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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization AHEPA AFFORDABLE HOUSING MANAGEMENT COMPANY, INC.		D Employer identification number 35-1867058
		Doing Business As		E Telephone number 317-845-3410
		Number and street (or P O box if mail is not delivered to street address) Room/suite 7202 NORTH SHADELAND AVE	G Gross receipts \$ 2,838,489.	
		City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 46250		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: PAUL HULSE 7202 NORTH SHADELAND AVENUE, INDIANAPOLIS, IN				
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ N/A				
K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ 501(C) L Year of formation 1992 M State of legal domicile IN				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO FACILITATE THE DEVELOPMENT, CONSTRUCTION, MANAGEMENT AND OPERATION OF AFFORDABLE HOUSING		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	40
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	40
	5 Total number of employees (Part V, line 2a)	5	339
	6 Total number of volunteers (estimate if necessary)	6	40
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,686,368.	2,809,415.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,702.	29,074.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,716,070.	2,838,489.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	570,000.	325,000.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,045,195.	1,379,353.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	670,739.	434,821.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,285,934.	2,139,174.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	430,136.	699,315.
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	Beginning of Year	End of Year
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,098,557.	4,455,360.
	19 Revenue less expenses. Subtract line 18 from line 12	185,837.	843,325.
	20 Total assets (Part X, line 16)	2,912,720.	3,612,035.
	21 Total liabilities (Part X, line 26)		
22 Net assets or fund balances Subtract line 21 from line 20			

Part II Signature Block

Sign Here 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.	OGDEN, UT	May 13, 2010
	Signature of officer PAUL HULSE, PRESIDENT Type or print name and title	Date
Paid Preparer's Use Only Preparer's signature John M. Schell Firm's name (or yours if self-employed), address, and ZIP + 4 K. B. PARRISH & CO. LLP 6840 EAGLE HIGHLANDS WAY INDIANAPOLIS, IN 46254	Date 5/12/10 Check if self-employed ☐	Preparer's identifying number (see instructions) P00063103 EIN ▶ Phone no ▶ (317) 347-5200

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-18-08

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

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED JUL 08 2010

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Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

TO FACILITATE THE DEVELOPMENT, CONSTRUCTION, MANAGEMENT AND OPERATION
OF AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY AND
HANDICAPPED PERSONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 1,956,415. including grants of \$) (Revenue \$)
THE COMPANY MANAGED 3070 RENTAL APARTMENT UNITS DEVOTED EXCLUSIVELY TO
THE LOW-INCOME ELDERLY AND PHYSICALLY HANDICAPPED

4b (Code:) (Expenses \$ including grants of \$ 325,000.) (Revenue \$)
THE COMPANY MADE GRANTS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT
ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE CODE.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 1,956,415. (Must equal Part IX, Line 25, column (B).)

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COMPANY, INC.**

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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COMPANY, INC.**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee.		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	2	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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	339	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter N/A		
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	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a	Enter the number of voting members of the governing body	40			
1b	Enter the number of voting members that are independent	40			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X	
6	Does the organization have members or stockholders?	6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a	X		
b	Each committee with authority to act on behalf of the governing body?	8b	X		
9a	Does the organization have local chapters, branches, or affiliates?	9a	X		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11			X

Section B. Policies

12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		X	
13	Does the organization have a written whistleblower policy?	13		X	
14	Does the organization have a written document retention and destruction policy?	14	X		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:				
a	The organization's CEO, Executive Director, or top management official?	15a	X		
b	Other officers or key employees of the organization?	15b	X		
	Describe the process in Schedule O. (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **IN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **AHEPA AFFORDABLE HOUSING MANAGEMENT - 317-845-3410**
7202 N. SHADELAND #100, INDIANAPOLIS, IN 46250

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

• 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NICHOLAS STRATAS PRESIDENT	1.00			X				0.	0.	0.
ARTHUR POLY DIRECTOR	1.00			X				0.	0.	0.
ANTHONY PETROS DIRECTOR	1.00			X				0.	0.	0.
SPERO THEROS DIRECTOR	1.00			X				0.	0.	0.
GEORGE ALEXANDER DIRECTOR	1.00			X				0.	0.	0.
THOMAS ANASTASSIOU DIRECTOR	1.00			X				0.	0.	0.
DINO BENOS TREASURER	1.00			X				0.	0.	0.
GEORGE GABRIEL DIRECTOR	1.00			X				0.	0.	0.
CHRISTY KARTHAN SECRETARY	1.00			X				0.	0.	0.
GEORGE KARAMPAS DIRECTOR	1.00			X				0.	0.	0.
WILLIAM LUCAS DIRECTOR	1.00			X				0.	0.	0.
DINO MANOLOPOULOS DIRECTOR	1.00			X				0.	0.	0.
MICHAEL MIAOULIS DIRECTOR	1.00			X				0.	0.	0.
E. PETER MITCHELL DIRECTOR	1.00			X				0.	0.	0.
ELIAS MAGALIOS DIRECTOR	1.00			X				0.	0.	0.
GEORGE ANAGNOSTOS VICE PRESIDENT	1.00			X				0.	0.	0.
TASOS KALANTZIS DIRECTOR	1.00			X				0.	0.	0.

