, Section A, Inte 1, Complete Part III to provide any relevant information regarding these times.         Part VII, Section A, Inte 1, Complete Part III to provide any relevant information regarding payment or reinfoursement or provision of all of the expenses described above PII TNoi: Complete Part III to explain       10         D If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinfourses described above PII TNoi: Complete Part III to explain       10         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, the any boxes for methods used by a related organization is CEO/Executive Director, but explain in Part III.       10         2       Indicate which, if any, of the following the organization used to establish the compensation committee       11         3       Indicate which exploration consultant       IX       Compensation survey or study         2       Indicate which, if any, of the following the organization used to setablish the compensation source any compe							
Part I       Questions Regarding Compensation       Ves         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Ves       No         Instructions or charter travel       Payments for business use of personal residence Instructions or direction and gross-up payments       Payments for business use of personal residence Instruction and gross-up payments       Payments for business use of personal residence         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of al of the expenses described above? If 'No,' complete Part III to explain       1b         2       Did the organization require substantiation prince vision vision of al of the expenses described above? If 'No,' complete Part III to explain       1b         2       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Directry, tort splatin in Part III.       2         3       Indicate which, if any, of the following the organization used to establish on contract: X Independent compensation of the CEO/Executive Directry, but splatin in Part III.       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During	Nan	ne of the organizatior	BREAKING GROUND HOUSING DEVELOPMENT FUND	Employer ide	entificatio	on nui	mber
a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Provide any relevant information regarding the presenal use Parsonal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described advorp or supplete Part III to provide any person itset or granization to establish compensation or organization to establish compensation or organization to establish compensation or a related organizations       Image: Participate in or receive payment from a supplemental monqualified refirement plan?       Image: Participate in or receive payment from a supplemental monqualified refirement plan?       Image: Participate in or receive payment from a supplemental monqualified refirement plan?       Image: Participate in or receive payment from a supplemental monqualified refirement plan?       Image: Participate in or receive payment from a supplemental mo			CORPORATION	11-304	8002		
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant Information regarding these items.            First-listes or charter travel        Housing allowance or residence for personal use             First-listes or charter travel        Housing allowance or residence for personal use             First-listes or charter travel        Housing allowance or residence for personal use             First-listes or charter travel        Housing allowance or residence for personal use             First-listes or charter travel        Housing allowance or residence for personal use             First-listes or charter travel        Housing allowance or residence for personal services (such as maid, chauffeur, cheft)             b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or         rembursement or provision of all of the expanses described above? If "No," complete Part III to explain        1b             2 Did the organization require usbattation topit to reimbursing or allowing person listed organization to         satabils hompensation of the CEO/Executive Director, but explain in Part III.        1b             Compensation committee           Compensation committee           Compensation committee             During the ye	Pa	rt I Question	s Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Track indemnification and gross-up payments       Heath or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chardfure, cleft)         b       if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain       1b         2       Diff the boxes on line 1a are checked, did the organization role or an industry or allowing expenses incurred by all directors, trustees, and officers, including the CEC/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEC/Executive Director, but explain in Part III.       Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         5       For expension listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a       X         Chright eyaar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       5a       X         6						Yes	No
Pirst-class or charter travel       Housing allowance or residence for personal use         Payments for business use of personal residence         Travel for companions       Payments for business use of personal residence         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reintbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         c       Did the organization regular substantiation prior to reinbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         lindicate which, if any, of the following the organization used to establish the compensation of the organization to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         Approval by the board or compensation committee       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a       X         eaticipate in or receive payment from an expuly-beard compensation arrangement?       4b       X         b       Participate in or receive payment from an equity-based compensation marked main Part III.	1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990,			
Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         Image: Travel for companization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, the apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Image: Travel for any spending account       Image: Travel for any spending account       2         Image: Travel for any spending account       Image: Travel for account and the expenses described above? If "No," complete Part III to explain       1b         Image: Travel for account Director, regarding the interaction of the organization or a related organization:       2       2         Image: Travel for a supplemental nonqualified retrement plan?       4a       X         Participate in or receive payment from a supplemental nonqualified retrement plan?       4b       X         Image: Travel for any splot (cl3), 50 (c)(4), and 50 (c)(29) organizat		Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization       4a       X         b Participate in or receive payment from an equity-based compensation for each item in Part III.       4a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization pay or accrue any compensation contingent on the response of:       5a       X         b Any related organization?       5a       X         f" Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III.       5b       X         Only section 501(c)(3		First-class or c	harter travel Housing allowance or residence for pers	onal use			
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation consultant       X         CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       X         Compensation committee       Written employment contract       4a       X         Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization or nel add on Form 990, Part VII.       5a       X         P Articipate on Form 590, Part VII.       Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		Travel for com	panions Payments for business use of personal r	esidence			
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         X       Independent compensation consultant       X compensation committee         Y       Ouring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         B       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent in the receive payment from a supplemental nonqualified retirement plan?       4a       X         Deritipate in or receive payment from as upp		Tax indemnific	ation and gross-up payments Health or social club dues or initiation fe	es			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committe       Written employment contract       2         X Independent compensation consultant       X Compensation survey or study       6         Form 990 of other organizations       X Approval by the board or compensation committee       4         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c Participate in or receive payment from a supplemental monqualified retirement plan?       4c       X         b Any related organization?       5a       X         f "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(		Discretionary s	spending account Personal services (such as maid, chauffe	ur, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committe       Written employment contract       2         X Independent compensation consultant       X Compensation survey or study       6         Form 990 of other organizations       X Approval by the board or compensation committee       4         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c Participate in or receive payment from a supplemental monqualified retirement plan?       4c       X         b Any related organization?       5a       X         f "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(							
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         4       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         5       Compensation committee       Written employment contract       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person isted on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related payment from a supplemental nonqualified retirement plan?       4a       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       4b       X         5       Participate in or receive payment from an equity-based compensation arrangement?       4a       X         4       During the year, did any person isated on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the receive payment from anequity-based compensation and pay or accrue any compensation conti	b	If any of the boxes of	on line 1a are checked, did the organization follow a written policy regarding payment or				
