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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AHEPA 310 INC (PHASE II)

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3656 GOVERNMENT BLVD

City or town, state or country, and ZIP + 4
MOBILE, AL 36693

D Employer identification number
63-0955243

E Telephone number
(251)661-2020

G Gross receipts $ 344,158

F Name and address of principal officer
NICKOLAS M STRATAS
3656 GOVERNMENT BOULEVARD
MOBILE,AL 36693

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 ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ AHEPAHOUSING ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1988

M State of legal domicile AL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
HOUSING FOR LOW INCOME ELDERLY PERSONS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	16
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	320,250	342,922
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	425	372
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	864
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	320,675	344,158
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	65,263	63,831
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	230,057	232,361
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	295,320	296,192
	19 Revenue less expenses Subtract line 18 from line 12	25,355	47,966

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	773,097	794,136
	21 Total liabilities (Part X, line 26)	775,587	748,660
	22 Net assets or fund balances Subtract line 21 from line 20	-2,490	45,476

Part II Signature Block

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

Sign Here

****** | 2012-11-09
Signature of officer | Date

NICKOLAS M STRATAS PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ KERRY L WEATHERFORD | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00276230

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SMITH DUKES & BUCKALEW LLP
3800 AIRPORT BLVD
MOBILE, AL 366081667

EIN ▶ 63-0191630

Phone no ▶ (251) 343-1200

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

THE MISSION OF AHEPA 310, INC (PHASE II) IS TO PROVIDE AFFORDABLE HOUSING FOR LOW-INCOME ELDERLY AND DISABLED PERSONS, AND TO INSURE THAT THEY RECEIVE THE SERVICES DESIGNED TO MEET THEIR PHYSICAL AND SOCIAL NEEDS

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 296,192 including grants of $) (Revenue $ 343,786)

GOVERNMENT SUBSIDIZED HOUSING FOR THE LOW INCOME ELDERLY - 32 UNITS AVAILABLE

4b (Code) (Expenses $ including grants of $) (Revenue $)

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** ▶ $ 296,192

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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? *If "Yes," complete Schedule L, Part II*	**26**		No
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? *If "Yes," complete Schedule L, Part III*	**27**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**		
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 or securities account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**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.**				
a	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				
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				
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?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, 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		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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		No
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, 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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

AHEPA MANAGEMENT COMPANY
10706 SKY PRAIRIE STREET
FISHERS,IN 46038
(317)845-3410

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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 all of the organization's **current** key employees, if any 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, or 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) NICKOLAS M STRATAS PRESIDENT	50	X		X				0	0	0
(2) JIM LIGNOS V PRESIDENT	30	X		X				0	0	0
(3) NICK PALLES SECRETARY	30	X		X				0	0	0
(4) CHRIST COUMANIS DIRECTOR	10	X						0	0	0
(5) MAKIS FOROPOLOS DIRECTOR	10	X						0	0	0
(6) BOBBY FOROPOULOS DIRECTOR	10	X						0	0	0
(7) JOHN MORALIS DIRECTOR	10	X						0	0	0
(8) BERNARD QUINN DIRECTOR	10	X						0	0	0
(9) LOUIS LADAS TREASURER	30	X		X				0	0	0
(10) TOMMY LUTHER DIRECTOR	10	X						0	0	0
(11) NICK TSOUNIS DIRECTOR	10	X						0	0	0
(12) JIM PAFUDAKIS DIRECTOR	10	X						0	0	0
(13) JOHN PAPASTEFAN DIRECTOR	10	X						0	0	0
(14) TED PISTIOS DIRECTOR	10	X						0	0	0
(15) DALE GREENSTEIN DIRECTOR	10	X						0	0	0
(16) PAUL PLATIS DIRECTOR	10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

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	1a	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		Business Code				
	2a	RENTAL INCOME 531110	342,922	342,922		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	342,922			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	372			372
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	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 . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	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				
	11a	MISCELLANEOUS 531390	864	864		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	864			
	12	**Total revenue.** See Instructions . . . ▶	344,158	343,786	0	372