**AHEPA AFFORDABLE HOUSING MANAGEMENT
COMPANY, INC.**

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TASSO CHRONIS DIRECTOR	1.00			X				0.	0.	0.
ELAINE RICE DIRECTOR	1.00			X				0.	0.	0.
VACILIOS BELEOS DIRECTOR	1.00			X				0.	0.	0.
IKE GULAS DIRECTOR	1.00			X				0.	0.	0.
ANGELO KOSTARIDES DIRECTOR	1.00			X				0.	0.	0.
HARRY LAKE DIRECTOR	1.00			X				0.	0.	0.
LEON SPANOS DIRECTOR	1.00			X				0.	0.	0.
ANGELO VALAVANIS DIRECTOR	1.00			X				0.	0.	0.
JOHN MAGRAMES DIRECTOR	1.00			X				0.	0.	0.
ANGIE SPELIOPOULOS DIRECTOR	1.00			X				0.	0.	0.
1b Total								455,833.	0.	44,389.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 3

- | | | |
|--|------------|-----------|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | Yes | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes | No |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | Yes | No |

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

**AHEPA AFFORDABLE HOUSING MANAGEMENT
COMPANY, INC.**

Form 990 (2008)

35-1867058 Page **9**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a MANAGEMENT FEES FROM P	Business Code	541900	2,809,415.	2,809,415.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,809,415.			
	3 Investment income (including dividends, interest, and other similar amounts)			29,074.	29,074.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
	11 a						
	b						
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				2,838,489.	2,838,489.	0.	0.

**AHEPA AFFORDABLE HOUSING MANAGEMENT
COMPANY, INC.**

Form 990 (2008)

35-1867058 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U.S. See Part IV, line 21	325,000.	325,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	372,042.	324,940.	47,102.	
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	732,249.	659,024.	73,225.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	64,738.	58,264.	6,474.	
9 Other employee benefits	131,114.	118,003.	13,111.	
10 Payroll taxes	79,210.	71,289.	7,921.	
11 Fees for services (non-employees):				
a Management				
b Legal	87.		87.	
c Accounting	12,061.	2,432.	9,629.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	57,944.	52,150.	5,794.	
12 Advertising and promotion	300.	300.		
13 Office expenses	46,645.	41,980.	4,665.	
14 Information technology				
15 Royalties				
16 Occupancy	66,033.	59,430.	6,603.	
17 Travel	125,172.	125,172.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,347.	27,347.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,907.	26,016.	2,891.	
23 Insurance	13,889.	12,500.	1,389.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a POSTAGE	19,480.	17,532.	1,948.	
b TELEPHONE	19,200.	17,280.	1,920.	
c DEVELOPMENT EXPENSE	16,983.	16,983.		
d MISCELLANEOUS	773.	773.		
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,139,174.	1,956,415.	182,759.	0.
26 Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**AHEPA AFFORDABLE HOUSING MANAGEMENT
COMPANY, INC.**

Form 990 (2008)

35-1867058 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,645,750.	1	1,697,356.
	2 Savings and temporary cash investments	798,453.	2	1,918,498.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	556,161.	7	793,469.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	47,710.	9	8,900.
	10a Land, buildings, and equipment - cost basis	238,807.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	201,670.		
		50,483.	10c	37,137.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,098,557.	16	4,455,360.	
Liabilities	17 Accounts payable and accrued expenses	110,048.	17	67,805.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	75,789.	25	775,520.
	26 Total liabilities. Add lines 17 through 25	185,837.	26	843,325.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,912,720.	27	3,612,035.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,912,720.	33	3,612,035.
	34 Total liabilities and net assets/fund balances	3,098,557.	34	4,455,360.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization **AHEPA AFFORDABLE HOUSING MANAGEMENT
COMPANY, INC.**

Employer identification number
35-1867058

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(iii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

Schedule A (Form 990 or 990-EZ) 2008

AHEPA AFFORDABLE HOUSING MANAGEMENT

Schedule A (Form 990 or 990-EZ) 2008 **COMPANY, INC.**

35-1867058 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6300019.	2425369.	2414508.	2686368.	2809415.	16635679.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	6300019.	2425369.	2414508.	2686368.	2809415.	16635679.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						16635679.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	6300019.	2425369.	2414508.	2686368.	2809415.	16635679.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,353.	14,988.	21,930.	29,702.	29,074.	110,047.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	14,353.	14,988.	21,930.	29,702.	29,074.	110,047.
11 Net income from unrelated business activities not included in 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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						16745726.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.34 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.80 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.66 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.20 %

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2008

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **AHEPA AFFORDABLE HOUSING MANAGEMENT
COMPANY, INC.**

Employer identification number
35-1867058

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|----------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ☐ %
- b Permanent endowment ☐ %
- c Term endowment ☐ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations ☐ Yes ☐ No
- (ii) related organizations ☐ Yes ☐ No
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		238,807.	201,670.	37,137.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				37,137.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,838,489.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,139,174.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	699,315.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	699,315.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,186,968.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	348,479.
e	Add lines 2a through 2d	2e	348,479.
3	Subtract line 2e from line 1	3	2,838,489.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,838,489.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,135,392.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	<3,782.>
e	Add lines 2a through 2d	2e	<3,782.>
3	Subtract line 2e from line 1	3	2,139,174.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,139,174.

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT TO CASH BASIS: 348479.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT TO CASH BASIS: -2808.

