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Department of the Treasury

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 2009 Open to Public

uirei	mai Revenue Se	- VICE	The organization may have to use a copy of this return to satisfy state	e reporting requ	nements	inspection
<u> </u>	For the 2009 o	alendar y	ear, or tax year beginning , and ending			
В	Check if applicable	Please	C Name of organization REFORMED CHURCH OF HIGHLAND PARK		D Emple	oyer identification number
∐.	Address change	use iRS label or	AFFORDABLE HOUSING CORP.			
П	Name change	print or	Doing Business As		20-	5012410
\equiv	· ·	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	none number
\exists	Initial return	See	19-21 SOUTH SECOND AVENUE			
\Box	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross rece	eipts 75,951
Π.	Amended return	tions.	HIGHLAND PARK NJ 08904			
$\overline{\Box}$	Application pending	F Name	and address of principal officer		H(a) Is this	a group return for
	, ipplication panding	' SE	TH KAPER-DALE		affiliati	
		23	SOUTH SECOND AVENUE		H(b) Are all	affiliates
			GHLAND PARK NJ 08904			attach a list. (see instructions)
T	Tax-exempt sta	tus X	501(c) (3) 4 (insert no) 4947(a)(1) or 527]	, ,
<u>J</u>	Website: ▶	N/A			H(c) Group	exemption number
K	Type of organization	n X Cor	poration Trust Association Other	Year of formation		M State of legal domicile
∍ P	art I S	Summa	ry	•		
2	1 Briefly	describe t	he organization's mission or most significant activities			
9	То	provi	de temporary affordable housing to qualified i	ndviduals	aging	out
Activities & Governance	of	the s	tate foster care system.			
, E						
Š	2 Check	this box 🕨	If the organization discontinued its operations or disposed of more than 2	5% of its net as:	sets	
<u>ග</u> ජේ	3 Numbe	r of voting	members of the governing body (Part VI, line 1a)		3	
ΘS	4 Numbe	r of indep	endent voting members of the governing body (Part VI, line 1b)		4	
Ξ			employees (Part V, line 2a)		5	
당	6 Total no	umber of	volunteers (estimate if necessary)		6	
•	7a Total gi	ross unre	ated business revenue from Part VIII, column (C), line 12		7a	
	b Net unr	elated bu	siness taxable income from Form 990-T, line 34		7b	0
	1			Prior Ye		Current Year
ē			d grants (Part VIII, line 1h)		1,658	75
ē	1		revenue (Part VIII, line 2g)	3.	5,898	75,386
Revenue			revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, and 7d) Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		964	490
	1		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7	0 500	
			and this, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) add lines 8 through 11 (must equal Part VIII, column (A) line/12) ar amounts paid (Part IX, column (A), lines 1–3)	/ 1,44	8,520	75,951
	14 Benefits	s paid to (or for members (Part IX, column (A), line 4)			
nses	15 Salaries	s, other co	ompensation, employee benefits (Part IX, column (A), line 1) draising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25)			22,966
Ë	16a Profess	ionai tuno	draising fees (Part IX, column (A), line 11e)			
Ехре	2 . Otal 10	,,,d,d,d,i,,g	expenses (Part IX, column (D), line 25) ▶ (Part IX, column (A), lines 11a–11d, 11f–24f)	10	1,563	146,154
	I TO OTHER C	•			1,563	169,120
			Add lines 13–17 (must equal Part IX, column (A), line 25) penses Subtract line 18 from line 12		6,957	-93,169
58	13 Kevenu	ic icss ex	penses Subtract line to non mie 12	Beginning of Cu	rrent Year	End of Year
<u> </u>	20 Total as	ssets (Pai	t X, line 16)		0,652	2,650,445
A Ba	21 Total lia		art X, line 26)		3,500	75,746
Net Assets or Fund Balances	22 Net ass	ets or fur	d balances Subtract line 21 from line 20		7,152	2,574,699
		ignatu	re Block			
	U	nder penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statements,	and to the be	st of my knowledge
		na beller, it	is true, correct, and complete Declaration of preparer (other than officer) is based on all info	ormation of which	preparer nas	
Sig		—	Neal teper Del		8	6 10
He	ге /	•	re of officer		Date	•
		, —	TH KAPER-DALE PRESI	DENT		
	_	Type or	print name and title			T December 1997
Pai	171	reparer's	Date	Check self-	ıf	Preparer's identifying number (see instructions)
	eparer's	gnature	08/0	6/10 employ	yed ▶ L_	
	•	ırm's name	Accounting Alternatives of N.J.	, Inc.	EIN 🕨	22-3721413
US	o omy	self-emplo	(ed), 44 W Somerset St Ste B		Phone	
	ac	ddress, and	ZIP+4 Raritan, NJ 08869-2030		no 🕨	908-707-8733
			turn with the preparer shown above? (see instructions)			X Yes No
For	Privacy Act a	ind Pape	work Reduction Act Notice, see the separate instructions.		1) 1	Form 990 (2009)

