PUBLIC INSPECTION COPY

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Form	990

Department of the Treasury Internal Revenue Service

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EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

AF	or the	e 2021 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	e: C Name of organization		D Employer identific	cation number
		ELM COURT II, INC.			
	Name Chang	e Doing business as HARRIET BRYAN HOUSE		56-24774	73
	Initial	,	Room/suite		
	Final return	ONE MONUMENT DRIVE		(609) 924	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	722,923.
	Amen return	PRINCEION, NO 08540		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: EDWARD IROSCELLI		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🔀 501(c)(3) 🗌 501(c) () ┥ (insert no.) 🗌 4947(a)(1) (or 📃 527	If "No," attach a	list. See instructions
		te: WWW.PRINCETONCOMMUNITYHOUSING.ORG		H(c) Group exemption	
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year	of formation: 2007 N	State of legal domicile: NJ
Pa	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: PROV			
Governance		WELCOMING, DIVERSE COMMUNITY FOR SENIORS	WHOSE	INCOMES ARE	LESS THAN
rna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			20
5	4	Number of independent voting members of the governing body (Part VI, line 1b)		20	
es é	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		0	
vitie	6	Total number of volunteers (estimate if necessary)	6	0	
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12		0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		0.	20,000.
Revenue	9	Program service revenue (Part VIII, line 2g)		660,841.	701,370.
sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,245.	1,553.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		625.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		662,711.	722,923.
	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)		220,720.	0.
sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		1 11 5 5 1 0
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		819,759.	1,116,548.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,040,479.	1,116,548.
	19	Revenue less expenses. Subtract line 18 from line 12		-377,768.	-393,625.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		6,340,620.	5,960,287.
it As	21	Total liabilities (Part X, line 26)		1,164,255.	1,177,547.
		Net assets or fund balances. Subtract line 21 from line 20		5,176,365.	4,782,740.
Ра	art II	Signature Block			

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

Sign	Signature of officer	Date							
Here	EDWARD TRUSCELLI, EXECUTIVE DIRECTOR								
	Type or print name and title								
	Print/Type preparer's name Preparer's signature Date	Check PTIN							
Paid	LORI ROTHE YOKOBOSKY, CPALORI ROTHE YOKOBOSKY 10,								
Preparer	Firm's name COHNREZNICK LLP	Firm's EIN 🕨 22-1478099							
Use Only	Firm's address 1301 AVENUE OF THE AMERICAS								
	NEW YORK, NY 10019 Phone no. 212-297-0400								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

pior form 690 or 996227 □ Yes [\$] Nu If "Yes," describe these new services on Schedule 0. □ Yes [\$] Nu Describe the organization's program service acomplishments for each of its three largest program services; as measured by expenses. Section the organization's program service acomplishments for each of ats three largest program services; as measured by expenses. Section the organization's program service acomplishments for each of ats three largest program services; as measured by expenses. Section to organization's program service acomplishments for each of ats three largest program services; as measured by expenses. Section S010(k)3 and 5010(k)0 organizations are required to report the amount of grants and allocations to others, the total expenses, and recence, if any for each program services program services. Image: the constraints of the constraints of the discretions to others, the total expenses. Section S010(k)3 and 5010(k)0 organizations are required to report the amount of grants and allocations to others, the total expenses. Section S010 (K)0 carbing profiles are sections to S010 (K)3 and 5010(K)0 organizations are required to report the amount of grants and allocations to others, the total expenses. Section S010 (K)0 and 5010 (K)0 organizations are required to report the amount of grants and allocations to others, the total expenses. Section S010 (K)0 carbing profiles are sections to S010 (K) and S010 (K)0 (K)0 (K)0 (K)0 (K)0 (K)0 (K)0 (K)		990 (2021) ELM COU					56-2477473	Page
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3	32003	2 12-09-21	SEI	E SCHEDUL	E O FOR CON	TINUATION		
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 Form 990 (2021)
 ELM COURT II, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		х	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	~	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	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?		v	
40	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			v
	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,		37	
	Part VI	<u>11a</u>	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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	~	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
Ŀ	Schedule D, Parts XI and XII	<u>12a</u>	~	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104	x	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Δ	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?	<u>14a</u>		
Ø	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	1/1		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
13		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- 23
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
10	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? <i>If</i> "Yes."			
13		19		х
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		х
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 Form 990 (2021)
 ELM COURT II, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
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			v
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		<u> </u>
200	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			<u> </u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>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? <i>If</i>	200		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		- 23
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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			- v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	77	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	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 return	ıs?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	3			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
-			6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	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 pavor?	7a		x
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
С		•	7c		x
А		7d			- 11
	If "Yes," indicate the number of Forms 8282 filed during the year		70		x
e 4	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
1	Section 501(c)(12) organizations. Enter:	I I			
a	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
3	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			
4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
6	If "Yes," complete Form 4720, Schedule O.				
6	i res, complete rom 4720, Schedule O.				
6 7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
_			17		

Form 990	(2021)
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ELM COURT II, INC.