DEPRECIATION DIFFERENCE: -974.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

Open to Public
Inspection

Name of the organization **AHEPA AFFORDABLE HOUSING MANAGEMENT
COMPANY, INC.** Employer identification number
35-1867058

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AHEPA NATIONAL HOUSING CORP. 7202 NORTH SHADELAND INDIANAPOLIS, IN 46250	52-1295844		50,760.	0.			
BONE MARROW REGISTRY 21 HARRISON WAY MT ARLINGTON, NJ 07856	52-1346179		5,000.	0.			
PENELOPE HOUSE PO BOX 9127 MOBILE, AL 36691	63-0763198		15,000.	0.			
NEWTON PUBLIC SCHOOLS 125 MEADOWBROOK RD NEWTON CENTER, MA 02459	04-6001404		20,000.	0.			
MAIDS OF ATHENA 17 PEPPERELL COURT BEWTHESDA, MD 20817	31-1775844		6,000.	0.			
COOLEY'S ANEMIA 2031 2ND AVENUE NORTH BIRMINGHAM, AL 35203	11-2437055		5,000.	0.			

2 Enter total number of section 501(c)(3) and government organizations **15.**
3 Enter total number of other organizations **15.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2008

**AHEPA AFFORDABLE HOUSING MANAGEMENT
COMPANY, INC.**

35-1867058

Schedule I (Form 990) 2008

Page 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: GRANTEE'S ARE REQUIRED TO ANNUALLY SEND THE

GRANTOR A WRITTEN REPORT OUTLINING THE USE OF THE FUNDS. IN MOST CASES THE

GRANTEES SUBMIT: DATES, CHECK NUMBERS, CHECK AMOUNTS, NAMES OF THE PAYEES,

AND A DESCRIPTION OF WHY THE GRANT WAS MADE.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

AHEPA AFFORDABLE HOUSING MANAGEMENT COMPANY, INC.

Employer identification number
35-1867058

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF INDIANAPOLIS JOURNEY TO GREECE - 2 BON MAR ROAD - PELHAM MANOR, NY 10803	52-1795318		12,400.	0.			
AHEPA 29 CHARITABLE FOUNDATION, INC. - PO BOX 10393 - HOUSTON, TX 77206	76-0677983		6,680.	0.			
ST. LOUIS AHEPA CHAPTER 53 II SCHOLARSHIP FOUNDATION - 8964 BURNTOAK DR - ST LOUIS, MO 63123	43-1551211		7,200.	0.			
AHEPA CHAPTER 78 CHARITIES, INC. 2078 W 79TH PLACE MERRILLVILLE, IN 46410	35-2066389		8,000.	0.			
AHEPA 110 NORWICH FOUNDATION, INC. 380 HAMILTON AVE NORWICH, CT 06360	31-1562205		5,520.	0.			
AHEPA CHAPTER 232 CHARITABLE FOUNDATION, INC. - 7355 SHADELAND STATION WAY - INDIANAPOLIS, IN 46256	35-2061531		6,880.	0.			
AHEPA NEW LONDON FOUNDATION, INC. 11 LINDROS LANE WATERFORD, CT 06385	31-1588062		5,920.	0.			
WILLIAM G. HELIS CHAPTER 310 ORDER OF AHEPA CHARITABLE FOUNDATION - 3656 GOVERNMENT BLVD - MOBILE, AL 36693	63-1196192		20,840.	0.			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008Open to Public
InspectionName of the organization **AHEPA AFFORDABLE HOUSING MANAGEMENT
COMPANY, INC.**Employer identification number
35-1867058**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.☐ First-class or charter travel☐ Housing allowance or residence for personal use☐ Travel for companions☐ Payments for business use of personal residence☐ Tax indemnification and gross-up payments☐ Health or social club dues or initiation fees☐ Discretionary spending account☐ Personal services (e.g., maid, chauffeur, chef)**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision
of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.☐ Compensation committee☐ Written employment contract☐ Independent compensation consultant☐ Compensation survey or study☐ Form 990 of other organizations☒ Approval by the board or compensation committee**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a**a** Receive a severance payment or change of control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:**a** The organization?**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

X

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the Organization

**AHEPA AFFORDABLE HOUSING MANAGEMENT
COMPANY, INC.**

Employer Identification number
35-1867058

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS KIRIAZIDES DIRECTOR	1.00			X				0.	0.	0.
JAMES MITCHELL DIRECTOR	1.00			X				0.	0.	0.
JOHN PATRAMANIS DIRECTOR	1.00			X				0.	0.	0.
STEVE PHOTIADES DIRECTOR	1.00			X				0.	0.	0.
CHRIS KAPETANAKOS DIRECTOR	1.00			X				0.	0.	0.
NICOALAO KOUSMANIDIS DIRECTOR	1.00			X				0.	0.	0.
THOMAS ADAMS DIRECTOR	1.00			X				0.	0.	0.
NICHOLAS KALLAN DIRECTOR	1.00			X				0.	0.	0.
JOHN MANOLUKAS DIRECTOR	1.00			X				0.	0.	0.
THOMAS MANTON DIRECTOR	1.00			X				0.	0.	0.
MICHAEL MIAOULIS DIRECTOR	1.00			X				0.	0.	0.
NICK MOUSTOUKAS DIRECTOR	1.00			X				0.	0.	0.
JOE O'NEIL DIRECTOR	1.00			X				0.	0.	0.
TOM PEARSON DIRECTOR	1.00			X				0.	0.	0.
MICHAEL PIHAKIS DIRECTOR	1.00			X				0.	0.	0.
DIMITRI POLIZOS DIRECTOR	1.00			X				0.	0.	0.
DR. ANTHONY THEODOROU DIRECTOR	1.00			X				0.	0.	0.
LIM VALLIANOS DIRECTOR	1.00			X				0.	0.	0.
MARY VERGES DIRECTOR	1.00			X				0.	0.	0.
JOHN MELONOPOULAS VICE PRESIDENT	40.00				X			131,588.	0.	16,862.