Folim 990 (2009) REPORTED CHOICER OF INTERNAL PARK 20 3012410	raye Z
Part III Statement of Program Service Accomplishments	
1 Briefly describe the organization's mission To provide temporary affordable housing to qualified indvidu of the state foster care system.	als aging out
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 X 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 Yes X No services? If "Yes," describe these changes on Schedule O 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 625 including grants of \$ 4a (Code) (Expenses \$) (Revenue \$ Provision of affordable housing to qualified individuals aging out of the state foster care system.) (Revenue \$ 4b (Code) (Expenses \$ including grants of \$

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

4d Other program services (Describe in Schedule O)
(Expenses \$ 144,049 including grants of \$) (Revenue \$)

4e Total program service expenses > 144,674

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	1 990 (2009) REFORMED CHURCH OF HIGHLAND PARK 20-5012410		Р	age 3
<u>P</u>	art IV Checklist of Required Schedules	_	1	1
	In the consequence described as a contract COA/aV/aV as AOA7/aV/AV (atheretics as a contract Coadata a NO 15 mV = 10		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.,	x	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	_	x
3	Did the organization regage in direct or indirect political campaign activities on behalf of or in opposition to		 	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
•	Schedule C, Part II	4	1	x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	<u> </u>	 	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<u> </u>		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	_10	ļ	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		1	
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		•	
	Schedule D, Part VI		Ì	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		ŧ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		•	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		İ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		Ī	
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets		Ī	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		İ	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Ī	
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Ī	
-	Schedule D. Parts XI, XII, and XIII	12	 	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No.			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	⊸	Ì	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	İ	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		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? If "Yes," complete Schedule F, Part II	15	<u>L</u> .	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? If "Yes," complete Schedule F, Part III	_16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	L	X

20

	art 14 One Chilat Of Nequired Oction dica (Continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
23	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
24-	employees? If "Yes," complete Schedule J	_ 23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			7.7
_	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			-
20	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		•	
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
20	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		-	•
а ь	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			•
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	1 20		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.	30		
٠.	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	-	
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
••	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
•	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	-		
•	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	133		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	3,		
	19? Note . All Form 990 filers are required to complete Schedule O	38		x
	200 maio are required to complete Company O	1 30		

Pe	irt v Statements Regarding Other IRS Filings and Tax Compliance				
40	Enter the number reported in Day 2 of Form 1006. Applied Cummers and Transmitted of			Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	4-			
L	U.S. Information Returns. Enter -0- if not applicable.	1a	-		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and re	1b	-		
·	gaming (gambling) winnings to prize winners?	portable	4.		x
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	F 1	1c		
20	Statements, filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		20		
	instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by			
	this return?	·- ·- ·	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a		authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	•			
	account)?		4a		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?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
Ç	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg	arding	-		
	Prohibited Tax Shelter Transaction?		5c		
6a	3 J J L.	ne			
	organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			
_	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			
L	and services provided to the payor?		7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	15	-		
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		-		
	benefit contract?	Cisonai	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	-	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0				
	required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?		_ 8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	1 1			
а	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	4		
11	Section 501(c)(12) organizations. Enter	1 1			
a	Gross income from members or shareholders	11a	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				ŀ
10-	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	1 1	12a		<u> </u>
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		000	·
			Form	≀ ププリ	(2009)