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

56-2477473 Page 6

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

a Enter the number of voting members of the governing body at the end of the tax year 1a 20 if there are matrial differences in working niths among members of he governing body of the governing 1b 20 b Enter the number of voting members included on line 1a, above, who are independent 20 20 D Car yor officer, director, trustee, or key employee have a family relationship or the business relationship with any other officer, director, trustee, or key employees to a management company or other person? 20 D D the organization headers 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? 20 D D the organization headers wightificant changes to the governing documents is income the prore FOM 900 was filed? 20 D to the organization have members or stockholders? 70 20 20 71 20	werning 1b 20 ss relationship with any other 2 y or under the direct supervision 3 rson? 3 a prior Form 990 was filed? 4 nization's assets? 6 to elect or appoint one or 7a a members, stockholders, or 7b a during the year by the following: 8a asannot be reached at the 9 be Internal Revenue Code.) 10a es of such chapters, affiliates, purposes? 10b powerning body before filing the form? 11a m 990. 12a could give rise to conflicts? 12b a policy? If "Yes," describe 12c in and approval by independent 16a nd decision? 15a ion to evaluate its participation ard the organization's 16b NE 16b NE 10a coulde, 990, and 990-T (section 501(c)(3)s only) Other (explain on Schedule O) 16a ocuments, conflict of interest policy, and finan	Ye					
body delegated used authority to an excluse committee or smillar committee, orpain on Schedulo 0. b Enter the number of voting members included on line 1a, above, who are independent b 20 b Enter the number of voting members included on line 1a, above, who are independent ib 20 b Did any officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officer, director, trustee, or key employees to a management company or other person? 5 d Did the organization become aware during the year of a significant diversion of the organization's assets? 6 d Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? e Did the organization nave moments, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? e at a committee with authority to act on behalf of the governing body? e b at organization have local chapters, branches, or affiliates? f1 "Ves," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches of suchon have a written conflict of therest policy? If "Ne," g	le 0.1b20as relationship with any other2y or under the direct supervision3aprior Form 990 was filed?4nization's assets?5to elect or appoint one or7amembers, stockholders, or7bmembers, stockholders, or7bmembers, stockholders, or7bannot be reached at the9be Internal Revenue Code.)10aes of such chapters, affiliates, purposes?10bpowerning body before filing the form?11am 990.12acould give rise to conflicts?12be policy? If "Yes," describe12c1314and approval by independent16and decision?15aion to evaluate its participation16bNE16bNE16bNE20b), 990, and 990-T (section 501(c)(3)s only)Other (explain on Schedule O)924-3822Other (explain on Schedule O)924-3822						
b Enter the number of voting members included on line 1a, above, who are independent. 11 20 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 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? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization have members or stockholders? 6 6 Did the organization network members or stockholders? 7 7 Did the organization network members, stockholders, or persons other than the governing body? 8 9 the any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 9 Is there any officer, director, trustee, or key employee listed in Part VI. Section A, who cannot be reached at the organization nave index <i>II</i> . <i>IVss.</i> "radia the areas and addresses on Schedule O. 9 Did the organization have interportands are consistent with the organization scentp type. 9 Did the organization ha	1b 20 ss relationship with any other 2 y or under the direct supervision 3 rson? 3 a prior Form 990 was filed? 4 nization's assets? 5 to elect or appoint one or 7a members, stockholders, or 7b of during the year by the following: 8a sannot be reached at the 9 the Internal Revenue Code.) 10a es of such chapters, affiliates, purposes? 10b powerning body before filing the form? 11a m 990. 12a could give rise to conflicts? 12b e policy? If "Yes," describe 12c initar arrangement with a 16a ion to evaluate its participation ard the organization's 16b NE 16b NE 160 y outments, conflict of interest policy, and finan nization's books and records						
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20 State the name, address, and telephone number of the person who possesses the organization's books and records ► JANET MCCLAFFERTY C/O PCH DEVELOPMENT CORPORATION - (609) 924-38	ATION - (609) 924-3822						
JANET MCCLAFFERTY C/O PCH DEVELOPMENT CORPORATION - (609) 924-38	ATION - (609) 924-3822						
	Form						
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Form 990 (2021) ELM COURT II, INC.	56-2477473	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending w	vith or within the organization's	s tax year.						

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

		l	mzu			ipen	Jour			/ E `
(A)	(B)				C) ition			(D)	(E)	(F)
Name and title	Average		not cł	neck i	more	than o		Reportable	Reportable	Estimated
	hours per		, unles cer an					compensation	compensation	amount of
	week						,	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		/ee	m pen		1099-NEC)	1000 NEO)	and related
	below	dual t	utiona	L	n plo	st co	5			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) EDWARD TRUSCELLI	1.00	_	_							
EXECUTIVE DIRECTOR	49.00			х				0.	157,722.	30,064.
(2) JANET MCCLAFFERTY	1.00									
FINANCE DIRECTOR	49.00			Х				0.	129,943.	17,607.
(3) ALICE K SMALL	1.00									
VICE PRESIDENT	7.00	Х		Х				0.	0.	0.
(4) ANNE STEWART	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(5) C. VANLEER DAVIS	1.00									-
BOARD MEMBER	7.00	Х						0.	0.	0.
(6) CAROLINE TRAVERS	1.00									_
BOARD MEMBER	7.00	Х						0.	0.	0.
(7) CHAD BRIDGES	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(8) ELIZABETH BIDWELL BATES	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(9) FREDI PERLMUTTER	1.00									<u>^</u>
BOARD MEMBER	7.00	Х						0.	0.	0.
(10) JEANNETTE KLINK	1.00								•	0
BOARD MEMBER	7.00	Х						0.	0.	0.
(11) KYUJUNG WHANG	1.00								•	0
SECRETARY	7.00	Х		Х				0.	0.	0.
(12) LINDA MEISEL	1.00	37							0	0
BOARD MEMBER (13) MICHAEL CICCONE	7.00	Х						0.	0.	0.
(13) MICHAEL CICCONE BOARD MEMBER	1.00 7.00	x						0.	0.	<u>م</u>
(14) REV. DR. DEBORAH BLANKS	1.00							U.	0.	0.
(14) REV. DR. DEBORAH BLANKS BOARD MEMBER	7.00	x						0.	0.	0.
(15) REV. LUKATA MJUMBE	1.00	^						0.	0.	0.
BOARD MEMBER		x						0.	0.	0.
(16) RUPPERT A. HAWES	1.00	~~						0.		
BOARD MEMBER	7.00	x						0.	0.	0.
(17) SARA JUST	1.00							· · ·		~~
BOARD MEMBER	7.00	x						0.	0.	0.
132007 12-09-21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									Form 990 (2021)