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

Schedule J-2 (Form 990) 2008

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

AHEPA AFFORDABLE HOUSING MANAGEMENT
COMPANY, INC.

Employer Identification number
35-1867058

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
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[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

AHEPA AFFORDABLE HOUSING MANAGEMENT
COMPANY, INC.

Employer identification number
35-1867058

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

FACILITIES FOR LOW-INCOME ELDERLY AND HANDICAPPED PERSONS

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE 990 WILL BE REVIEWED
BY THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE CEO AND KEY
EMPLOYEES IS INCLUDED IN THE PROPOSED ANNUAL BUDGET THAT IS REVIEWED BY THE
COMPANY'S BUDGET COMMITTEE. THE BUDGET COMMITTEE CONSISTS ONLY OF MEMBERS
OF THE BOARD OF DIRECTORS. THE BUDGET COMMITTEE MAKES A RECOMMENDATION TO
THE FULL BOARD OF DIRECTORS DURING THE ANNUAL BOARD MEETING.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THE AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AND
SELECTION OF AN INDEPENDENT ACCOUNTANT.

[illegible]

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

[illegible]

AHEPA AFFORDABLE HOUSING MANAGEMENT

Schedule R (Form 990) 2008

COMPANY, INC.

35-1867058 Page 3

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV

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?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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 other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) AHEPA ONE INC	K	58,403.
(2) AHEPA 3 INC	K	83,709.
(3) AHEPA 18 INC	K	74,024.
(4) AHEPA 23 INC	K	34,441.
(5) AHEPA 23 II INC	K	68,933.
(6) AHEPA 23 III INC	K	17,271.

Part VI Unrelated Organizations Taxable as a Partnership

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

[illegible]

AHEPA AFFORDABLE HOUSING MANAGEMENT

Schedule R-1 (Form 990) 2008

35-1867058

Page 2

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 501(c)(3))	(F) Direct controlling entity
AHEPA 23 INC - 63-0877902 1720 E. WASHINGTON AVE. MONTGOMERY, AL 36107	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	ALABAMA	501(C)(3)	509(A)(2)	
AHEPA 23 II, INC - 63-1140959 285 SYLVEST DRIVE MONTGOMERY, AL 36117	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	ALABAMA	501(C)(3)	509(A)(2)	
AHEPA 23 III INC - 63-1262817 1728 E. WASHINGTON AVE. MONTGOMERY, AL 36107	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	ALABAMA	501(C)(3)	509(A)(2)	
AHEPA 29 INC - 76-0402131 13830 CANYON HILL HOUSTON, TX 77083	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	TEXAS	501(C)(3)	509(A)(2)	
AHEPA 29 PHASE II INC - 76-0492575 13830 CANYON HILL HOUSTON, TX 77083	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	TEXAS	501(C)(3)	509(A)(2)	
AHEPA 29 PHASE III INC - 76-0580172 13830 CANYON HILL HOUSTON, TX 77083	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	TEXAS	501(C)(3)	509(A)(2)	
AHEPA 29 PHASE IV INC - 20-2099590 8401 RUSTLING LEAVES DR HOUSTON, TX 77083	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	TEXAS	501(C)(3)	509(A)(2)	
AHEPA 35 INC - 20-4271422 681 W. HOLLIS ROAD NASHUA, NH 03062	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	NEW HAMPSHIRE	501(C)(3)	509(A)(2)	
AHEPA-PENELOPE 35 INC - 36-4304808 10601 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	MINNESOTA	501(C)(3)	509(A)(2)	
AHEPA-PENELOPE 35 II INC - 26-1587755 10619 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	MINNESOTA	501(C)(3)	509(A)(2)	
AHEPA 37 INC - 22-2989708 100 AHEPA CIRCLE SYRACUSE, NY 13215	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	NEW YORK	501(C)(3)	509(A)(2)	
AHEPA-PENELOPE 38 APARTMENTS INC - 42-1417593, 717 NE 5TH STREET, ANKENY, IA 50021	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	IOWA	501(C)(3)	509(A)(2)	

Schedule R-1 (Form 990) 2008

AHEPA AFFORDABLE HOUSING MANAGEMENT

Schedule R-1 (Form 990) 2008

COMPANY, INC.