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

	Schedule O. See instructions.				
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body	1a			
b	Enter the number of voting members that are independent	1b			
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				
L	of the governing body?		7a		X
b	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			-	İ
a	The governing body?		8a	X	
Ъ	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
500	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
	tion B. Policies (This Section B requests information about policies not required by the I renue Code.)	nternai			
<u>nev</u>	enue Coue.)				
40-	Door the experimental have level shorters broughts as officials.		10	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		405		İ
11	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?				v
11a			11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		40-	·	₹
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		405		
_			12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		425		
13	Does the organization have a written whistleblower policy?		12c		X
14	Does the organization have a written document retention and destruction policy?		13		X
15	Did the process for determining compensation of the following persons include a review and approval by		14		<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				į
а	The organization's CEO, Executive Director, or top management official		450		x
b	Other officers or key employees of the organization		15a 15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		130		
16a					į
	with a taxable entity during the year?		16a		x
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		104		
•	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?		16ь		ĺ
Sec	tion C. Disclosure		100		
<u> </u>	List the states with which a copy of this Form 990 is required to be filed None				—
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	Jy)			
	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 into	erest			
	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 >				

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director		Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Seth Kaper-Dale										
Pres.	20.00	X		X				0	0	0
Robert Roesener										
Vice President	1.00	X		X		Ш		0	0	0
Sharon Buck Teahl										
Treasurer	5.00	X		X		Ш		0	0	0
Charlie Page						l				
Secretary	1.00	X		X		Ш		0	0	0
Elaine Katarski						li				
Trustee	1.00	X		<u> </u>				0	0	0
Melissa Quaal					ļ					
Trustee	1.00	X				Ш		0	0	0
John Rametta		[
Trustee	1.00	X				Ш		0	0	0
Colleen McKay Wha	rton				ŀ					
Trustee	1.00	X						0	0	0
Jeff Crum										
Trustee	1.00	X				\Box		0	0	0
Mary Laurano									_	
Trustee	1.00	X			L.			0	0	0
Rose Laurano										
Trustee	1.00	X				\sqcup		0	0	0
Jacquelyn Jurici									_	_
Trustee	1.00	X	<u> </u>					0	0	0
Pat Kaufman		l							_	_
Trustee	1.00	X	ļ		L		_	0	0	0
Alec Stoll								_ ا	_	_
Trustee	1.00	X	<u> </u>		<u> </u>			0	0	0
Linda Lachesnez	4 00							_	_	_
Trustee	1.00	X	_	\vdash	<u> </u>			0	0	0
1										
		┼		<u> </u>	_	\vdash	L			
+						}				
		1	I	l						

Pa	rt VII Section A. Officers	, Directors, Trus	tees	s, Ke	y Er	nplo	yees	s, an	d Highest Compensated	Employees (continued)			
	(A) Name and Title	(B) Average hours per	<u> </u>	(C) sition (check all that ap					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr orga and	other pensation the anization irelated nization	1
							_						
	·												
								_					
													
													
													
						-							
1b	Total	L				<u> </u>		•					·
2	Total number of individuals (in reportable compensation from	-			thos	e lis	ted a	bov	e) who received more than	\$100,000 in			
												Ye	s No
3	Did the organization list any for employee on line 1a? if "Yes,"	complete Sched	lule .	J for	sucl	h ind	lividu	al				3	x
4	For any individual listed on line the organization and related or individual												x
5	Did any person listed on line 1 services rendered to the organ	nization? If "Yes,"								r		<u>. </u>	x
<u>Sec</u>	ction B. Independent Contracter Complete this table for your fix compensation from the organi	e highest compe	ensa	ted I	ndep	end	ent c	ontr	ractors that received more t	than \$100,000 of			
		(A) business address							Descript	(B) tion of services		(C Comper	sation
						,							
2	Total number of independent of		-				ed to	thos	se listed above) who receiv	ed			
DAA	more than \$100,000 in compe	nsation from the	orga	nıza	tion	<u> </u>					<u> </u>	0 orm 9 9	(2009)