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Compensation committee       Written employment contract       2         Compensation committee       Written employment contract         Torm 990 of other organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         B Participate in or receive payment from an equity-based compensation arrangement?       4b       X         If 'Yes' to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.       4a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         b Ary related organization?       6a       X       5b       X       5a		reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		. 1b		
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committe       Image: Cempensation committee       Image: Cempensation cempensation committee       Image: Cempensation cemmittee       Image: Cempensation cempensation cempensati	2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <ul> <li>Approval by the board or compensation committee</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>For persons listed organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not des</li></ul>		trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <ul> <li>Approval by the board or compensation committee</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>For persons listed organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not des</li></ul>							
establish compensation of the CEO/Executive Director, but explain in Part III.       Written employment contract         Compensation committee       Written employment contract         X       Independent compensation consultant         X       Compensation survey or study         Form 990 of other organizations       X         Approval by the board or commensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:         a       Receive a severance payment or change-of-control payment?         b       Participate in or receive payment from a supplemental nonqualified retirement plan?         c       Participate in or receive payment from a supplemental nonqualified retirement plan?         b       Nonly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:         a       The organization?       5a         ft "Yes" on line 5a or 5b, describe in Part III.       5b         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?       6a       X         ft "Yes" on line 6a	3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization	S			
□ Compensation committee       □ Written employment contract         □ Independent compensation consultant       □ Compensation survey or study         □ Form 990 of other organizations       □ Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change of control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         b Any related organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       6a <t< td=""><td></td><td>CEO/Executive Dire</td><td>ctor. Check all that apply. Do not check any boxes for methods used by a related organization</td><td>ion to</td><td></td><td></td><td></td></t<>		CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	ion to			
Independent compensation consultant       Image: Compensation survey or study         Form 990 of other organizations       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         b Any related organization?       6a       X       6b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         b Any related organization?       6a       X       6b       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X       8       X       6b		establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
Form 990 of other organizations       Image: Comparison of the		Compensation	committee Written employment contract				
<ul> <li>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>6a X</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>8 Were any amounts reported on Form 990, Part VII, section 53.4958-4(a)(3)? If "Yes," describe in Part III.</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III.</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III.</li> </ul>		X Independent c	ompensation consultant I Compensation survey or study				
organization or a related organization:       4a       x         a Receive a severance payment or change-of-control payment?       4a       x         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       x         c Participate in or receive payment from an equity-based compensation arrangement?       4c       x         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6       x         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       x         a The organization?       5a       x       1f       Yes" on line 5a or 5b, describe in Part III.       6a       x         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       x         a The organization?       6a       x       1f       1f       Yes" on line 6a or 6b, describe in Part III.       6b       x         f "Yes" on line 6a or 6b, describe in Part III.       7       X       4b       2       1f         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on		Form 990 of of	ther organizations X Approval by the board or compensation	committee			
organization or a related organization:       4a       x         a Receive a severance payment or change-of-control payment?       4a       x         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       x         c Participate in or receive payment from an equity-based compensation arrangement?       4c       x         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       x         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       x         a The organization?       5a       x       x         if "Yes" on line 5a or 5b, describe in Part III.       5b       x         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       x         a The organization?       6a       x       x         b Any related organization?       6a       x         b Any related organization?       6b       x         if "Yes" on line 6a or 6b, describe in Part III.       7       x         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organiza							
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         a The organization?       6a       X       6b       X         b Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X       X	4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
a Hosticipate in or receive payment from a supplemental nonqualified retirement plan?       a       x         b Participate in or receive payment from an equity-based compensation arrangement?       4b       x         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       x         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       x         a The organization?       5a       x       5b       x         if "Yes" on line 5a or 5b, describe in Part III.       6a       x       6b       x         f "Yes" on line 6a or 6b, describe in Part III.       6a       x       6b       x         f "Yes" on line 6a or 6b, describe in Part III.       7       x         8 Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       x         9       If "Yes" on line 6a or 6b, describe in Part III.       8       x       9		organization or a re	lated organization:				
c       Participate in or receive payment from an equity-based compensation arrangement?       1       1       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6b       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 60; If "Yes," describe in Part III.       6b       X         7       V       X       8       4c       7       X       8 </td <td>а</td> <td>Receive a severanc</td> <td>e payment or change-of-control payment?</td> <td></td> <td>4a</td> <td></td> <td><u> </u></td>	а	Receive a severanc	e payment or change-of-control payment?		4a		<u> </u>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: the intervention of the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X       6b       X         b Any related organization?       6a       X       6b       X         b Any related organization?       6a       X       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X       6b       X         f "Yes" on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III       8	b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		<u> </u>
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <ul> <li>a</li> <li>The organization?</li> <li>Any related organization?</li> <li>ff "Yes" on line 5a or 5b, describe in Part III.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:                 <ul> <li>a</li></ul></li></ul>	с	-			4c		
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       I		If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 5							
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         b Any related organization?       6b       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	_						
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         contingent on the net earnings of:       6b       X         a The organization?       6b       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	5			on			
b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9		•			_		v
b       Any related organization?         If "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         if "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							<u> </u>
6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	b				5b		
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9       9	-						
a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	6			on			
b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9							v
If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							<u> </u>
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li></ul>	b				60		
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	_			_			
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>	7				-		v
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	~				7		<u> </u>
9     If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?     9	8						
Regulations section 53.4958-6(c)?	~				. 8		
	9						
	<b>-</b>					- 000	