35-1867058

Page 2

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 501(c)(3))	(F) Direct controlling entity
AHEPA 39 INC - 22-3210357 40 BUTTOWOODS AVENUE HAVERHILL, MA 01830	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	MASSACHUSETTS	501(C)(3)	509(A)(2)	
AHEPA 53 INC - 43-1224060 3601 LEMAY FERRY ROAD ST. LOUIS, MO 63125	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	MISSOURI	501(C)(3)	509(A)(2)	
AHEPA 53 II INC - 43-1455622 3607 LEMAY FERRY ROAD ST. LOUIS, MO 63125	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	MISSOURI	501(C)(3)	509(A)(2)	
AHEPA 53 III INC - 26-1531552 1762 LEMAY FERRY ROAD ST. LOUIS, MO 63125	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	MISSOURI	501(C)(3)	509(A)(2)	
AHEPA DOP 54 INC - 20-4874218 8111 CREEKBEND DRIVE HOUSTON, TX 77071	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	TEXAS	501(C)(3)	509(A)(2)	
AHEPA 58 INC - 06-1084245 1532 BERLIN TURNPIKE WETHERSFIELD, CT 06109	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	CONNECTICUT	501(C)(3)	509(A)(2)	
AHEPA 58 II INC - 06-1084245 1534 BERLIN TURNPIKE WETHERSFIELD, CT 06109	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	CONNECTICUT	501(C)(3)	509(A)(2)	
AHEPA 59 INC - 34-1964795 2607 MARKET AVE. NORTH CANTON, OH 44714	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	OHIO	501(C)(3)	509(A)(2)	
AHEPA 60 INC - 23-3087877 1810 S. ALBERT STREET ALLENTOWN, PA 18103	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	PENNSYLVANIA	501(C)(3)	509(A)(2)	
AHEPA 63 INC - 26-1866424 3142 RIDGEWOOD RD FAIRLAWN, OH 44333	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	OHIO	501(C)(3)	509(A)(2)	
AHEPA 67 INC - 22-3112741 100 AHEPA CIRCLE WEBSTER, NY 14580	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	NEW YORK	501(C)(3)	509(A)(2)	
AHEPA BUFFALO HOUSING DEVELOPMENT INC (AHEPA 67 II) - 16-1565446, 100 AHEPA CIRCLE, CHEEKTOWAGA, NY 14227	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	NEW YORK	501(C)(3)	509(A)(2)	

Schedule R-1 (Form 990) 2008

AHEPA AFFORDABLE HOUSING MANAGEMENT

Schedule R-1 (Form 990) 2008

COMPANY, INC.

35-1867058 Page 2

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 501(c)(3))	(F) Direct controlling entity
AHEPA 78 INC - 35-1634086 2078 W. 79TH PLACE MERRILLVILLE, IN 46410	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	INDIANA	501(C)(3)	509(A)(2)	
AHEPA 78 PHASE II INC - 35-1916082 2080 W. 79TH PLACE MERRILLVILLE, IN 46410	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	INDIANA	501(C)(3)	509(A)(2)	
AHEPA 78 PHASE III INC - 35-1978023 2022 W. 79TH PLACE MERRILLVILLE, IN 46410	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	INDIANA	501(C)(3)	509(A)(2)	
AHEPA 78 PHASE IV INC - 35-2104146 1950 W. 79TH PLACE MERRILLVILLE, IN 46410	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	INDIANA	501(C)(3)	509(A)(2)	
AHEPA 78 PHASE V INC - 73-1694582 1852 W. 79TH PLACE MERRILLVILLE, IN 46410	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	INDIANA	501(C)(3)	509(A)(2)	
AHEPA 78 PHASE VI INC - 32-0192583 8050 MADISON STREET MERRILLVILLE, IN 46410	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	INDIANA	501(C)(3)	509(A)(2)	
AHEPA 89 INC - 34-1467775 44 BOARDMAN AVENUE BOARDMAN, OH 44512	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	OHIO	501(C)(3)	509(A)(2)	
AHEPA 100 INC - 35-2157104 53871 GENERATION DRIVE SOUTH BEND, IN 46635	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	INDIANA	501(C)(3)	509(A)(2)	
AHEPA 110 INC - 06-1160495 110 PUKALLUS AVENUE NORWICH, CT 06360	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	CONNECTICUT	501(C)(3)	509(A)(2)	
AHEPA 110 II INC - 22-3433990 380 HAMILTON AVENUE NORWICH, CT 06360	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	CONNECTICUT	501(C)(3)	509(A)(2)	
AHEPA 110 III INC - 75-3030804 370 HAMILTON AVENUE NORWICH, CT 06360	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	CONNECTICUT	501(C)(3)	509(A)(2)	
AHEPA 113 INC - 31-1539595 2300 COUNTY LINE ROAD BEAVERCREEK, OH 45430	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	OHIO	501(C)(3)	509(A)(2)	

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AHEPA AFFORDABLE HOUSING MANAGEMENT