132007 12-09-21

2021.04030 ELM COURT II, INC.

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Form	990	(2021))

ELM COURT II, INC.

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do	not cl		itior more		one	Reportable	Reportable	;	Es	timate	d
	hours per	box	, unles cer an	ss per	rson i	is both	n an	compensation	compensatio			nount	of
	week (list any			uau		1	(00)	from	from related			other	
	hours for	Individual trustee or director				_		the organization	organization (W-2/1099-MIS			pensa om the	
	related	e or o	stee			nsated		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	truste	nstitutional trustee		yee	Highest compensated employee		1099-NEC)				d relate	
	below	/idual	tutior	er	emplo	lest co	ner				orga	anizatio	ons
	line)	Indiv	Insti	Officer	Key	High emp	Former						
(18) SCOTT HARMON	1.00												
BOARD MEMBER	7.00	х						0.		0.			0.
(19) THOMAS E. WHITE	1.00												•
BOARD MEMBER	7.00	Х				-		0.		0.			0.
(20) TONY CAPOZZOLI	1.00												•
TREASURER	7.00	Х		Х				0.		0.			0.
(21) TOSHI ABE	1.00												0
BOARD MEMBER	7.00	Х						0.		0.			0.
(22) VALERIE W. HAYNES	1.00 7.00	v		v				0					0
PRESIDENT	7.00	Х		Х		-		0.		0.			0.
		•											
		1											
						\vdash							
		1											
1b Subtotal	1							0.	287,6	65.	4	7,6'	71.
c Total from continuation sheets to Part VI								0.		0.		1.	0.
d Total (add lines 1b and 1c)								0.	287,6	65.	4	7,6'	
2 Total number of individuals (including but n							o re	ceived more than \$100,	000 of reportable	 ə			
compensation from the organization						,		,					0
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	mpl	loye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J fe	or such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," con	plete Schedule	e J f	or su	ich į	bers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	at received more than \$	100,000 of com	pensat	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endin	ig w	ith c	or wi	thin	the organization's tax y	ear.				
(A)				-				(B)			(0		_
Name and business	aduress	N	ONE					Description of s	ervices		ompe	nsatio	1
							_						
							_						
							\dashv						
2 Total number of independent contractors (i \$100,000 of compensation from the organized	•	ot lir	nitec	to i		se lis)	ted	above) who received mo	ore than				

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Form **990** (2021)

	n 990 (ELM COURT II,	INC.			56-2477	473 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any line				
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
S G	1 -	Federated campaigns 1a					
ant	b						
- Dor	0						
fts,	с с	- · · · · · · · · · · · · · · · · · · ·	20,000.				
, Gi	d		20,000				
Sin	e 4	Government grants (contributions) 1e All other contributions, gifts, grants, and					
utic	•	similar amounts not included above 1f					
0th Oth	~						
Contributions, Gifts, Grants and Other Similar Amounts	g	Total. Add lines 1a-1f		20,000.			
0 0		Total. Add lines Ta-11	Business Code	20,000.			
•	2 a	RENTAL ASSISTANCE	531110	455,703.	455,703.		
/ice	Z a b	RENTAL INCOME	531110	245,667.	245,667.		
ser. ue	0		551110	245,007.	245,007.		
Program Service Revenue	c d						
gra Re	u						
Pro	e f	All other program service revenue					
-	•			701,370.			
	<u>g</u> 3	Investment income (including dividends, intere		/01/01			
	U	other similar amounts)		1,553.			1,553.
	4	Income from investment of tax-exempt bond p		2,0001			
	5	Royalties	· · ·				
	5	(i) Real	(ii) Personal				
	6 a		(
	b	Gross rents 6a Less: rental expenses 6b					
	c b	Rental income or (loss) 6c					
	d						
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a	assets other than inventory 7a					
	h	Less: cost or other basis					
e	U U	and sales expenses					
evenue	~	Gain or (loss)					
Other R		Net gain or (loss) Gross income from fundraising events (not					
Othe	04	including \$ of					
0		contributions reported on line 1c). See					
		Part IV, line 18					
	b						
	c b	Net income or (loss) from fundraising events	<u> </u>				
		Gross income from gaming activities. See	F				
	54	Part IV, line 19 9a					
	h	Less: direct expenses					
	c	· · · · · · · · · · · · · · · · · · ·					
		Gross sales of inventory, less returns					
		and allowances					
	h	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory					
			Business Code				
sno	11 a						
Miscellaneous Revenue	b						
ella vei	c						
Be	d	All other revenue					
≥	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		722,923.	701,370.	0.	1,553.
13200	9 12-09						Form 990 (2021

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2021.04030 ELM COURT II, INC.