LHA 332111 11-06-23

#### BREAKING GROUND HOUSING DEVELOPMENT FUND

CORPORATION

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

11-3048002

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<b>(A)</b> Name and Title		(B) Breakdown of V	Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) BRENDA ROSEN	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT & CEO	(ii)	529,604.	100,000.	0.	13,200.	627.	643,431.	13,827.	
(2) KEVIN MORAN	(i)	0.	٥.	0.	٥.	0.	٥.	0.	
CFO	(ii)	353,041.	٥.	0.	13,200.	34,021.	400,262.	47,221.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2023

Page 2

CORPORATION

11-3048002

Pa<u>ge</u> 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

3 ∕ **Open to Public** Inspection

Name of the organization	BREAKING GROUND	HOUSING	DEVELOPMENT	FUND
	CORPORATION			

Employer identification number

Employer identification	
11-3048002	

Par	rt I   Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			s
1	Art - Works of art			, <b>_</b> , <b>_</b>				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3	81,316.	FMV			
10	Securities - Closely held stock			,,				
11	Securities - Partnership, LLC, or							
10	trust interests							
12 13	Securities - Miscellaneous Qualified conservation contribution -							
13	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	jh 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribu	tions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	r for which column (a) is che	cked,			
	describe in Part II.							

Schedule M (Form 990) 2023

LHA 332141 09-11-23

	BREAKING GROUND HOUSING DEVELOPMENT FUND	
Schedule N	M (Form 990) 2023 CORPORATION	11-3048002 Page <b>2</b>
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32 is reporting in Part I, column (b), the number of contributions, the number of items received this part for any additional information.	2b, and 33, and whether the organization I, or a combination of both. Also complete
332142 09-11-3		Schedule M (Form 990) 2023
	40	

2023.05000 BREAKING GROUND HOUSING D 01714951

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-EZ	OMB No. 1545-0047
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information. BREAKING GROUND HOUSING DEVELOPMENT FUND		Inspection identification number
	CORPORATION	11-30	048002
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
BREAKING GROUND HO	JSING DEVELOPMENT FUND CORPORATION ("BG") WAS		
ORGANIZED ON OCTOB	ER 11, 1990, UNDER SECTION 402 OF THE NOT-FOR-PROFIT		
CORPORATION LAW AN	O PURSUANT TO ARTICLE XI OF THE PRIVATE HOUSING		
FINANCE LAW (HOUSI	NG DEVELOPMENT FUND COMPANIES LAW) OF THE STATE OF		
NY. BREAKING GROUN	D IS A NOT-FOR-PROFIT CHARITABLE ORGANIZATION EXEMPT		
FROM INCOME AND EX	CISE TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL		
REVENUE CODE. BREA	KING GROUND WAS FORMED FOR THE CHARITABLE PURPOSE OF		
REHABILITATING, MA	INTAINING AND OPERATING LOW-INCOME HOUSING PROJECTS		
AND TO PROVIDE REL	ATED SOCIAL SERVICE PROGRAMS.		
BREAKING GROUND'S	SUCCESS IN ENDING HOMELESSNESS IS BUILT ON A HOUSING		
MODEL THAT TARGETS	INDIVIDUALS AND FAMILIES WHO ARE HOMELESS OR AT RISK		
OF BECOMING HOMELE	55.		
FOR THE CHRONICALL	Y HOMELESS, WE CREATE SAFE, SECURE HOUSING, WITH		
ESSENTIAL ON-SITE	SUPPORT SERVICES TO HELP THEM ADDRESS THE		
PSYCHOSOCIAL, MENT	AL, AND PHYSICAL HEALTH PROBLEMS THAT ARE OBSTACLES		
TO INDEPENDENT LIV	ING. FOR INDIVIDUALS WHO FIND THEMSELVES AT THE EDGE		
OF HOMELESSNESS, O	JR AFFORDABLE HOUSING PROVIDES AN ALL-IMPORTANT		
SAFETY NET. FOR B	OTH POPULATIONS, WE STRIVE TO CREATE STRONG, VIBRANT		
COMMUNITIES WITHIN	OUR BUILDINGS AND TO STRENGTHEN THE NEIGHBORHOODS IN		
WHICH OUR BUILDING	5 ARE LOCATED THROUGH A COMMITMENT TO SOCIAL		
INCLUSION.			
BREAKING GROUND HA	S CREATED AND OPERATES THOUSANDS OF UNITS OF		
For Paperwork Reducti	on Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2023