Schedule R-1 (Form 990) 2008 **COMPANY, INC.** Page **2**

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 501(c)(3))	(F) Direct controlling entity
AHEPA 118 INC - 30-0054200 1865 W. ALEXIS ROAD TOLEDO, OH 43613	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	OHIO	501(C)(3)	509(A)(2)	
AHEPA-PENELOPE 120 INC - 04-3401165 98 CENTRAL STREET PEABODY, MA 01960	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	MASSACHUSETTS	501(C)(3)	509(A)(2)	
AHEPA 127 INC - 31-1760703 14 BASLEY DRIVE MILFORD, OH 45150	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	OHIO	501(C)(3)	509(A)(2)	
AHEPA 127 II INC - 30-0141823 7825 AFFINITY PLACE CINCINNATI, OH 45231	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	OHIO	501(C)(3)	509(A)(2)	
AHEPA 133 PENELOPE 55 INC - 39-2068442 1200 ROBERT E LEE BLVD NEW ORLEANS, LA 70122	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	LOUISIANA	501(C)(3)	509(A)(2)	
AHEPA 156 INC - 25-1856119 156 AHEPA DRIVE CANONSBURG, PA 15317	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	PENNSYLVANIA	501(C)(3)	509(A)(2)	
AHEPA 192 INC - 42-1329782 6190 NW 59TH COURT JOHNSTON, IA 50131	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	IOWA	501(C)(3)	509(A)(2)	
AHEPA 192 II INC - 42-1487324 202 SE 30TH STREET ANKENY, IA 50021	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	IOWA	501(C)(3)	509(A)(2)	
AHEPA 192 III INC - 27-0084978 112 SE 30TH STREET ANKENY, IA 50021	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	IOWA	501(C)(3)	509(A)(2)	
AHEPA 232 INC - 35-1552643 7355 SHADELAND STATION WAY INDIANAPOLIS, IN 46256	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	INDIANA	501(C)(3)	509(A)(2)	
AHEPA 232 PHASE II INC - 35-1635762 7355 SHADELAND STATION WAY INDIANAPOLIS, IN 46256	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	INDIANA	501(C)(3)	509(A)(2)	
AHEPA 232 III INC - 33-1039034 5685 EDEN VILLAGE DRIVE INDIANAPOLIS, IN 46254	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	INDIANA	501(C)(3)	509(A)(2)	

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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 501(c)(3))	(F) Direct controlling entity
AHEPA 242 INC - 20-3265536 407 WOODS LAKE DRIVE GREENVILLE, SC 29607	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	SOUTH CAROLINA	501(C)(3)	509(A)(2)	
AHEPA 245 INC - 22-2778822 87 GIRARD AVENUE NEWPORT, RI 02840	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	RHODE ISLAND	501(C)(3)	509(A)(2)	
AHEPA 245 II INC - 22-3348871 87 GIRARD AVENUE NEW ORLEANS, RI 02840	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	RHODE ISLAND	501(C)(3)	509(A)(2)	
AHEPA 250 INC - 22-2855925 267 ROXBURY ROAD NIANTIC, CT 06357	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	CONNECTICUT	501(C)(3)	509(A)(2)	
AHEPA 250 II INC - 22-3265024 95 CLARK LANE WATERFORD, CT 06385	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	CONNECTICUT	501(C)(3)	509(A)(2)	
AHEPA 250 III INC - 06-1422444 251 DROZDYK DRIVE GROTON, CT 06340	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	CONNECTICUT	501(C)(3)	509(A)(2)	
AHEPA 250 IV INC - 20-4556679 265 ROXBURY ROAD NIANTIC, CT 06357	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	CONNECTICUT	501(C)(3)	509(A)(2)	
AHEPA 250 V INC - 26-4231174 269 ROXBURY ROAD NIANTIC, CT 06357	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	CONNECTICUT	501(C)(3)	509(A)(2)	
AHEPA 284 INC - 56-2031674 451 PELHAM DRIVE COLUMBIA, SC 29209	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	SOUTH CAROLINA	501(C)(3)	509(A)(2)	
AHEPA 284 II INC - 56-2133469 130 JIMMY LOVE LANE COLUMBIA, SC 29212	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	SOUTH CAROLINA	501(C)(3)	509(A)(2)	
AHEPA 284 III INC - 14-1993928 120 JIMMY LOVE LANE COLUMBIA, SC 29212	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	SOUTH CAROLINA	501(C)(3)	509(A)(2)	
AHEPA 284 IV INC - 35-2317285 441 PELHAM DRIVE COLUMBIA, SC 29209	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	SOUTH CAROLINA	501(C)(3)	509(A)(2)	

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COMPANY, INC.