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Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	200 277	107 771		
	Management	290,277.	197,771.	92,506.	
	Legal	27,236.		27,236.	
	Accounting	21,230.		27,230.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion				
12 13		7,117.	1,556.	5,561.	
13 14	Office expenses Information technology	16,819.	10,717.	6,102.	
15	Royalties	2070231	20,7270	0,2020	
16	Occupancy	81,498.	81,498.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,506.	2,506.		
20	Interest	9,849.	9,849.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	403,594.	403,594.		
23	Insurance	58,426.	58,426.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OPERATING AND MAINTENAN	171,234.	171,234.		
b	PILOT TAX PAYMENTS	37,585.	37,585.		
с	SUPER RENT-FREE UNIT	10,095.	10,095.		
d	SOCIAL SERVICE	312.	312.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,116,548.	985,143.	131,405.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
132010	12-09-21				Form 990 (2021)

2021.04030 ELM COURT II, INC.

Form 990 (2021)

ELM COURT II, INC. Part IX Statement of Functional Expenses

12 15091021 147227 0306844-0314458.0990 2021.04030 ELM COURT II, INC.

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		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,801.	1	3,056.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,241.	4	849.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9				24,701.	9	30,689.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	11,410,726.			
	b	basis. Complete Part VI of Schedule D	10b	5,863,589.	5,950,732.	10c	5,547,137.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			362,145.	15	378,556.
	16	Total assets. Add lines 1 through 15 (must equa			6,340,620.	16	5,960,287.
	17	Accounts payable and accrued expenses			160,460.	17	171,375.
	18	Grants payable			18		
	19	Deferred revenue				19	926.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F			18,715.	21	19,907.
ŝ	22	Loans and other payables to any current or form	er offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
abil		controlled entity or family member of any of thes	e pers	ons		22	
1	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	984,900.	23	984,900.
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			180.	25	439.
	26				1,164,255.	26	1,177,547.
		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			5,176,365.	27	4,782,740.
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🗌			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or eq				30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Nei	32	Total net assets or fund balances			5,176,365.	32	4,782,740.
	33	Total liabilities and net assets/fund balances			6,340,620.	33	5,960,287.
							Form 990 (2021)

ELM COURT II, INC.

Form 990 (2021)
Part X Balance Sheet

	990 (2021) ELM COURT II, INC.	<u>56-24</u>	.77473	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>2,9</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,110		
3	Revenue less expenses. Subtract line 2 from line 1	3	-393	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,170	5,3	65.
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	4,782	2,7	40.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
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?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X 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	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3 a	X	L
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	Ĺ
					/ · ·

Form **990** (2021)

132012 12-09-21

13 15091021 147227 0306844-0314458.0990 2021.04030 ELM COURT II, INC.

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of	the organization							identification number
_		ELM	COURT II, I	INC.					6-2477473
Pa	rt I	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	inization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	llv receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general i	oublic described in
		section 170(b)(1)(A)(vi). (C	•		0			0 .	
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9	\square	An agricultural research org				ed in coniu	nction with a	land-grant	college
-		or university or a non-land-g				-		-	•
		university:	,			·, ,			
10	X	An organization that norma	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	s. membersh	p fees, and	d gross receipts from
		activities related to its exem							
		income and unrelated busir		•	. ,			•••	•
		See section 509(a)(2). (Cor				soos acqui	cu by the org		
11		An organization organized a	-	vely to test for public sat	aty Soo	saction 50	9(2)(4)		
12	\square	An organization organized a	-	•	•			ny out the	nurnoses of one or
12		more publicly supported or	•	•	•			•	
			-						
_		lines 12a through 12d that						-	
а		Type I. A supporting orga		-	• • • •	-			
		the supported organization			majority c	of the direc	tors or trustee	es of the su	ipporting
Ŀ		organization. You must o	-		:			• (•) • · · • • ·	
b		Type II. A supporting org	-				-		•
		control or management o			ame perso	ns that coi	ntrol or manag	je the supp	portea
		organization(s). You mus	-						
С		Type III functionally inte	• • • •					y integrate	ed with,
	_	its supported organization		-					
d		Type III non-functionally	•					°.	
		that is not functionally int			•			an attentiv	/eness
	_	requirement (see instructi	,	•					
е		Check this box if the orga					Type I, Type I	I, Type III	
		functionally integrated, or	<i>,</i>	nally integrated supportion	ng organiz	ation.			[]
		er the number of supported o	•						
g		vide the following information (i) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the ora	anization listed	(v) Amount of	monetany	(vi) Amount of other
		organization		(described on lines 1-10	in your governi	ng document?	support (see in	,	support (see instructions)
				above (see instructions))	Yes	No		,	
Tota									

Schedule /	Δ /	Form	aan	202
Schedule /	41	FOUL	990)	202

ELM COURT II, INC.