09241107 153424 0171495-00046

41 2023.05000 BREAKING GROUND HOUSING D 01714951

Name of the organization BREAKING GROUND HOUSING DEVELOPMENT FUND CORPORATION	Employer identification number 11-3048002
AFFORDABLE PERMANENT AND TRANSITIONAL HOUSING IN THE NORTHEASTERN	
UNITED STATES AND HAS APPROXIMATELY ONE THOUSAND MORE CURRENTLY IN	
DEVELOPMENT. BREAKING GROUND ALSO MANAGES THE INNOVATIVE STREET	
OUTREACH PROGRAM, STREET TO HOME, WHICH CONNECTS THE MOST ENTRENCHED,	
LONG-TERM HOMELESS INDIVIDUALS WITH HOUSING AND OTHER CRITICAL	
SUPPORTIVE SERVICES. OUR WORK HAS ENABLED MORE THAN 12,000 PEOPLE TO	
OVERCOME OR AVOID HOMELESSNESS. BREAKING GROUND DOES PROJECTS IN NYC	
AND PROVIDES SOCIAL SERVICE PROGRAMS TO TENANTS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
STREET TO HOME OUTREACH PROGRAM FOUNDED ON THE PREMISE THAT HOUSING IS	
THE ESSENTIAL FIRST STEP TO ADDRESSING THE COMPLEX ISSUES FACED BY	
CHRONICALLY HOMELESS INDIVIDUALS. STREET TO HOME IS A SYSTEMATIC METHOD	
OF IDENTIFYING AND PRIORITIZING FOR HOUSING THOSE WHO HAVE BEEN	
OUTDOORS THE LONGEST AND WHO HAVE THE HIGHEST RISK OF PREMATURE DEATH	
ON THE STREETS.	
THE CHRONICALLY HOMELESS ARE SOMETIMES REFERRED TO AS "HARD TO HOUSE"	
DUE TO THEIR NON-RESPONSIVENESS TO TRADITIONAL OUTREACH EFFORTS (E.G.,	
OFFERS OF A NIGHT IN THE SHELTER OR A WARM MEAL) AND THE CHALLENGES TO	
STABILITY POSED BY SEVERE AND PERSISTENT MENTAL ILLNESS, CHRONIC HEALTH	
CONDITIONS AND ALCOHOL AND SUBSTANCE ABUSE. BY TAKING THE TIME TO GAIN	
THE TRUST OF CHRONICALLY HOMELESS INDIVIDUALS GRADUALLY OVER TIME, AND	
OFFERING HOUSING WITHOUT CONDITIONS (E.G., SOBRIETY), STREET TO HOME	
DEMONSTRATES THAT THESE INDIVIDUALS DO WANT A HOME AND CAN SUCCESSFULLY	
SECURE AND MAINTAIN PERMANENT HOUSING.	