P	art V	III Statement of Re	venue	1					
•						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
20 20	1a	Federated campaigns	1a	T			Tevenue		512, 513, or 514
Ta I	b	Membership dues	1b	 				-	
95	c	_	1c	 					
ifts	4	Related organizations	1d	1					
S,E	٥	Government grants (contributions)	1e						
Öİ	f	All other contributions, gifts, grants,		 					
the state		and similar amounts not included above	e 1f		75				
de	g	Noncash contributions included in lines		\$					
Program Service Revenue Contributions, gifts, grants	h				▶ أ	75			
9		•			Busn. Code				
¥6	2a	RESIDENTIAL APART	MENT B	LDG.		59,295			
æ	b	HOUSE - 11 S. 2ND	•			16,091	16,091		
ξ	C							<u> </u>	
S	d								
ᇤ	е				ļ				
<u>g</u>	f	All other program service re	venue		1				
<u>n</u> .	H	Total. Add lines 2a-2f			<u> </u>	75,386			
	3	Investment income (includir	ng divide	nds, inter	est, and	400			
		other similar amounts)			>	490	490		
	4	Income from investment of	tax-exen	npt bond	proceeds 🕨				
	5	Royalties	-1	1 -	▶				
	_ ا	(i) Rea	31	(11)	Personal				
	6a			1					
	b	Less rental exps		 					
	C	Rental inc or (loss)		<u> </u>					
	7a	Net rental income or (loss) Gross amount from (i) Securi	ties	1 6	ı) Other				
		sales of assets		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	iy Other				
	ь	other than inventory Less cost or other		+					
	١	basis & sales exps							
	c	Gain or (loss)	-						
	ď	Net gain or (loss)		1	•				
_	_	Gross income from fundraising e	events						
nue		(not including \$							
946		of contributions reported on line	1c)						
Ķ		See Part IV, line 18	a	ı.					
Other Reven	ь	Less direct expenses	b						
0	С	Net income or (loss) from fu	ındraisin	g events	>				
	9a	Gross income from gaming activ	rities						
	İ	See Part IV, line 19	а	<u>[</u>					
		Less direct expenses	b					_	
	С	Net income or (loss) from ga	amıng a	ctivities					
	10a	Gross sales of inventory, les	ss						
		returns and allowances	а	<u> </u>					
	b	Less cost of goods sold	b	L					
	<u> </u>	Net income or (loss) from sa		ventory	> _				
	<u> </u>	Miscellaneous Revei	nue		Busn. Code				
	11a				 				
	b								
	C				 		_	_	
	d	All other revenue							
	e	Total. Add lines 11a-11d			.	75 054	75 054	-	
	12	Total Revenue. See instruc	tions			75,951	75,876	0	0

Page 10

Form 990 (2009) 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).

<u>7b,</u>	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	,, and two or i dit fill.		expenses	general expenses	expenses
	Grants and other assistance to governments and		одреново	Actional exhetises	Сурспоез
	organizations in the U.S. See Part IV, line 21		į		
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		1		
	U S See Part IV, lines 15 and 16		Į.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	•			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,180		15,180	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	6,025		6,025	
10	Payroll taxes	1,761		1,761	
11	Fees for services (non-employees).				
а	Management				
b	Legal				
C	Accounting	11,530	11,530		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1,146		1,146	
14	Information technology				
15	Royalties				
16	Occupancy	31,196	31,196		
17	Travel	193		193	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	141		141	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	65,399	65,399		
23	Insurance				
			1		
24	Other expenses Itemize expenses not		#		
	covered above (Expenses grouped together		Į.		
	and labeled miscellaneous may not exceed		[
	5% of total expenses shown on line 25 below)	11 704	11 704		
a	Management Fees	11,794	11,794		
b	WAGES	7,250	7,250		
C	Cleaning / Maintenance RENT	4,423	4,423 3,429		
d	Repairs	3,429 1,800			
e •	-	7,853	1,800 7,853	-	
	All other expenses Total functional expenses Add lines 1 through 24f	169,120	144,674	24,446	
25	Total functional expenses. Add lines 1 through 24f	109,120	144,0/4	<u> </u>	- .
20	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				