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	42,788	42,788		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	17,127	17,127		
10	Payroll taxes	3,916	3,916		
11	Fees for services (non-employees)				
a	Management	21,474	21,474		
b	Legal				
c	Accounting	6,559	6,559		
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,917	1,917		
13	Office expenses	3,513	3,513		
14	Information technology				
15	Royalties				
16	Occupancy	64,223	64,223		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,990	2,990		
20	Interest	66,081	66,081		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,560	27,560		
23	Insurance	20,021	20,021		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUPPORTIVE SERVICE EXPE	15,151	15,151		
b	MISC ADMIN EXPENSES	1,899	1,899		
c	MISC TAXES, LICENSESM	862	862		
d	OTHER RENTING EXPENSES	111	111		
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	296,192	296,192	0	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		13,393	1	29,341
	2	Savings and temporary cash investments		201,111	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	6,493
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		12,766	9	12,711
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,173,020			
	b	Less accumulated depreciation	10b 654,753	545,827	10c	518,267
	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		0	15	227,324
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		773,097	16	794,136
Liabilities	17	Accounts payable and accrued expenses		18,131	17	24,816
	18	Grants payable			18	
	19	Deferred revenue		23	19	3,164
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial 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		749,777	23	720,680
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		7,656	25	0
	26	**Total liabilities.** Add lines 17 through 25		775,587	26	748,660
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		-2,490	27	45,476
	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		-2,490	33	45,476
	34	Total liabilities and net assets/fund balances		773,097	34	794,136

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	344,158
2	Total expenses (must equal Part IX, column (A), line 25)	2	296,192
3	Revenue less expenses Subtract line 2 from line 1	3	47,966
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	-2,490
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	45,476

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ 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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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	Yes	
b	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	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
AHEPA 310 INC (PHASE II)

Employer identification number
63-0955243

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 **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).**

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 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

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?

	Yes	No
(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 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)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	302,037	302,087	309,070	320,250	342,922	1,576,366
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	302,037	302,087	309,070	320,250	342,922	1,576,366
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						1,576,366

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	302,037	302,087	309,070	320,250	342,922	1,576,366
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,225	1,431	854	425	372	6,307
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,225	1,431	854	425	372	6,307
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)					864	864
13 **Total support** (Add lines 9, 10c, 11 and 12)	305,262	303,518	309,924	320,675	344,158	1,583,537

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99 550 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	99 410 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	0 400 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	0 590 %

19a **33 1/3% support tests—2011.** 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—2010.** 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 ☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME MISCELLANEOUS REVENUE

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AHEPA 310 INC (PHASE II)

Employer identification number
63-0955243

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 for any other purpose conferring 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 importantly land area
☐ Protection of natural habitat
☐ Preservation of a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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 Escrow and Custodial Arrangements. Complete if the 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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 the 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

		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 Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		118,709		118,709
b Buildings		925,518	547,347	378,171
c Leasehold improvements				
d Equipment		128,793	107,406	21,387
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				518,267

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ESCROW DEPOSITS	11,388
(2) REPLACEMENT RESERVE	202,339
(3) RESIDUAL RECEIPTS RESERVE	3,612
(4) TENANT DEPOSITS HELD IN TRUST	9,985
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	227,324

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	344,158
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	296,192
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	47,966
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	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	47,966

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	344,158
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			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	344,158
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	344,158

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

1	Total expenses and losses per audited financial statements			1	296,192
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	296,192
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	296,192

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493317024642

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AHEPA 310 INC (PHASE II)

Employer identification number
63-0955243

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	DIRECTORS MAKIS FOROPOULOS AND BOBBY FOROPOULOS ARE SIBLINGS
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S PRESIDENT WHO REVIEWS AND SIGNS THE RETURN
	FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST WHEN A REQUEST IS MADE, THE ORGANIZATION MAKES HARD COPIES OR EMAILS THE REQUESTED INFORMATION
	FORM 990, PART XII, LINE 2C	THE PROCESSES DID NOT CHANGE FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317024642