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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 501(c)(3))	(F) Direct controlling entity
AHEPA 296 INC - 75-3149099	PROVIDE AFFORDABLE HOUSING				
3835 CREIGHTON ROAD	FACILITIES FOR LOW-INCOME				
PENSACOLA, FL 32504	ELDERLY/HANDICAPPED	FLORIDA	501(C)(3)	509(A)(2)	
AHEPA 302 INC - 56-2523021	PROVIDE AFFORDABLE HOUSING				
377 E. GILBERT STREET	FACILITIES FOR LOW-INCOME				
SAN BERNARDINO, CA 92404	ELDERLY/HANDICAPPED	CALIFORNIA	501(C)(3)	509(A)(2)	
AHEPA OF MOBILE INC (AHEPA 310) - 63-0859667	PROVIDE AFFORDABLE HOUSING				
2550 HILLCREST ROAD	FACILITIES FOR LOW-INCOME				
MOBILE, AL 36695	ELDERLY/HANDICAPPED	ALABAMA	501(C)(3)	509(A)(2)	
AHEPA 310 INC (AHEPA 310 II) - 63-0955243	PROVIDE AFFORDABLE HOUSING				
2550 HILLCREST ROAD	FACILITIES FOR LOW-INCOME				
MOBILE, AL 36695	ELDERLY/HANDICAPPED	ALABAMA	501(C)(3)	509(A)(2)	
AHEPA 310 III INC - 57-0886811	PROVIDE AFFORDABLE HOUSING				
20765 BISHOP ROAD	FACILITIES FOR LOW-INCOME				
FAIRHOPE, AL 36532	ELDERLY/HANDICAPPED	ALABAMA	501(C)(3)	509(A)(2)	
AHEPA 310 IV INC - 63-1039178	PROVIDE AFFORDABLE HOUSING				
100 AHEPA WAY	FACILITIES FOR LOW-INCOME				
SARALAND, AL 36571	ELDERLY/HANDICAPPED	ALABAMA	501(C)(3)	509(A)(2)	
AHEPA 310 V INC - 63-1080112	PROVIDE AFFORDABLE HOUSING				
100 AHEPA LANE	FACILITIES FOR LOW-INCOME				
MOBILE, AL 36609	ELDERLY/HANDICAPPED	ALABAMA	501(C)(3)	509(A)(2)	
AHEPA 310 VI INC - 91-1955630	PROVIDE AFFORDABLE HOUSING				
5223 COTTAGE HILL	FACILITIES FOR LOW-INCOME				
MOBILE, AL 36609	ELDERLY/HANDICAPPED	ALABAMA	501(C)(3)	509(A)(2)	
AHEPA 310 VII INC - 63-1194202	PROVIDE AFFORDABLE HOUSING				
6430 COTTAGE HILL ROAD	FACILITIES FOR LOW-INCOME				
MOBILE, AL 36695	ELDERLY/HANDICAPPED	ALABAMA	501(C)(3)	509(A)(2)	
AHEPA 310 VIII INC - 63-1262819	PROVIDE AFFORDABLE HOUSING				
12680 PADGETT SWITCH ROAD	FACILITIES FOR LOW-INCOME				
IRVINGTON, AL 36544	ELDERLY/HANDICAPPED	ALABAMA	501(C)(3)	509(A)(2)	
AHEPA 310 IX INC - 43-1962855	PROVIDE AFFORDABLE HOUSING				
7560 OLYMPIC LANE	FACILITIES FOR LOW-INCOME				
THEODORE, AL 36582	ELDERLY/HANDICAPPED	ALABAMA	501(C)(3)	509(A)(2)	
AHEPA 310 X INC - 36-4528066	PROVIDE AFFORDABLE HOUSING				
9180 HELLENIC WAY	FACILITIES FOR LOW-INCOME				
SEMMES, AL 36575	ELDERLY/HANDICAPPED	ALABAMA	501(C)(3)	509(A)(2)	

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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 501(c)(3))	(F) Direct controlling entity
AHEPA 310 XI INC - 90-0343256 7560 A OLYMPIC LANE THEODORE, AL 36582	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	ALABAMA	501(C)(3)	509(A)(2)	
AHEPA 310 XII INC - 80-0360315 1439 POLLARD ROAD DAPHNE, AL 36526	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	ALABAMA	501(C)(3)	509(A)(2)	
AHEPA 343 INC - 04-3708201 121 MASON CIRCLE LAVERGNE, TN 37086	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	TENNESSEE	501(C)(3)	509(A)(2)	
AHEPA 371 INC - 38-2742386 26700 CROCKER BLVD. HARRISON TWP., MI 48045	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	MICHIGAN	501(C)(3)	509(A)(2)	
AHEPA 371 II INC - 38-3554484 26800 CROCKER BLVD HARRISON TWP., MI 48045	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	MICHIGAN	501(C)(3)	509(A)(2)	
AHEPA 408 INC - 56-1961732 109 N. KERR AVENUE WILMINGTON, NC 28405	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	NORTH CAROLINA	501(C)(3)	509(A)(2)	
AHEPA 410 INC - 59-3699587 575 WILLIAMSON BLVD DAYTONA BEACH, FL 32114	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	FLORIDA	501(C)(3)	509(A)(2)	
AHEPA 421 INC - 59-2842462 350 NE 141ST STREET NORTH MIAMI, FL 33161	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	FLORIDA	501(C)(3)	509(A)(2)	
AHEPA 489 APARTMENTS INC - 59-3760329 6625 ROMAN ROAD NEW PORT RICHEY, FL 34652	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	FLORIDA	501(C)(3)	509(A)(2)	
AHEPA 501 INC - 85-0439854 6700 LOS VOLCANES ROAD NW ALBUQUERQUE, NM 87121	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	NEW MEXICO	501(C)(3)	509(A)(2)	
AHEPA 501 II INC - 85-0458871 6700 LOS VOLCANES ROAD NW ALBUQUERQUE, NM 87121	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	NEW MEXICO	501(C)(3)	509(A)(2)	
AHEPA 501 III INC - 30-0241540 6620 BLUEWATER ROAD NW ALBUQUERQUE, NM 87121	PROVIDE AFFORDABLE HOUSING FACILITIES FOR LOW-INCOME ELDERLY/HANDICAPPED	NEW MEXICO	501(C)(3)	509(A)(2)	

Schedule R-1 (Form 990) 2008

Part II
Continuation of Identification of Related Tax-Exempt Organizations[illegible]

AHEPA AFFORDABLE HOUSING MANAGEMENT

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COMPANY, INC.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A)	Name of other organization	(B) Transaction type (a-t)	(C) Amount involved
(7)	AHEPA 29 INC	K	28,988.
(8)	AHEPA 29 PHASE II INC	K	23,776.
(9)	AHEPA 29 PHASE III INC	K	36,902.
(10)	AHEPA 29 PHASE IV INC	K	44,092.
(11)	AHEPA-PENELOPE 35 INC	K	31,689.
(12)	AHEPA-PENELOPE 38 APARTMENTS INC	K	31,242.
(13)	AHEPA 39 INC	K	50,397.
(14)	AHEPA 53 INC	K	62,190.
(15)	AHEPA 53 II INC	K	40,926.
(16)	AHEPA 58 INC	K	31,997.
(17)	AHEPA 58 II INC	K	1,238.
(18)	AHEPA 60 INC	K	32,205.
(19)	AHEPA 67 INC	K	66,372.
(20)	AHEPA BUFFALO HOUSING DEVELOPMENT INC (AHEPA 67 II)	K	37,969.
(21)	AHEPA 78 INC	K	43,756.
(22)	AHEPA 78 PHASE II INC	K	43,007.
(23)	AHEPA 78 PHASE III INC	K	38,474.
(24)	AHEPA 78 PHASE IV INC	K	39,701.