Par		Balance Sheet			-5012410		Page 11
•					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			336	1	2,768
	2	Savings and temporary cash investments			70,955	2	373
	3	Pledges and grants receivable, net		3			
ŀ	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors,	s, key				
		employees, and highest compensated employees Comp	art II of				
		Schedule L				5	
j	6	Receivables from other disqualified persons (as defined					
		4958(f)(1)) and persons described in section 4958(c)(3)(
		Part II of Schedule L		6			
Assets	7	Notes and loans receivable, net			7		
88	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges				9	
1	0a	Land, buildings, and equipment cost or			,		
		other basis Complete Part VI of Schedule D	10a	2,542,053			
	b	Less accumulated depreciation	10b	75,186	2,511,550	10c	2,466,867
1	1	Investments—publicly traded securities		11			
1	2	Investments—other securities See Part IV, line 11		12			
1	3	Investments—program-related See Part IV, line 11		13			
1	4	Intangible assets			14		
1	5	Other assets See Part IV, line 11		67,811	15	180,437	
1	6	Total assets. Add lines 1 through 15 (must equal line 34	()		2,650,652	16	2,650,445
1	7	Accounts payable and accrued expenses	3,500	17	3,500		
1	8	Grants payable			18		
1	9	Deferred revenue		<u> </u>		19	
2	20	Tax-exempt bond liabilities				20	
8 2	21	Escrow or custodial account liability Complete Part IV of	f Sche	dule D		21	
Liabilities	22	Payables to current and former officers, directors, trustee	es, key	,			
اڇ		employees, highest compensated employees, and disqu	alified				
ובֿי		persons Complete Part II of Schedule L		_		22	10,000
2	23	Secured mortgages and notes payable to unrelated third	partie	s		23	
2	24	Unsecured notes and loans payable to unrelated third pa	arties			24	60,000
2	25	Other liabilities Complete Part X of Schedule D		_		25	2,246
	26	Total liabilities. Add lines 17 through 25	_		3,500	26	75,746
Balances		Organizations that follow SFAS 117, check here ▶ 🏋	and				
2		complete lines 27 through 29, and lines 33 and 34.					
음 2	27	Unrestricted net assets				27	
20 2	28	Temporarily restricted net assets			2,647,152	28	2,574,699
[2	9	Permanently restricted net assets				29	
교		Organizations that do not follow SFAS 117, check her					
6		and complete lines 30 through 34.					
<u>ب</u>		Capital stock or trust principal, or current funds	_		30		
38		Paid-in or capital surplus, or land, building, or equipment	L		31		
¥ 3		Retained earnings, endowment, accumulated income, or	funds		32	·	
절 3		Total net assets or fund balances	<u> </u>	2,647,152		2,574,699	
<u> </u>	4	Total liabilities and net assets/fund balances			2,650,652	34	2,650,445

Form **990** (2009)

orm	1 990 (2009) REFORMED CHURCH OF HIGHLAND PARK 20-5012410		Pag	ge 12
Pa	art XI Financial Statements and Reporting			
•			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
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?	3a		
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	_	

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

. .

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public inspection

REFORMED CHURCH OF HIGHLAND PARK Name of the organization Employer identification number AFFORDABLE HOUSING CORP. 20-5012410 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. (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 🕱 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) 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 Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 c Type III–Functionally integrated Type II Type III-Other 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 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 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) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (v) Did you notify (ii) FIN (iii) Type of organization (Iv) is the organization (vi) is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support col (i) of your (i) organized in the above or IRC section governing document? support? US? (see instructions)) Yes Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 REFORMED CHURCH OF HIGHLAND PARK 20-5012410 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 45,000 1,182,588 1,411,658 75 2,639,321 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 45,000 1,182,588 1,411,658 75 2,639,321 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 2,639,321 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (e) 2009 (c) 2007 (d) 2008 (f) Total Amounts from line 4 <u>45,0</u>00 75 1,182,588 1,411,658 2,639,321 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 36,862 36,862 sources 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 2,676,183 12 12 Gross receipts from related activities, etc. (see instructions) 75,876 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 2009 (line 6, column (f) divided by line 11, column (f)) 14 98.62% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 98.62% 16a 33 1/3 % support test-2009. 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—2008. 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—2009. 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 10%-facts-and-circumstances test-2008. 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 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) 2009

_	RMEDCHU 08/06/2010 12 08 PM 、						
	edule A (Form 990 or 990-EZ) 2009 REE					<u>-5012410</u>	Page 3
P	art III Support Schedule for O				2)		
	(Complete only if you che	ecked the box	on line 9 of Pa	art I.)			
	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513		· · · · · · · · · · · · · · · · · · ·				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that					1	
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						_
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			_			
С	Add lines 10a and 10b	<u> </u>					
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
3	Total support. (Add lines 9, 10c, 11,				-		-
	and 12)						
4	First five years. If the Form 990 is for the organization, check this box and stop here	-	t, second, third, for	urth, or fifth tax yea	ar as a section 50°	1(c)(3)	▶ □
Sec	tion C. Computation of Public Su	pport Percen	tage				
5	Public support percentage for 2009 (line 8	, column (f) divide	d by line 13, colum	ın (f))		15	%
6	Public support percentage from 2008 Scho					16	%
Sec	tion D. Computation of Investme				.,.	, ,	
7	Investment income percentage for 2009 (li		·	, column (f))		17	%
8	Investment income percentage from 2008					18	%_
9a	33 1/3 % support tests—2009. If the orga						. —
	17 is not more than 33 1/3 %, check this b	ox and stop here.	. The organization	qualifies as a publ	icly supported ora-	anization	▶

b 33 1/3 % support tests—2008. 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