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AHEPA 310 INC (PHASE II)

Employer identification number
63-0955243

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) AHEPA 63 APARTMENTS LTD 485 SOUTH AVENUE TALLMADGE, OH 44278 27-3561603	AFFORDABLE LOW-INCOME HOUSING	OH						No		Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

		Yes	No
1	During the tax year, did the orgranization 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	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Sale of assets to related organization(s)	1f	No
g	Purchase of assets from related organization(s)	1g	No
h	Exchange of assets with related organization(s)	1h	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	No
n	Sharing of paid employees with related organization(s)	1n	Yes
o	Reimbursement paid to related organization(s) for expenses	1o	No
p	Reimbursement paid by related organization(s) for expenses	1p	Yes
q	Other transfer of cash or property to related organization(s)	1q	No
r	Other transfer of cash or property from related organization(s)	1r	No

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
SHARING OF PAID EMPLOYEES	FORM 990, SCHEDULE R, PART V, LINE 1N	AHEPA AFFORDABLE MANAGEMENT COMPANY, INC IS THE MANAGEMENT COMPANY AND EMPLOYS THE INDIVIDUALS WHO WORK AT THE PROJECT THE PROJECT REIMBURSES THE MANAGEMENT COMPANY FOR THE EMPLOYEE'S SALARIES AND OTHER COSTS ASSOCIATED WITH THEIR EMPLOYMENT

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 63-0955243
Name: AHEPA 310 INC (PHASE II)

Form 990, Schedule R, Part II - 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 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
AHEPA ONE INC 2025 LUDOVIE LANE DECATUR, GA 30033 58-2170955	AFFORDABLE LOW-INCOME HOUSING	GA	501(C)(3)	LINE 9			No
AHEPA-PENELOPE DISTRICT ONE APARTMENTS OF HOOVER INC 3308 OAKHILL DRIVE HOOVER, AL 35216 06-1783644	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 3 INC 3320 OLD COLUMIANA RD HOOVER, AL 35226 72-1397412	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 18 INC 4370 COMMUNITY DRIVE W PALM BEACH, FL 33409 65-0444455	AFFORDABLE LOW-INCOME HOUSING	FL	501(C)(3)	LINE 9			No
AHEPA 23 INC 1720 E WASHINGTON AVE MONTGOMERY, AL 36107 63-0877902	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 23 II INC 285 SYLVEST DRIVE MONTGOMERY, AL 36117 63-1140959	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 23 III INC 1728 E WASHINGTON AVE MONTGOMERY, AL 36107 63-1262817	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 29 INC 13830 CANYON HILL HOUSTON, TX 77083 76-0402131	AFFORDABLE LOW-INCOME HOUSING	TX	501(C)(3)	LINE 9			No
AHEPA 29 PHASE II INC 13830 CANYON HILL HOUSTON, TX 77083 76-0492575	AFFORDABLE LOW-INCOME HOUSING	TX	501(C)(3)	LINE 9			No
AHEPA 29 PHASE III INC 13830 CANYON HILL HOUSTON, TX 77083 76-0580172	AFFORDABLE LOW-INCOME HOUSING	TX	501(C)(3)	LINE 9			No
AHEPA 29 PHASE IV INC 8401 RUSTLING LEAVES DR HOUSTON, TX 77083 20-2099590	AFFORDABLE LOW-INCOME HOUSING	TX	501(C)(3)	LINE 9			No
AHEPA 35 INC 681 W HOLLIS ROAD NASHUA, NH 03062 20-4271422	AFFORDABLE LOW-INCOME HOUSING	NH	501(C)(3)	LINE 9			No
AHEPA-PENELOPE 35 INC 10601 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431 36-4304808	AFFORDABLE LOW-INCOME HOUSING	MN	501(C)(3)	LINE 9			No
AHEPA-PENELOPE 35 II INC 10619 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431 26-1587755	AFFORDABLE LOW-INCOME HOUSING	MN	501(C)(3)	LINE 9			No
AHEPA 37 INC 100 AHEPA CIRCLE SYRACUSE, NY 13215 22-2989708	AFFORDABLE LOW-INCOME HOUSING	NY	501(C)(3)	LINE 9			No
AHEPA-PENELOPE 38 APARTMENTS INC 717 NE 5TH STREET ANKENY, IA 50021 42-1417593	AFFORDABLE LOW-INCOME HOUSING	IA	501(C)(3)	LINE 9			No
AHEPA 39 INC 40 BUTTONWOODS AVENUE HAVERHILL, MA 01830 22-3210357	AFFORDABLE LOW-INCOME HOUSING	MA	501(C)(3)	LINE 9			No
AHEPA 53 INC 3601 LEMAY FERRY ROAD ST LOUIS, MO 63125 43-1224060	AFFORDABLE LOW-INCOME HOUSING	MO	501(C)(3)	LINE 9			No
AHEPA 53 II INC 3607 LEMAY FERRY ROAD ST LOUIS, MO 63125 43-1455622	AFFORDABLE LOW-INCOME HOUSING	MO	501(C)(3)	LINE 9			No
AHEPA 53 III INC 1762 LEMAY FERRY ROAD ST LOUIS, MO 63125 26-1531552	AFFORDABLE LOW-INCOME HOUSING	MO	501(C)(3)	LINE 9			No