THE STREET TO HOME MODEL WAS PIONEERED BY BREAKING GROUND IN 2004 AND

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Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization BREAKING GROUND HOUSING DEVELOPMENT FUND CORPORATION	Employer identification number 11-3048002
ADOPTED BY THE NYC DEPARTMENT OF HOMELESS SERVICES AS A CITYWIDE	
STRATEGY IN 2007. THROUGH OUR STREET TO HOME PROGRAM, BREAKING GROUND	
MAKES CONTACT WITH AN AVERAGE OF 1,000 STREET HOMELESS INDIVIDUALS AND	
CONNECTS MORE THAN 300 INDIVIDUALS TO HOUSING, MEDICAL AND MENTAL	
HEALTH SERVICES, SUBSTANCE ABUSE COUNSELING, AND OTHER ESSENTIALS	
SUPPORTS EACH YEAR.	
THE CARING, INDIVIDUALLY TAILORED ATTENTION CLIENTS RECEIVE AT EACH	
STAGE OF THEIR JOURNEY FROM STREET TO HOME ENSURES THAT MORE THAN 90%	
OF PEOPLE WHO BREAKING GROUND PLACES REMAIN STABLY HOUSED. BREAKING	
GROUND AND ITS PARTNERS ARE RESPONSIBLE FOR COVERING THE ENTIRE	
BOROUGHS OF BROOKLYN AND QUEENS, AND ONE-THIRD OF MANHATTAN.	
EXPENSES \$ 8,070,762. INCLUDING GRANTS OF \$ 0. REVENUE \$ 175,720.	
FORM 990, PART VI, SECTION B, LINE 11B:	
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	
THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION	
WITH THE ORGANIZATION'S FINANCE DEPARTMENT. THE FORM HAS BEEN REVIEWED FOR	
COMPLETENESS AND ACCURACY REGARDING MISSION, PROGRAM ACTIVITIES, FINANCIALS	
AND GOVERNANCE BY MEMBERS OF THE CORPORATION'S MANAGEMENT. IT HAS ALSO BEEN	
DISCUSSED AND REVIEWED WITH THE BREAKING GROUND I AUDIT CHAIR. THE FINAL	
VERSIONS WERE MADE AVAILABLE TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR	
TO FILING WITH THE INTERNAL REVENUE SERVICE. DISCUSSION OF FORM 990	
REQUIREMENTS, CONTENTS AND BOARD RESPONSIBILITIES OCCUR AT AN ANNUAL BOARD	
MEETING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ENFORCEMENT OF CONFLICT OF INTEREST POLICY	
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09241107 153424 0171495-00046

Schedule O (Form 990) 2023 Name of the organization BREAKING GROUND HOUSING DEVELOPMENT FUND CORPORATION	Employer identification number
THE POLICY AND ANNUAL DISCLOSURE FORMS ARE DISTRIBUTED TO ALL BOARD	
MEMBERS, OFFICERS AND MANAGEMENT STAFF. EACH INDIVIDUAL IS REQUIRED TO SIGN	
AND REVIEW THE DISCLOSURE FORM AND PROVIDE INFORMATION ABOUT ANY	
RELATIONSHIPS THEY MAY HAVE WITH BREAKING GROUND HOUSING DEVELOPMENT FUND	
CORPORATIONS' OTHER EMPLOYEES, AND/OR VENDORS THAT CONDUCT BUSINESS WITH	
BREAKING GROUND HOUSING DEVELOPMENT FUND CORPORATION.	
ALL SUBMISSIONS ARE REVIEWED BY HUMAN RESOURCES TO DETERMINE IF A CONFLICT	
EXISTS; WHEN A CONFLICT ARISES, THE INDIVIDUALS AFFECTED ARE PROHIBITED	
FROM PARTICIPATING IN THE DECISION-MAKING PROCESS RELATED TO ANY	
TRANSACTION OCCURRING WITH THE CONFLICTED ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS OF BREAKING GROUND HOUSING DEVELOPMENT FUND	
CORPORATION REVIEWS THE COMPENSATION OF THE CEO. BREAKING GROUND HOUSING	
DEVELOPMENT FUND CORPORATION COMMISSIONS A COMPENSATION STUDY BY AN	
OUTSIDE, INDEPENDENT COMPENSATION CONSULTANT EVERY THREE YEARS TO ASSURE	
THE COMPETITIVENESS OF THE COMPENSATION STRUCTURE AND TO MAKE	
RECOMMENDATIONS TO THE BOARD. THE ORGANIZATION HAS COMMISSIONED AN UPDATED	
EXECUTIVE COMPENSATION STUDY IN 2022. ALL JOBS, EXCEPT THOSE REVIEWED BY	
THE BOARD, WITHIN BREAKING GROUND HOUSING DEVELOPMENT FUND CORPORATION ARE	
CLASSIFIED, BASED ON THE COMPLEXITY AND SKILL LEVEL REQUIRED FOR THE	
POSITION. ALL SUCH SALARIES ARE REVIEWED ON AN ANNUAL BASIS WHICH	
CORRESPONDS TO THE PERFORMANCE REVIEW CYCLE. BREAKING GROUND HOUSING	
DEVELOPMENT FUND CORPORATION BELIEVES THAT ITS COMPENSATION IS COMPETITIVE	
WITH OTHER NOT-FOR-PROFIT ORGANIZATIONS OF A SIMILIAR SCALE AND COMPLEXITY.	