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

20-5012410 Schedule A (Form 990 or 990-EZ) 2009 REFORMED CHURCH OF HIGHLAND PARK

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Employer Identification number Name of the organization REFORMED CHURCH OF HIGHLAND PARK 20-5012410 AFFORDABLE HOUSING CORP. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I 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 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) 4 Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II 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 Preservation of certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 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 Tax Year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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

Sche	dulè D (Form 990) 2009 REFORMED	CHURCH OF H	IGHLAND P.	ARK	20-50	12410	Page 2
Pa	ert III Organizations Maintaining	Collections of Ar	t, Historical T	reasures,	or Other S	Similar Assets	(continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, cl	heck any of the fol	lowing that a	re a significa	nt use of its	
а	Public exhibition	d ☐ Loa	n or exchange pro	grams			
b	Scholarly research	e Othe		9			
C	Preservation for future generations						
4	Provide a description of the organization's coll Part XiV	ections and explain ho	w they further the	organization'	s exempt pu	rpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of ar	t, historical treasu	res, or other	sımılar		Yes No
Pa	at IV Escrow and Custodial Arra					'Yes" to Form 9	
	IV, line 9, or reported an am						, , , art
1a	Is the organization an agent, trustee, custodial				s not		
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIV a	and complete the follow	ıng table				
	•	, , , , , , , , , , , , , , , , , , ,	•				Amount
c	Beginning balance					1c	
	Additions during the year					1d	
	Distributions during the year					1e	
f						1f	
	Did the organization include an amount on For	rm 990 Part Y line 211)			(···	
	If "Yes," explain the arrangement in Part XIV	1111 550, 7 att X, iiiic 27	•				∐ Yes ∐ No
	Endowment Funds. Comple	ete if organization	answered "Ye	es" to Form	1 990 Pai	t IV line 10	
	as a line will all and on the pro-	(a) Current year	(b) Prior year			(d) Three years back	(e) Four years back
19	Beginning of year balance	(u) ourier you	(2) 1101 7001	(0) 110	Jours Buen	(e) moo youro back	(b) Four yours buck
	Contributions					·	
						••••••	
C	Net investment earnings, gains,			ŧ	1		
	and losses			 		•••••	
	Grants or scholarships						
е	Other expenditures for facilities			į	1		
	and programs						
	Administrative expenses						
g	End of year balance			<u>_</u>			<u> </u>
2	Provide the estimated percentage of the year	end balance held as					
	Board designated or quasi-endowment ▶ _	%					
	Permanent endowment ▶ %						
С	Term endowment ▶ %						
3a	Are there endowment funds not in the possess	sion of the organization	that are held and	administered	for the		
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(II), are the related organizations	listed as required on S	chedule R?				3b
4	Describe in Part XIV the intended uses of the						
Pa	rt VI Investments—Land, Buildin	ngs, and Equipme	ent. See Form	<u>990, Part</u>	X, line 10) <u>. </u>	
	Description of investment	(a) Cost or other basis	s (b) Cost	or other	(c) Accu	umulated	(d) Book value
		(investment)	basis (depre	ciation	
1a	Land		8	38,012			838,012
b	Buildings						
C	Leasehold improvements						
d	Equipment						
е	Other		1,7	04,041		75,186	1,628,855
	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X,				>	2,466,867