Form 990, Schedule R, Part II - 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 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
AHEPA 53 IV INC 11120 TESSEN FERRY ROAD ST LOUIS, MO 63123 27-3127414	AFFORDABLE LOW-INCOME HOUSING	MO	501(C)(3)	LINE 9			No
AHEPA DOP 54 INC 8111 CREEKBEND DRIVE HOUSTON, TX 77071 20-4874218	AFFORDABLE LOW-INCOME HOUSING	TX	501(C)(3)	LINE 9			No
AHEPA DOP 54 PHASE II INC 8111 CREEKBEND DRIVE HOUSTON, TX 77071 27-3543590	AFFORDABLE LOW-INCOME HOUSING	TX	501(C)(3)	LINE 9			No
AHEPA 58 INC 1532/1534 BERLIN TURNPIKE WETHERSFIELD, CT 06109 06-1084245	AFFORDABLE LOW-INCOME HOUSING	CT	501(C)(3)	LINE 9			No
AHEPA 59 INC 2607 MARKET AVE NORTH CANTON, OH 44714 34-1964795	AFFORDABLE LOW-INCOME HOUSING	OH	501(C)(3)	LINE 9			No
AHEPA 60 INC 1810 S ALBERT STREET ALLENTOWN, PA 18103 23-3087877	AFFORDABLE LOW-INCOME HOUSING	PA	501(C)(3)	LINE 9			No
AHEPA DOP 60 INC 810 S MERRIFIELD MISHAWAKA, IN 46544 27-3219515	AFFORDABLE LOW-INCOME HOUSING	IN	501(C)(3)	LINE 9			No
AHEPA 63 INC 3142 RIDGEWOOD RD FAIRLAWN, OH 44333 26-1866424	AFFORDABLE LOW-INCOME HOUSING	OH	501(C)(3)	LINE 9			No
AHEPA 67 INC 100 AHEPA CIRCLE WEBSTER, NY 14580 22-3112741	AFFORDABLE LOW-INCOME HOUSING	NY	501(C)(3)	LINE 9			No
AHEPA BUFFALO HOUSING DEVELOPMENT INC (AHEPA 67 II) 100 AHEPA CIRCLE CHEEKTOWAGA, NY 14227 16-1565446	AFFORDABLE LOW-INCOME HOUSING	NY	501(C)(3)	LINE 9			No
AHEPA 78 INC 2078 W 79TH PLACE MERRILLVILLE, IN 46410 35-1634086	AFFORDABLE LOW-INCOME HOUSING	IN	501(C)(3)	LINE 9			No
AHEPA 78 PHASE II INC 2080 W 79TH PLACE MERRILLVILLE, IN 46410 35-1916082	AFFORDABLE LOW-INCOME HOUSING	IN	501(C)(3)	LINE 9			No
AHEPA 78 PHASE III INC 2022 W 79TH PLACE MERRILLVILLE, IN 46410 35-1978023	AFFORDABLE LOW-INCOME HOUSING	IN	501(C)(3)	LINE 9			No
AHEPA 78 PHASE IV INC 1950 W 79TH PLACE MERRILLVILLE, IN 46410 35-2104146	AFFORDABLE LOW-INCOME HOUSING	IN	501(C)(3)	LINE 9			No
AHEPA 78 PHASE V INC 1852 W 79TH PLACE MERRILLVILLE, IN 46410 73-1694582	AFFORDABLE LOW-INCOME HOUSING	IN	501(C)(3)	LINE 9			No
AHEPA 78 PHASE VI INC 8050 MADISON STREET MERRILLVILLE, IN 46410 32-0192583	AFFORDABLE LOW-INCOME HOUSING	IN	501(C)(3)	LINE 9			No
AHEPA 89 INC 44 BOARDMAN AVENUE BOARDMAN, OH 44512 34-1467775	AFFORDABLE LOW-INCOME HOUSING	OH	501(C)(3)	LINE 9			No
AHEPA 100 INC 53871 GENERATION DRIVE SOUTH BEND, IN 46635 35-2157104	AFFORDABLE LOW-INCOME HOUSING	IN	501(C)(3)	LINE 9			No
AHEPA 110 INC 110 PUKALLUS AVENUE NORWICH, CT 06360 06-1160495	AFFORDABLE LOW-INCOME HOUSING	CT	501(C)(3)	LINE 9			No
AHEPA 110 II INC 380 HAMILTON AVENUE NORWICH, CT 06360 22-3433990	AFFORDABLE LOW-INCOME HOUSING	CT	501(C)(3)	LINE 9			No