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

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Schedule O (Form 990) 2023

Name of the organization	D23 BREAKING GROUND HOUSING DEVELOPMENT FUND CORPORATION	Employer identification number 11-3048002
	CORPORATION	11-3048002
BREAKING GROUND HOU	SING DEVELOPMENT FUND CORPORATION MAKES ITS FORM 990	
AVAILABLE TO THE PU	BLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS. THE	
FORM 990 IS LIKEWIS	E PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE	
ORGANIZATION'S FINA	NCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF	
INTEREST POLICY ARF	NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF	
REQUESTED, WILL BE	PROVIDED AT MANAGEMENT'S DISCRETION.	
FORM 990, PART IX:		
	SING DEVELOPMENT FUND CORPORATION DOES NOT HAVE ITS	
	S OWN PAYROLL. ALL EMPLOYEES PROVIDING SERVICES TO	
	SING DEVELOPMENT FUND CORPORATION RECEIVE THEIR W-2S	
	NIZATION, COMMON GROUND MANAGEMENT CORPORATION.	
SXPENDITURES REPORT	ED ON PART IX, LINES 7, 8, 9 AND 10 REPRESENT THE	
PORTION OF SALARY A	ND BENEFITS EXPENDITURES ALLOCATED TO BREAKING	
ROUND HOUSING DEVE	LOPMENT FUND CORPORATION BASED ON SERVICES RENDERED	
TO THE ORGANIZATION	·.	

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SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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**Open to Public** 

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Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
Name of the organizatior	BREAKING GROUND HOUSING DEVELOPMENT FUND	Employer ide	entification numbe
	CORPORATION	11-3048	3002

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
TIMES SQUARE HOTEL LLC - 13-3695107					
255 WEST 43RD ST.					
NEW YORK, NY 10036	HOUSING	NEW YORK	7,586,085.	34,518,347.	BG HDFC
	-				

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
BROOK AVENUE HDFC - 41-2217113							
505 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 12A, I	BG II HDFC		х
WEBSTER AVE HDFC - 46-4427531							
505 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 12A, I	BG II HDFC		х
BREAKING GROUND II HDFC - 13-3846708							
505 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 7	N/A	х	
BREAKING GROUND III HDFC - 13-4138205							
505 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 7	N/A	x	

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

Schedule R (Form 990) 2023

CORPORATION

## Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
BREAKING GROUND IV HDFC - 13-4196931							
505 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 7	N/A	Х	
COMMON GROUND JOBS TRAINING CORPORATION -							
13-3705243, 505 8TH AVENUE, 5TH FLOOR, NEW							
YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	PF	N/A	Х	
COMMON GROUND MANAGEMENT CORP - 13-3871134							
505 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 10	N/A	х	
ST. MARKS BROWNSVILLE HDFC - 14-1971582							
505 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 12A, I	BG HDFC	x	
BOSTON ROAD II HDFC - 46-2751878				,			
505 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 12A, I	BG II HDFC		х
SCHERMERHORN HDFC - 16-1699777							
505 8TH AVENUE, 5TH FLOOR	_						
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 12A, I	BG HDFC	x	
				/			
505 8TH AVENUE, 5TH FLOOR	_						
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 12A, I	BG II HDFC		х
HEGEMAN HOUSING HDFC - 45-0574352							
505 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 12A, I	BG II HDFC		x
1630 DEWEY AVENUE HDFC - 27-2373158							
505 8TH AVENUE, 5TH FLOOR	—						
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 12A, I	BG II HDFC		x
ONE RIVERSIDE PARK HDFC - 47-4986806							
505 8TH AVENUE, 5TH FLOOR	-						
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(4)		BG II HDFC		x
10 FREEDOM HDFC - 47-5005707			551(0)(1)				
505 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 10	BG II HDFC		x
LA CENTRAL SUPPORTIVE HDFC - 61-1792872			501(0)(3)	10 IVE IV			
505 8TH AVENUE, 5TH FLOOR			E01(0)(2)	TINE 10			v
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 10	BG II HDFC		X

CORPORATION

## Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled ization?
				501(c)(3))		Yes	No
1766-68 SECOND AVE. HDFC - 47-4976439							
505 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(4)		BG II HDFC		Х
WEBSTER AVENUE SUPPORTIVE HDFC - 47-2428776							
505 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(4)		BG II HDFC		х
90 SANDS HDFC - 83-1511962							
505 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 10	BG II HDFC		х
EDWINS PLACE HDFC - 82-4798782							
505 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 10	BG II HDFC		х
BG BETANCES HDFC - 83-1862926							
505 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 10	BG II HDFC		х
NONPROFIT TRANSACTION ASSISTANCE CORPORATION	1						
- 87-1457561, 505 8TH AVENUE, 5TH FLOOR, NEW	7						
YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 10	N/A	x	
BG SUTPHIN HOUSING DEVELOPMENT FUND							
CORPORATION - 86-3307336, 505 8TH AVENUE,	-						
5TH FLOOR, NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(4)		BG II HDFC		х
1760 THIRD AVENUE HDFC - 92-3353579							
505 8TH AVENUE, 5TH FLOOR	-						
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 10	BG II HDFC		х
KINGSBORO SHELTER NORTH HDFC - 93-3858952							
505 8TH AVENUE, 5TH FLOOR	-						
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 10	BG II HDFC		х
KINGSBORO SHELTER SOUTH HDFC - 93-3811973							
505 8TH AVENUE, 5TH FLOOR	-						
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 10	BG II HDFC		x
KINGSBORO SHOP 1 HDFC - 93-4449494							
505 8TH AVENUE, 5TH FLOOR	1						
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(3)	LINE 10	BG II HDFC		x
BG SACK WERN HDFC - 93-2505106							+
505 8TH AVENUE, 5TH FLOOR	-						
NEW YORK, NY 10018	HOUSING	NEW YORK	501(C)(4)		BG II HDFC		x