5	6 –	2	4	7	7	4	7	3	Page 2	2
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)			-			
	Public support. Subtract line 5 from line 4.						
	••	() 0017	(1) 0010	() 0040	(1) 0000	() 0001	(0.7.1.1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
~	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					40	
	Gross receipts from related activities,	,	,				
13	First 5 years. If the Form 990 is for the				-		
Se	organization, check this box and stor ction C. Computation of Publi		centage				
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020		-			15	%
	33 1/3% support test - 2021. If the c						
100	stop here. The organization qualifies						
r	33 1/3% support test - 2020. If the c		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
ł	10% -facts-and-circumstances test	-		• • • •	•		
~	more, and if the organization meets th	-	-				
	organization meets the facts-and-circu						
<u>1</u> 8	Private foundation. If the organizatio		•				
			_	· · ·			(Form 990) 2021

132022 01-04-22

15 15091021 147227 0306844-0314458.0990 2021.04030 ELM COURT II, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	1,934.				20,000.	21,934.
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	646,633.	663,206.	682,521.	660,841.	701,370.	3354571.
3 Gross receipts from activities that		-	-			
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	648,567.	663,206.	682,521.	660,841.	721,370.	3376505.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						3376505.
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	648,567.	663,206.	682,521.	660,841.	721,370.	3376505.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,218.	1,951.	2,082.	1,245.	1,553.	8,049.
b Unrelated business taxable income						•
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b	1,218.	1,951.	2,082.	1,245.	1,553.	8,049.
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.)	986.	528.	97.	625.		2,236.
13 Total support. (Add lines 9, 10c, 11, and 12.)	650,771.	665,685.	684,700.	662,711.	722,923.	3386790.
14 First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3) organizatio	n,
check this box and stop here						
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	<u>99.70 %</u>
16 Public support percentage from 2020					16	99.71 %
Section D. Computation of Inves	stment Income	Percentage				
17 Investment income percentage for 20)21 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	.24 %
18 Investment income percentage from					18	.22 %
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box ar						► X
b 33 1/3% support tests - 2020. If the						nd
line 18 is not more than 33 1/3%, che			-		0	
20 Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins		·····
132023 01-04-22		1.0			Schedule A	(Form 990) 2021
		16				

15091021 147227 0306844-0314458.0990 2021.04030 ELM COURT II, INC.

ELM COURT II, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

132024 01-04-21

| 10b | Schedule A (Form 990) 2021

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	(Form 990) 2021		COURT		INC
Part IV	Supporting Organ	izations	(continued	1)	

Yes No

1

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	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			
	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 one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		

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

Section D. All Type III Supporting Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>			1000 1100 000

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	f each of its support	ed organizations.	Complete line 3 below.
---	--	------------------	------------------	-----------------------	-------------------	------------------------

С		The organization supported a g	governmental entity.	Describe in Part VI how	you supported a governmental	entity (see instruction <u>s).</u>
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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

18 15091021 147227 0306844-0314458.0990 2021.04030 ELM COURT II, INC. Yes No

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Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	llv integrat	ted Type III supporting orga	nization (see

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) 2021

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1

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

T II, INC. Schedule A (Fo

e Excess from 2021

organizations, in excess of income from activity Administrative expenses paid to acce

3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				

1

2

Current Year

Schedule A (Form 990) 2021

20

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

1 Amounts paid to supported organizations to accomplish exempt purposes

ELM COURT II, INC.

Section D - Distributions

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

	<u>s re</u>						
2017 AMOUNT:	\$	986.					
2018 AMOUNT:	\$	528.					
2019 AMOUNT:	\$	97.					
2020 AMOUNT:	\$	625.					
					<u> </u>	A /=	
132028 01-04-22			21		Schedule	A (Form 9	990) 202

	HEDULE D n 990)	Complete if the org	al Financial Statements anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b			омв №. 1545-0 202 1	047
	ment of the Treasury		Attach to Form 990.			Open to Put Inspection	olic
	I Revenue Service e of the organizati		90 for instructions and the latest informa	ition.	Employor	identification nu	mbor
Nam	e of the organizati	ELM COURT II, INC.				6 - 2477473	
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Acc			
		n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b) Funds an	d other accounts	
1	Total number at er	nd of year					
2	Aggregate value o	f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4	Aggregate value a	t end of year					
5	-	on inform all donors and donor advisors in v	-				_
	are the organization	on's property, subject to the organization's	exclusive legal control?			Yes	No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised on	ly		
		ooses and not for the benefit of the donor o	, , ,		0		_
Der		ate benefit?				Yes	No
Par		ation Easements. Complete if the org		art IV, I	ine 7.		
1		servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·				
		of land for public use (for example, recrea	, <u> </u>		• •		
		f natural habitat	Preservation of a	a certifi	ed historic	structure	
•	X Preservation						
2		through 2d if the organization held a qualif	ried conservation contribution in the form o	t a con: Г		asement on the las at the End of the Ta	
_	day of the tax year			- F			1
a L		onservation easements			2a	471.0	
b	•		veture included in (a)		2b	4/1.0	0
ر اہ		vation easements on a certified historic struver vation easements included in (c) acquired a			2c		
d					2d		
3		nal Register vation easements modified, transferred, rel				the tax	
3	year ►	valion easements mouned, transiered, rei	eased, extinguished, or terminated by the t	JIYaIIIZ	alion duning		
4		 where property subject to conservation eas	sement is located				
5		tion have a written policy regarding the per					
		orcement of the conservation easements it				Yes X	No
6	,	r hours devoted to monitoring, inspecting,					_
		2					
7	Amount of expens	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	on ease	ements duri	ng the year	
	►\$	0.					
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i))		
	and section 170(h))(4)(B)(ii)?				Yes	No
9	In Part XIII, descrit	be how the organization reports conservation	on easements in its revenue and expense s	tateme	nt and		
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statemer	nts that	describes	the	
_		ounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·			-	
Par		ations Maintaining Collections of		ier Sil	milar Ass	sets.	
		f the organization answered "Yes" on Form					
1a	•	elected, as permitted under FASB ASC 95				orks	
		easures, or other similar assets held for put			e of public		
	· •	Part XIII the text of the footnote to its finar					
b	-	elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public	exhibition, education, or research in furthe	erance	of public se	rvice,	
	-	ing amounts relating to these items:					
		ded on Form 990, Part VIII, line 1					
~	• •				► \$		
2		received or held works of art, historical tre-		yan, pi	ovide		
~	-	unts required to be reported under FASB A	-		► ¢		
		on Form 990, Part VIII, line 1 Form 990, Part X			► \$ ► \$		
		eduction Act Notice, see the Instructions			<i>x</i>	dule D (Form 990) 2021
	10-28-21				Jone		, _0_ 1