Form 990, Schedule R, Part II - 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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
AHEPA 110 III INC 370 HAMILTON AVENUE NORWICH, CT 06360 75-3030804	AFFORDABLE LOW-INCOME HOUSING	CT	501(C)(3)	LINE 9			No
AHEPA 113 INC 2300 COUNTY LINE ROAD BEAVERCREEK, OH 45430 31-1539595	AFFORDABLE LOW-INCOME HOUSING	OH	501(C)(3)	LINE 9			No
AHEPA 118 INC 1865 W ALEXIS ROAD TOLEDO, OH 43613 30-0054200	AFFORDABLE LOW-INCOME HOUSING	OH	501(C)(3)	LINE 9			No
AHEPA-PENELOPE 120 INC 98 CENTRAL STREET PEABODY, MA 01960 04-3401165	AFFORDABLE LOW-INCOME HOUSING	MA	501(C)(3)	LINE 9			No
AHEPA 127 INC 14 EASLEY DRIVE MILFORD, OH 45150 31-1760703	AFFORDABLE LOW-INCOME HOUSING	OH	501(C)(3)	LINE 9			No
AHEPA 127 II INC 7825 AFFINITY PLACE CINCINNATI, OH 45231 30-0141823	AFFORDABLE LOW-INCOME HOUSING	OH	501(C)(3)	LINE 9			No
AHEPA 133 PENELOPE 55 INC 1200 ROBERT E LEE BLVD NEW ORLEANS, LA 70122 39-2068442	AFFORDABLE LOW-INCOME HOUSING	LA	501(C)(3)	LINE 9			No
AHEPA 156 INC 156 AHEPA DRIVE CANONSBURG, PA 15317 25-1856119	AFFORDABLE LOW-INCOME HOUSING	PA	501(C)(3)	LINE 9			No
AHEPA 192 INC 6190 NW 59TH COURT JOHNSTON, IA 50131 42-1329782	AFFORDABLE LOW-INCOME HOUSING	IA	501(C)(3)	LINE 9			No
AHEPA 192 II INC 202 SE 30TH STREET ANKENY, IA 50021 42-1487324	AFFORDABLE LOW-INCOME HOUSING	IA	501(C)(3)	LINE 9			No
AHEPA 192 III INC 112 SE 30TH STREET ANKENY, IA 50021 27-0084978	AFFORDABLE LOW-INCOME HOUSING	IA	501(C)(3)	LINE 9			No
AHEPA 232 INC 7355 SHADELAND STATION WAY INDIANAPOLIS, IN 46256 35-1552643	AFFORDABLE LOW-INCOME HOUSING	IN	501(C)(3)	LINE 9			No
AHEPA 232 PHASE II INC 7355 SHADELAND STATION WAY INDIANAPOLIS, IN 46256 35-1635762	AFFORDABLE LOW-INCOME HOUSING	IN	501(C)(3)	LINE 9			No
AHEPA 232 III INC 5685 EDEN VILLAGE DRIVE INDIANAPOLIS, IN 46254 33-1039034	AFFORDABLE LOW-INCOME HOUSING	IN	501(C)(3)	LINE 9			No
AHEPA 242 INC 407 WOODS LAKE DRIVE GREENVILLE, SC 29607 20-3265536	AFFORDABLE LOW-INCOME HOUSING	SC	501(C)(3)	LINE 9			No
AHEPA 245 INC 87 GIRARD AVENUE NEWPORT, RI 02840 22-2778822	AFFORDABLE LOW-INCOME HOUSING	RI	501(C)(3)	LINE 9			No
AHEPA 245 II INC 87 GIRARD AVENUE NEWPORT, RI 02840 22-3348871	AFFORDABLE LOW-INCOME HOUSING	RI	501(C)(3)	LINE 9			No
AHEPA 250 INC 267 ROXBURY ROAD NIANTIC, CT 06357 22-2855925	AFFORDABLE LOW-INCOME HOUSING	CT	501(C)(3)	LINE 9			No
AHEPA 250 II INC 95 CLARK LANE WATERFORD, CT 06385 22-3265024	AFFORDABLE LOW-INCOME HOUSING	CT	501(C)(3)	LINE 9			No
AHEPA 250 III INC 251 DROZDYK DRIVE GROTON, CT 06340 06-1422444	AFFORDABLE LOW-INCOME HOUSING	CT	501(C)(3)	LINE 9			No