Schedule R (Form 990) 2023 CORPORATION

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

	,									
(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets			amount in box 20 of Schedule	Gener manag partn	<sup>Il or</sup> Percentage <sup>ing</sup> ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
REAL ESTATE	NY	BG II	NONE	Ο.	0.		x	N/A		
REAL ESTATE	NY	BG III	NONE	0.	0.		x	N/A		
1										
1										
	Primary activity	Primary activity Legal domicile (state or foreign country) REAL ESTATE NY	Primary activity     Legal domicile (state or foreign country)     Direct controlling entity       REAL ESTATE     NY     BG II	Primary activity     Legal domicile (state or foreign country)     Direct controlling entity     Predominant income (related, unrelated, excluded from tax under sections 512-514)       REAL ESTATE     NY     BG II     NONE	Primary activity     Legal domicile (state or foreign country)     Direct controlling entity     Predominant income (related, unrelated, excluded from tax under sections 512-514)     Share of total income       REAL ESTATE     NY     BG II     NONE     0.	Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Predominant income (related, unrelated, excluded from tax under sections 512-514)       Share of total income       Share of end-of-year assets         REAL ESTATE       NY       BG II       NONE       0.       0.       0.	Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Predominant income (related, unrelated, excluded from tax under sections 512-514)       Share of total income       Share of end-of-year assets       Disprop alloca         REAL ESTATE       NY       BG II       NONE       0.       0.       0.	Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Predominant income (related, unrelated, excluded from tax under sections 512-514)       Share of total income       Share of end-of-year assets       Disproportionate allocations?         REAL ESTATE       NY       BG II       NONE       0.       0.       X	Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Predominant income (related, unrelated, excluded from tax under sections 512-514)       Share of total income       Disproportionate (allocations?)       Code V-UBI (amount in box 20 of Schedule K-1 (Form 1065))         REAL ESTATE       NY       BG II       NONE       0.       X       N/A	Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Predominant income (related, unrelated, excluded from tax under sections 512-514)       Share of total income       Disproportionate (allocations?)       Code V-UBI amount in box 20 of Schedule       General amount in box 20 of Schedule         REAL ESTATE       NY       BG II       NONE       0.       0.       X       N/A       X

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(l contr	(i) ction (b)(13) rolled tity?
		country)		0				Yes	No
CHELSEA GP CORPORATION - 37-1456098									
505 8TH AVENUE, 5TH FLOOR									
NEW YORK, NY 10018	REAL ESTATE	NY	BG III HDFC	C CORP	0.	٥.			Х
PRINCE GEORGE GP CORPORATION - 13-3967821									
505 8TH AVENUE, 5TH FLOOR									
NEW YORK, NY 10018	REAL ESTATE	NY	BG II HDFC	C CORP	0.	0.			х
CG HEGEMAN AVE HOUSING CORP - 80-0487252									
505 8TH AVENUE, 5TH FLOOR									
NEW YORK, NY 10018	REAL ESTATE	NY	BG II HDFC	C CORP	0.	٥.			х
CG BROOK AVE HOUSING CORPORATION -									
74-3234267, 505 8TH AVENUE, 5TH FLOOR, NEW									
YORK, NY 10018	REAL ESTATE	NY	BG II HDFC	C CORP	٥.	٥.			х
PITT STREET HOUSING CORP - 42-1715796									
505 8TH AVENUE, 5TH FLOOR	7								
NEW YORK, NY 10018	REAL ESTATE	NY	BG II HDFC	C CORP	0.	٥.			х