2021.04030 ELM COURT II, INC. 15091021 147227 0306844-0314458.0990

Sche		RT II, INC						56-24			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Histo	rical Tre	asures, o	r Other	[.] Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ds, check a	any of the f	ollowing that	t make sig	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition				hange progra						
b	Scholarly research		e 🗌 C	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co			-	-			se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hist	orical treas	sures, or othe	er similar	assets		_		-
	to be sold to raise funds rather than to be many		<u>u</u>						Yes		No
Par	t IV Escrow and Custodial Arran		lete if the o	organizatio	n answered '	"Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod							_	7.	v	٦
	on Form 990, Part X?							L	Yes	Δ	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ble:					Amoun	+	
_							4.		Amoun	ι	
	Beginning balance										
	Additions during the year										
	Distributions during the year Ending balance										
	Did the organization include an amount on F							X	Yes		No
	If "Yes," explain the arrangement in Part XIII.						•			X	
Par											-
	·	(a) Current year		ior year	(c) Two year			ears back	(e) Four	' years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g,	column (a)) held as:						
	Board designated or quasi-endowment		%								
	Permanent endowment										
С		_%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held ar	id administer	red for the	e organiza	ation	ſ	Yes	Na
	by:									res	No
	(i) Unrelated organizations								3a(i)		
h	(ii) Related organizations	tiono liotod oo roqui		hadula D2					3a(ii)		
0	Describe in Part XIII the intended uses of the								3b		
Par			Jwinent iu	nus.							
	Complete if the organization answere		0. Part IV.	line 11a. S	ee Form 990	. Part X.	line 10.				
	Description of property	(a) Cost or o			or other		ccumulate	bd	(d) Boo	k value	
	Description of property	basis (invest		• •	(other)		preciation		(u) Doo	it valut	5
1a	Land		,		2,500.				28	2,50	00.
	Buildings				6,165.	5.7	756,50	52.	5,25		
	Leasehold improvements			,			- 1			,	
	Equipment										
	Other			11	2,061.	1	L07,02	27.		5,03	34.
_	. Add lines 1a through 1e. <i>(Column (d) must e</i>		X. colum		· · ·				5,54		
								Schedule	D (Eorn	- 000)	2021

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D				COURT	цт,	INC.
Part VII	Investn	nents -	Other Se	curities.		

Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n 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-o	f.vear market value
	(b) BOOK Value		
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(7)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
-	escription		(b) Book value
(1) TENANT SECURITY DEPOSITS			19,907.
(2) RESERVE FOR REPLACEMENTS			356,468.
(3) RESIDUAL RECEIPTS RESERVE			2,181.
(4)			•
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		378,556.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO RELATED PARTY			439.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			439.

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 ELM COURT II, INC.		56-2	2477473 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	722,923.
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			
с	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1		3	722,923.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		722,923.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Si	tatements With Expen	ses per Returr	า.
Pa	rt XII Reconciliation of Expenses per Audited Financial Si Complete if the organization answered "Yes" on Form 990, Part IV, I	tatements With Expen	ses per Returr	າ.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Si	tatements With Expen ine 12a.	ses per Returr	n.
	rt XII Reconciliation of Expenses per Audited Financial SI Complete if the organization answered "Yes" on Form 990, Part IV, I	tatements With Expen ine 12a.	ses per Returr	າ.
1	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements	ine 12a.	ses per Returr	າ.
1 2	TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ine 12a.	ses per Returr	າ.
1 2 a	T XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tatements With Expen ine 12a. 2a 2b	ses per Returr	າ.
1 2 a	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	tatements With Expen ine 12a. 2a 2b 2c	ses per Returr	າ.
1 2 a	TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ses per Return	n. <u>1,116,548.</u> 0.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ses per Return	າ.
1 2 b c d e	TXII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ses per Return	n. <u>1,116,548.</u> 0.
1 2 b c d e 3	T XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	tatements With Expen ine 12a. 2a 2b 2c 2c 2d	ses per Return	n. <u>1,116,548.</u> 0.
1 2 3 4	TXII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	ses per Return	n. <u>1,116,548.</u> 0.
1 2 a b c d e 3 4 a	T XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	ses per Return 1 2e 3	n. <u>1,116,548.</u> <u>0.</u> 1,116,548. 0.
1 2 d e 3 4 b c 5	TXII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	ses per Return 1 2e 3 4c	n. <u>1,116,548.</u> 0.