Form 990, Schedule R, Part II - 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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
AHEPA 250 IV INC 265 ROXBURY ROAD NIANTIC, CT 06357 20-4556679	AFFORDABLE LOW-INCOME HOUSING	CT	501(C)(3)	LINE 9			No
AHEPA 250 V INC 269 ROXBURY ROAD NIANTIC, CT 06357 26-4231174	AFFORDABLE LOW-INCOME HOUSING	CT	501(C)(3)	LINE 9			No
AHEPA 284 INC 451 PELHAM DRIVE COLUMBIA, SC 29209 56-2031674	AFFORDABLE LOW-INCOME HOUSING	SC	501(C)(3)	LINE 9			No
AHEPA 284 II INC 130 JIMMY LOVE LANE COLUMBIA, SC 29212 56-2133469	AFFORDABLE LOW-INCOME HOUSING	SC	501(C)(3)	LINE 9			No
AHEPA 284 III INC 120 JIMMY LOVE LANE COLUMBIA, SC 29212 14-1993928	AFFORDABLE LOW-INCOME HOUSING	SC	501(C)(3)	LINE 9			No
AHEPA 284 IV INC 441 PELHAM DRIVE COLUMBIA, SC 29209 35-2317285	AFFORDABLE LOW-INCOME HOUSING	SC	501(C)(3)	LINE 9			No
AHEPA 296 INC 3835 CREIGHTON ROAD PENSACOLA, FL 32504 75-3149099	AFFORDABLE LOW-INCOME HOUSING	FL	501(C)(3)	LINE 9			No
AHEPA 302 INC 377 E GILBERT STREET SAN BERNARDINO, CA 92404 56-2523021	AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9			No
AHEPA OF MOBILE INC (AHEPA 310) 2550 HILLCREST ROAD MOBILE, AL 36695 63-0859667	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 310 INC (AHEPA 310 II) 2550 HILLCREST ROAD MERRILLVILLE, AL 36695 63-0955243	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 310 III INC 20765 BISHOP ROAD FAIRHOPE, AL 36532 57-0886811	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 310 IV INC 100 AHEPA WAY SARALAND, AL 36571 63-1039178	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 310 V INC 100 AHEPA LANE MOBILE, AL 36609 63-1080112	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 310 VI INC 5223 COTTAGE HILL MOBILE, AL 36609 91-1955630	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 310 VII INC 6430 COTTAGE HILL ROAD MOBILE, AL 36695 63-1194202	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 310 VIII INC 12680 PADGETT SWITCH ROAD IRVINGTON, AL 36544 63-1262819	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 310 IX INC 7560 OLYMPIC LANE THEODORE, AL 36582 43-1962855	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 310 X INC 9180 HELLENIC WAY SEMMES, AL 36575 36-4528066	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 310 XI INC 7560 A OLYMPIC LANE THEODORE, AL 36582 90-0343256	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 310 XII INC 1439 POLLARD ROAD DAPHNE, AL 36526 80-0360315	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