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

CORPORATION

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	( <b>i)</b> b)(13) rolled tity?
ST. MARKS SENIOR HOUSING CORPORATION -		country)						Yes	No
26-2589201, 505 8TH AVENUE, 5TH FLOOR, NEW	-								
YORK, NY 10018	REAL ESTATE	NY	BG HDFC	C CORP	-126.	-532.	100%	v	
1630 DEWEY AVENUE MANAGING MEMBER -		IN I	bg libre	C COM	120.	552.	1000	л	<u> </u>
27-3275092, 505 8TH AVENUE, 5TH FLOOR, NEW	-								
YORK, NY 10018	REAL ESTATE	NY	BG II HDFC	C CORP	0.	0.			x
SCHERMERHORN HOUSING CORP 71-0990121						<b>.</b>			<u> </u>
505 8TH AVENUE, 5TH FLOOR	-								
NEW YORK, NY 10018	REAL ESTATE	NY	BG HDFC	C CORP	-127.	107,527.	100%	x	
CG-BOSTON ROAD HOUSING CORP 37-1731663					•				
505 8TH AVENUE, 5TH FLOOR	-								
NEW YORK, NY 10018	REAL ESTATE	NY	BG II HDFC	C CORP	0.	0.			х
CG-WEBSTER AVENUE SUPPORTIVE HOUSING -									
47-1671532, 505 8TH AVENUE, 5TH FLOOR, NEW	-								
YORK, NY 10018	- REAL ESTATE	NY	BG II HDFC	C CORP	Ο.	0.			x
410 COMMON GROUND ASYLUM HTC LLC -									
26-1676496, 505 8TH AVENUE, 5TH FLOOR, NEW	-								
YORK, NY 10018	REAL ESTATE	NY	CGM	C CORP	0.	0.			х
COMMON GROUND CEDARWOODS MANAGEMENT LLC -									
27-3499938, 505 8TH AVENUE, 5TH FLOOR, NEW	7								
YORK, NY 10018	REAL ESTATE	NY	CGM	C CORP	٥.	0.			х
WEBSTER AVE. AFF. MANAGING MEMBER LLC -									
37-1763393, 505 8TH AVENUE, 5TH FLOOR, NEW									
YORK, NY 10018	REAL ESTATE	NY	BG II HFC	C CORP	0.	0.			Х
COMMON GROUND 410 ASYLUM LIHTC, LLC -									
26-1676174, 505 8TH AVENUE, 5TH FLOOR, NEW									
YORK, NY 10018	REAL ESTATE	NY	CGM	C CORP	0.	0.			Х
LA CENTRAL SUPPORTING HOUSING LLC -									
32-0495685, 505 8TH AVENUE, 5TH FLOOR, NEW									
YORK, NY 10018	REAL ESTATE	NY	BG II HDFC	C CORP	٥.	0.			х
BREAKING GROUND V - 82-3052950									
505 8TH AVENUE, 5TH FLOOR									
NEW YORK, NY 10018	REAL ESTATE	NY	CGM	C CORP	0.	0.			Х
WEBSTER AVENUE AFFORDABLE DEVELOPER LLC -									
47-2303833, 505 8TH AVENUE, 5TH FLOOR, NEW									
YORK, NY 10018	REAL ESTATE	NY	BG II HDFC	C CORP	0.	0.			X

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

CORPORATION

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(t contr ent	( <b>i)</b> ction b)(13) rolled tity?
		country)		or trusty		255615		Yes	
LA CENTRAL SUPPORTIVE DEVELOPER LLC -									
82-1739395, 505 8TH AVENUE, 5TH FLOOR, NEW									
YORK, NY 10018	REAL ESTATE	NY	BG II HDFC	C CORP	٥.	0.			X
EDWINS PLACE DEVELOPER LLC - 82-5371781									
505 8TH AVENUE, 5TH FLOOR									
NEW YORK, NY 10018	REAL ESTATE	NY	BG II HDFC	C CORP	Ο.	0.			Х
EDWINS PLACE HOUSING LLC - 35-2621527									
505 8TH AVENUE, 5TH FLOOR									
NEW YORK, NY 10018	REAL ESTATE	NY	BG II HDFC	C CORP	٥.	0.			х
BG BETANCES HOUSING LLC - 83-1912829									
505 8TH AVENUE, 5TH FLOOR	7								
NEW YORK, NY 10018	REAL ESTATE	NY	BG II HDFC	C CORP	Ο.	0.			х
BG SUTPHIN LLC - 61-1885188									
505 8TH AVENUE, 5TH FLOOR	-								
NEW YORK, NY 10018	REAL ESTATE	NY	BG II HDFC	C CORP	٥.	0.			x
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BREAKING GROUND HOUSING DEVELOPMENT FUND

Schedule R (Form 990) 2023 CORPORATION

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
Dividends from related organization(s)	<u>1f</u>		
g Sale of assets to related organization(s)			
Purchase of assets from related organization(s)	<u>1h</u>		
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)		+	+
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)		X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>1n</u>	x	
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses		x	
Reimbursement paid by related organization(s) for expenses		X	_
Other transfer of cash or property to related organization(s)	1r		
S Other transfer of cash or property from related organization(s)			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
(3)			
(4)			
<u>(5)</u>			
(6)			

### BREAKING GROUND HOUSING DEVELOPMENT FUND

Schedule R (Form 990) 2023 CORPORATION

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

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

(a)	(b)	(c)	(d)	(	<b>e)</b> e all	(f)	(g)	(	h)	(i)	(j		(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501 orc	rs sec. c)(3) is.?	Share of total income	Share of end-of-year assets	tic alloci	oropor- onate ations?	amount in box 20 of Schedule K-1	Gener mana partr <b>Yes</b>	al or Pero ging er? OWI	centag nershi
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Part VII Supplemental Information

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

CORPORATION

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