Schedulè D (F	orm 990) 2009 REFORMED CHURCH OF HI	GHLAND PARK	20-5012410	Page 3
Part VII	Investments—Other Securities. See Form 99	0, Part X, line 12.		
•	(a) Description of security or category	(b) Book value	(c) Method of va	luation
	(including name of security)	1	Cost or end-of-year m	narket value
Financial deriv	vatives			
Closely-held e	equity interests			
Other				
				-
-		<u></u>		
				· · · · · · · · · · · · · · · · · · ·
			2.12	
			· -	
				-
Total (Calum	n (b) must equal Form 990. Part X. col (B) line 12)			
Part VIII	()	O Port V line 12		
ran viii	Investments—Program Related. See Form 99		(a) >4l (- (- (- (- (- (- (- (- (-	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year m	
	·		Cost of end-of-year fr	narket value
			·	····
				-
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX	Other Assets. See Form 990, Part X, line 15.	-		
	(a) Description			(b) Book value
	PRECONSTRUCTION COSTS			156,325
	DEPOSITS			15,000
	ESCROWS			9,112
			* '	·
	 .			
	·····		*	
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 15)		•	180,437
Part X	Other Liabilities. See Form 990, Part X, line 2	25		
 1	(a) Description of liability	(b) Amount		
Federal incom		(4,7 11112 1111		
	L TAXES	2,246		
1111102		2,240		
		 		
		 		
 		 		
	·····			
•		<u> </u>		
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 25)	2,246		
2. FIN 48 Fo	otnote. In Part XIV, provide the text of the footnote to the orga	inization's financial statemer	nts that reports the	

organization's liability for uncertain tax positions under FIN 48

	dulè D (Form 990) 2009 REFORMED CHURCH OF HIGHLAND				Page 4
	Reconciliation of Change in Net Assets from Form 990 to	O Audi	ited Financial Stater	nents	· <u>·</u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6 7	Investment expenses Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19		10	
	art XII Reconciliation of Revenue per Audited Financial Statem		Vith Revenue per Re		
1	Total revenue, gains, and other support per audited financial statements		The state of the s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				· · · · · · · · · · · · · · · · · · ·
		2a			
b		2b		1	
С	Recoveries of prior year grants	2c		1	
	Other (Describe in Part XIV)	2d			
	Add lines 2a through 2d		<u>*</u>	2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ſ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stater	nents	With Expenses per	Retur	'n
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	_2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1	,		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	- [
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIV)	4b		↓	
	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5_	
	rt XIV Supplemental Information				<u></u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,				
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	lines 2d	and 4b Also complete		
his p	part to provide any additional information				
			. – – – – –		
		- – –	. – – – – –		
_			- 		
					

Schedulè D (F	orm 990) 2009	9 REFORMED	CHURCH O	F HIGHLA	ND PARK	20-5012410	Page 5
Part XIV	Supplem	REFORMED ental Information	n (continued)			_	
•							
- 							
							

SCHEDULE L (Form 990 or 990-EZ) **Transactions With Interested Persons**

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

REFORMED CHURCH OF HIGHLAND PARK

Employer identification number

	AFFORDABLE HOUSI	NG C	<u>:ORP</u>	•			<u> </u> 20-	501	.24	10			
Part I	Excess Benefit Transactions (sect												
	Complete if the organization answered "Yes	on Fo	rm 990,	Part IV, I	ine 25a or 25b,	or Form 990-EZ,	Part V, I	ıne 40	ib				
1	(a) Name of disqualified person				(b) Description of transaction							(c) Corrected?	
<u> </u>	(a) manie or disqualities person					(b) Description of a	ansacaon				Yes	, <u>P</u>	No.
												\perp	
					· · ·						ļ		
													
	e amount of tax imposed on the organization nection 4958	nanage	rs or dis	squalified	persons during	the year		> \$					
	e amount of tax, if any, on line 2, above, reimb	ursed b	ov the o	rnanizatio	n			▶ \$		-			
Part II	Loans to and/or From Interested			rgamzatio	···								
ratiti	Complete if the organization answered "Yes			Part IV	ine 26 or Form	990-F7 Part V	lina 38a						
(a) Name of interested person and purpose		1 ' '	oan to		Onginal pal amount	(d) Balance due		(e) In default? ((f) Approved by board or		(g) Written agreement?	
			organization?		ar arrivant					committee?		, -	
		To From						Yes No		Yes No		o Yes No	
SETH KA	PER DALE				-								
TEMPORA	RY WORKING CAPITAL	X			10,000	10	,000		x	X			X
							-						
_			\sqcup										
			\vdash					\vdash			<u> </u>		-
								\vdash	-				
Total					▶ \$	10	,000					ر	
Part III	Grants or Assistance Benefitting	Intere	ested	Person									
	Complete if the organization answered "Yes"	on Fo	rm 990,	Part IV, I	ine 27								
	(a) Name of interested person			(b) Re	elationship betwee	en interested person	and the	(c) A	moun	t and t	ype of	assista	ance
					orga	anization							
								<u> </u>					
								<u> </u>					
								├─					
				+				├─					
	·							\vdash					
Part IV	Business Transactions Involving	Inter	ested	Person	<u> </u>			Щ.					
	Complete if the organization answered "Yes"					r 28c.							
	(a) Name of interested person			ship betwee			(d) Dagge					(e) S	hanng
	(a) Name of interested person			erson and th	1 ' '	nount of saction	(d) Descr	ipuon c	n trans	saction	'	of	org nues?
			organı									Yes	