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A)	(B)	(C)
Name of other organization	Transaction type (a-r)	Amount involved
(7) AHEPA 78 PHASE V INC	K	99,553.
(8) AHEPA 78 PHASE VI INC	K	5,000.
(9) AHEPA 89 INC	K	54,637.
(10) AHEPA 100 INC	K	34,444.
(11) AHEPA 110 INC	K	37,610.
(12) AHEPA 110 II, INC	K	29,489.
(13) AHEPA 110 III INC	K	37,075.
(14) AHEPA 113 INC	K	44,084.
(15) AHEPA 127 INC	K	24,713.
(16) AHEPA 192 INC	K	29,391.
(17) AHEPA 192 II INC	K	27,980.
(18) AHEPA 192 III INC	K	32,675.
(19) AHEPA 232 INC	K	50,195.
(20) AHEPA 232 II INC	K	33,676.
(21) AHEPA 232 III INC	K	41,600.
(22) AHEPA 242 INC	K	28,737.
(23) AHEPA 245 INC	K	35,292.
(24) AHEPA 245 II INC	K	26,128.

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AHEPA AFFORDABLE HOUSING MANAGEMENT

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COMPANY, INC.

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A)	Name of other organization	(B) Transaction type (a-f)	(C) Amount involved
(7)	AHEPA 250 INC	K	42,123.
(8)	AHEPA 250 II INC	K	48,956.
(9)	AHEPA 250 III INC	K	48,120.
(10)	AHEPA 284 INC	K	36,084.
(11)	AHEPA 284 II INC	K	29,777.
(12)	AHEPA 296 INC	K	18,954.
(13)	AHEPA 302 INC	K	9,000.
(14)	AHEPA OF MOBILE INC (AHEPA 310)	K	51,744.
(15)	AHEPA 310 INC (AHEPA 310 II)	K	24,157.
(16)	AHEPA 310 III INC	K	36,111.
(17)	AHEPA 310 IV INC	K	35,320.
(18)	AHEPA 310 V INC	K	40,558.
(19)	AHEPA 310 VI INC	K	53,173.
(20)	AHEPA 310 VII INC	K	56,187.
(21)	AHEPA 310 VIII INC	K	42,819.
(22)	AHEPA 310 IX INC	K	42,208.
(23)	AHEPA 310 X INC	K	55,692.
(24)	AHEPA 343 INC	K	27,572.

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990) Part V, line 2)

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)	AHEPA 371 INC	K	55,642.
(8)	AHEPA 371 II INC	K	80,354.
(9)	AHEPA 408 INC	K	42,842.
(10)	AHEPA 410 INC	K	80,927.
(11)	AHEPA 421 INC	K	60,712.
(12)	AHEPA 501 INC	K	28,506.
(13)	AHEPA 501 II INC	K	31,253.
(14)	AHEPA 501 III INC	K	7,412.
(15)	AHEPA NATIONAL HOUSING CORPORATION	B	50,760.
(16)	AHEPA NATIONAL HOUSING CORPORATION	N	56,100.
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R-1 (Form 990) 2008

Form **4562**Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return**Depreciation and Amortization** 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008Attachment
Sequence No 67AHEPA AFFORDABLE HOUSING MANAGEMENT
COMPANY, INC.

Business or activity to which this form relates

Identifying number

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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	25,794.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		15,563.	5 YRS.	HY	200DB	3,113.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year	/		40 yrs	MM	S/L

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.	22	28,907.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**AHEPA AFFORDABLE HOUSING MANAGEMENT
COMPANY, INC.**

Form 4562 (2008)

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Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are **not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization AHEPA AFFORDABLE HOUSING MANAGEMENT COMPANY, INC.	Employer identification number 35-1867058
	Number, street, and room or suite no. If a P.O. box, see instructions 7202 NORTH SHADELAND AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46250	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

AHEPA AFFORDABLE HOUSING MANAGEMENT

- The books are in the care of ► **7202 N. SHADELAND #100 - INDIANAPOLIS, IN 46250**
Telephone No. ► **317-845-3410** FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	AHEPA AFFORDABLE HOUSING MANAGEMENT COMPANY, INC.		35-1867058
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	7202 NORTH SHADELAND AVE		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	INDIANAPOLIS, IN 46250		

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

AHEPA AFFORDABLE HOUSING MANAGEMENT

- The books are in the care of **7202 N. SHADELAND #100 - INDIANAPOLIS, IN 46250**

Telephone No. **317-845-3410**

FAX No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2010**.
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER ALL NECESSARY INFORMATION TO COMPLETE THE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Jana M. Voyle CPA** Title **Manager**

Date **2/9/10**

Form 8868 (Rev. 4-2009)