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

PART II, LINE 9:

INCLUDED IN LAND VALUE PART II, LINE 9 THE CONSERVATION EASEMENT IS

ACCOUNTED FOR IN THE LAND VALUE ON THE BALANCE SHEET THERE IS NO EFFECT ON

THE ORGANIZATION'S REVENUE AND EXPENSE STATEMENTS FOR THE CONSERVATION

EASEMENT.

PART IV, LINE 2B:

THE PROJECT HOLDS TENANT SECURITY DEPOSITS IN TRUST, IN THE NAMES OF THE

INDIVIDUAL TENANTS.

15091021 147227 0306844-0314458.0990

PART X, LINE 2:

THE ORGANIZATION HAS APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM

132054 10-28-21

2021.04030 ELM COURT II, INC.

		(Form 990)			COURT		INC.
Par	t XIII	Supple	mental	Informatio	1 (continue	d)	

THE INTERNAL REVENUE SERVICE ("IRS") TO BE TREATED AS A TAX-EXEMPT ENTITY PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2021. DUE TO ITS TAX-EXEMPT STATUS, THE ORGANIZATION IS NOT SUBJECT TO INCOME TAXES. THE ORGANIZATION IS REQUIRED TO FILE AND DOES FILE INFORMATIONAL RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THE ORGANIZATION HAS NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. INFORMATIONAL RETURNS FILED BY THE ORGANIZATION ARE SUBJECT TO EXAMINATION BY THE IRS FOR A PERIOD OF THREE YEARS. WHILE NO INFORMATIONAL RETURNS ARE CURRENTLY BEING EXAMINED BY THE IRS, TAX YEARS SINCE 2018 REMAIN OPEN.

Schedule D (Form 990) 2021

132055 10-28-21

SC	HEDULE J	Compensation Informat	ion	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employe		Γ	20	n 1	
	-	Compensated Employees			20		1
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 9 Attach to Form 990.	90, Part IV, line 23.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the	latest information.		Inspe	ction	
Nam	ne of the organization	1		Employer i			mber
		ELM COURT II, INC.		56-2	47747	3	
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a p	erson listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding	these items.				
	First-class or c	harter travel Housing allowance of	or residence for perso	nal use			
	Travel for com		ess use of personal res	sidence			
			dues or initiation fees	S			
	Discretionary	spending account Personal services (su	uch as maid, chauffeu	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy rega	• • •				
		rovision of all of the expenses described above? If "No," complete Part			<u>1b</u>		
2		n require substantiation prior to reimbursing or allowing expenses incurr					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked of	on line 1a?		2		
•							
3		y, of the following the organization used to establish the compensation	-				
		ctor. Check all that apply. Do not check any boxes for methods used b	ly a related organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.					
	·	ompensation consultant					
		ther organizations	rd or compensation c	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respec	at to the filing				
4	organization or a re	•••					
а	•				4a		x
b							X
	•	sine as we say the second					x
•	-	les 4a-c, list the persons and provide the applicable amounts for each it					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or acc		n			
	contingent on the r		, , , , , , , , , , , , , , , , , , , ,				
а	•						X
		ation?					X
		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or acc	crue any compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?				6a		X
		ation?					X
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide ar	ny nonfixed payments				
	not described on lir	es 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 th	e			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," descril	be in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure de					
	Regulations section	53.4958-6(c)?			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Sched	ule J (Forn	n 990)) 2021

132111 11-02-21

31 2021.04030 ELM COURT II, INC. 03068441 15091021 147227 0306844-0314458.0990

56-2477473

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.

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) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) EDWARD TRUSCELLI	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	157,722.	0.	0.	4,888.	25,176.	187,786.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							

Schedule J (Form 990) 2021

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) 2021

SCHEDULE O (Form 990)

Name of the organization

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



56-2477473

ELM COURT II, INC.

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

30% OF THE COUNTY MEDIAN.

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

MEETS REGULARLY WITH STAFF AND SPONSORS A NEWSLETIER AND REGULAR

COMMUNITY GATHERINGS RESIDENTS PARTICIPATE IN ACTIVITIES SUCH AS CHAIR

EXERCISE AND ART LESSONS, HEALTH INFORMATION LECTURES, AND TED TALK

DISCUSSION GROUPS COMMUNITY LOUNGES ENABLE CONCERTS AND HOLIDAY

CELEBRATIONS THE COMMUNITY GARDEN, CREATED BY VOLUNTEERS AND LOCAL

DONORS, HAS BECOME A HIGHLIGHT OF ELM COURT II LIFE RESIDENTS GROW

FRUITS, VEGETABLES, AND FLOWERS THREE SEASONS OF THE YEAR IN THE MORE

THAN 50 PLOTS-SOME DESIGNED WITH RAISED OR WHEELCHAIR-ACCESSIBLE BEDS.

FORM 990, PART VI, SECTION A, LINE 3:

OVERSIGHT OF MANAGEMENT FUNCTIONS FOR THE CORPORATION ARE PERFORMED BY PCH DEVELOPMENT CORPORATION.