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

REFORMED CHURCH OF HIGHLAND PARK AFFORDABLE HOUSING CORP.

Employer Identification number 20-5012410

Form 990, Part III, Line 4d - All Other Achievements

Provision of affordable housing to qualified individuals

aging out of the state foster care system.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

2009

tachment

Name(s) shown on return

REFORMED CHURCH OF HIGHLAND PARK
AFFORDABLE HOUSING CORP.

Identifying number 20-5012410

Business or activity to which this form relates RESIDENTIAL APARTMENT BLDG. **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 800,000 3 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 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 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 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 2010 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 Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Part II 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) $54,87\overline{4}$ MACRS deductions for assets placed in service in tax years beginning before 2009 17 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 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method placed in (g) Depreciation deduction period service only-see instructions) 19a 3-year property ь 5-year property 7-year property 10-year property d 15-year property 20-year property S/L 25-year property 25 yrs Residential rental 27 5 yrs MM S/L property 27 5 yrs MM S/L Nonresidential real MM S/L 39 yrs property MM S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs S/L 40-year 40 yrs S/L MM Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 21

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 instructions

For assets shown above and placed in service during the current year, enter the

54,874

22

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return

2009

ttachment 6

Name(s) shown on return

REFORMED CHURCH OF HIGHLAND PARK
AFFORDABLE HOUSING CORP.

Identifying number 20-5012410

Business or activity to which this form relates 2ND. HOUSE - 11 S. 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. 250,000 1 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 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 (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 10,525 17 MACRS deductions for assets placed in service in tax years beginning before 2009 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 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (business/investment use (e) Convention (f) Method (a) Classification of property (a) Depreciation deduction placed in period only-see instructions) 19a 3-year property b 5-year property 7-year property C d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs Residential rental 27 5 yrs MM S/L property 27 5 yrs MM S/L MM S/L Nonresidential real 39 yrs property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L b 12-year S/L 40-year 40 yrs MM Part IV **Summary** (See instructions.) 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 10,525 22 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Forms'		990-PF
VVV	•	555 1 1

Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons For calendar year 2009, or tax year beginning and ending

2009

10,000

Totals

				Employer Identification Number 20-5012410				
_F	orm 990, Part X	K, Line 22 -	- Additional	Information				
	Nam	ne of lender			Title			
(1)	SETH KAPER DAI			PRESIDENT	THIC			
(2)								
(3)								
<u>(4)</u>								
<u>(5)</u>						 		
<u>(6)</u>								
(7)								
(8) (9)								
(10)								
	Original amount borrowed	Date of loan	Maturity date	Repayment to	erms	Interest rate		
<u>(1)</u>	10,000	09/11/09	02/09/10	Due 2/9/10	<u> </u>	0.000		
(2)	•							
(3)								
<u>(4)</u>								
<u>(5)</u>								
<u>(6)</u>								
<u>(7)</u>			-					
<u>(8)</u>								
(9) (10)	····· · · · · · · · · · · · · · · · ·							
(10)		1	1					
				T				
		rovided by borrower			Purpose of loan			
(1)	NONE			TEMPORARY WORK	ING CAPITAL			
<u>(2)</u>								
(3)								
<u>(4)</u>								
<u>(5)</u>								
(6) (7)						<u> </u>		
(8)								
(9)								
(10)								
	Consideration	furnished by lender		Balance due at beginning of year	Balar end	nce due at d of year		
<u>(1)</u>						10,000		
<u>(2)</u>		 -		<u> </u>				
(3)		.		 				
<u>(4)</u>		<u>-</u> .	· · · · · · · · · · · · · · · · · · ·			<u></u>		
(5) (6)								
(7)			·					
(8)	······································							
(9)								
(10)								