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

A DRAFT COPY OF THE 990, WITH THE SCHEDULE B REMOVED DUE TO DONOR REQUESTS

FOR ANONYMITY, IS EMAILED TO BOARD MEMBERS BEFORE THE 990 IS FILED WITH THE IRS.

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

TRUSTEES AND THE KEY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST

POLICY ANNUALLY.

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

Schedule O (Form 990) 2021

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FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS AVAILABLE UPON REQUEST OF THE ORGANIZATION AND VIA

WWW.GUIDESTAR.ORG.

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

ALL DOCUMENTS DESCRIBED ARE AVAILABLE UPON REQUEST OF THE ORGANIZATION.

FORM 990 PART XII LINE 2C:

THE PROCESS HAS NOT BEEN CHANGED FROM THE PRIOR YEAR.

FORM 990, PG 6, SEC B QUESTIONS 15A AND 15B:

THESE QUESTIONS ARE ANSWERED NO IN ACCORDANCE WITH IRS FORM 990

INSTRUCTIONS. THE RELATED ORGANIZATION, WHICH PAID OFFICER

COMPENSATION, USED A PROCESS FOR DETERMINING COMPENSATION THAT INCLUDED

1) REVIEW AND APPROVAL BY A GOVERNING BOARD OR COMMITTEE COMPRISED OF

PERSONS WITH NO CONFLICT OF INTEREST, 2) USE OF DATA AS TO COMPARABLE

COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE

POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, 3) CONTEMPORANEOUS

DOCUMENTATION AND RECORDKEEPING.

132212 11-11-21

SCHEDULE R	1	Bolotod Organization	and Unrolated Da	rtnorohino		Ļ	OMB No. 154	5-0047
(Form 990)	► Com	Related Organizations			6, or 37.		202	
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990		st information.			Open to P Inspect	Public ion
Name of the organiz	ation ELM COURT II,					Employer ide		umber
Part I Identifica	ation of Disregarded Entities. Comple	ete if the organization answered "Yes	" on Form 990, Part IV, line 3	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Dr Total incc	(e) me End-of-year	assets Dire	(f) ect controllin entity	g
		_						
		_						
		_						
Part II Identification	ation of Related Tax-Exempt Organiz	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, I	Decause it had one	or more related tax	-exempt	
	(a) ame, address, and EIN f related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controllin entity	ig _{cont}	f g) 512(b)(13) trolled tity?
ELM COURT INC -	20-8984541							
ONE MONUMNET DR	IVE					PRINCETON		
PRINCETON, NJ		VERY LOW INCOME HOUSING	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUS	ING	X
GRIGGS FARM INC	- 20-8198080							

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

SEE PART VII FOR CONTINUATIONS

LOW INCOME HOUSING

AND MODERATE INCOME

LOW AND MODERATE INCOME

HOUSING INCOME HOUSING

HOUSING PROJECTS

MANAGEMENT COMPANY FOR LOW

Schedule R (Form 990) 2021

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PRINCETON

PRINCETON

PRINCETON

COMMUNITY HOUSING

COMMUNITY HOUSING

COMMUNITY HOUSING

ONE MONUMNET DRIVE

ONE MONUMNET DRIVE

ONE MONUMNET DRIVE

PRINCETON, NJ 08540

PRINCETON, NJ 08540

PCH HOMES INC - 27-4444170

PRINCETON, NJ 08540

PCH DEVELOPMENT CORPORATION - 22-2876697

NEW JERSEY

NEW JERSEY

NEW JERSEY

501(C)(3)

501(C)(3)

501(C)(3)

LINE 10

LINE 10

LINE 10

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
PCH VILLAGE INC - 22-2085939							
ONE MONUMNET DRIVE	LOW AND MODERATE INCOME				PRINCETON		
PRINCETON, NJ 08540	HOUSING	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUSING		Х
PCV GROUP INC - 22-2820022							
ONE MONUMNET DRIVE	LOW AND MODERATE INCOME				PRINCETON		
PRINCETON, NJ 08540	HOUSING INCOME HOUSING	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUSING		Х
PRINCETON COMMUNITY HOUSING INC - 13-3026182	RAISE FUNDS & PROVIDE						
ONE MONUMNET DRIVE	ASSISTANCE TO LOW AND						
PRINCETON, NJ 08540	MODERATE INCOME HOUSING	NEW JERSEY	501(C)(3)	LINE 7	N/A		х
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		, , , , , , , , , ,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	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		ortionate tions?	amount in box 20 of Schedule	managin partner?	r Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
PRINCETON COMMUNITY VILLAGE											
ASSOCIATES LP - 22-2578601,	LOW AND										
ONE MONUMENT DRIVE,	MODERATE INCOME										
PRINCETON, NJ 08540	HOUSING	NJ	N/A	N/A	N/A	N/A		x	N/A	X	N/A
	1										
	1										
	-										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ge ip ge tip ge tip (i) Section 512(b)(12 controlle entity?	
		country)				400010		Yes	No
	1								
	1								

Schedule R (Form 990) 2021 ELM COURT II, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

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

Schedule R (Form 990) 2021 ELM COURT II, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	Are Partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

PRINCETON COMMUNITY HOUSING INC

PRIMARY ACTIVITY: RAISE FUNDS & PROVIDE ASSISTANCE TO LOW AND MODERATE

INCOME HOUSING PROJECTS

132165 11-17-21

Schedule R (Form 990) 2021