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AHEPA 310 OF CITRONELLE INC 8435 W STATE STREET CITRONELLE, AL 36522 35-2390578	AFFORDABLE LOW-INCOME HOUSING	AL	501(C)(3)	LINE 9			No
AHEPA 343 INC 121 MASON CIRCLE LAVERGNE, TN 37086 04-3708201	AFFORDABLE LOW-INCOME HOUSING	TN	501(C)(3)	LINE 9			No
AHEPA 371 INC 26700 CROCKER BLVD HARRISON TWP, MI 48045 38-2742386	AFFORDABLE LOW-INCOME HOUSING	MI	501(C)(3)	LINE 9			No
AHEPA 371 II INC 26800 CROCKER BLVD HARRISON TWP, MI 48045 38-3554484	AFFORDABLE LOW-INCOME HOUSING	MI	501(C)(3)	LINE 9			No
AHEPA 408 INC 109 N KERR AVENUE WILMINGTON, NC 28405 56-1961732	AFFORDABLE LOW-INCOME HOUSING	NC	501(C)(3)	LINE 9			No
AHEPA 410 INC 575 WILLIAMSON BLVD DAYTONA BEACH, FL 32114 59-3699587	AFFORDABLE LOW-INCOME HOUSING	FL	501(C)(3)	LINE 9			No
AHEPA 421 INC 350 NE 141ST STREET NORTH MIAMI, FL 33161 59-2842462	AFFORDABLE LOW-INCOME HOUSING	FL	501(C)(3)	LINE 9			No
AHEPA 489 APARTMENTS INC 6625 ROWAN ROAD NEW PORT RICHEY, FL 34652 59-3760329	AFFORDABLE LOW-INCOME HOUSING	FL	501(C)(3)	LINE 9			No
AHEPA 501 INC 6700 LOS VOLCANES ROAD NW ALBUQUERQUE, NM 87121 85-0439854	AFFORDABLE LOW-INCOME HOUSING	NM	501(C)(3)	LINE 9			No
AHEPA 501 II INC 6700 LOS VOLCANES ROAD NW ALBUQUERQUE, NM 87121 85-0458871	AFFORDABLE LOW-INCOME HOUSING	NM	501(C)(3)	LINE 9			No
AHEPA 501 III INC 6620 BLUEWATER ROAD NW ALBUQUERQUE, NM 87121 30-0241540	AFFORDABLE LOW-INCOME HOUSING	NM	501(C)(3)	LINE 9			No
AHEPA NATIONAL HOUSING CORPORATION 10706 SKY PRAIRIE ST FISHERS, IN 46038 52-1295844	SPONSORING AND GRANTING VARIOUS HUD DEVELOPMENTS FOR ELDERLY/HANDICAPPED	IN	501(C)(3)	LINE 9			No
AHEPA AFFORDABLE HOUSING MANAGEMENT COMPANY INC 10706 SKY PRAIRIE ST FISHERS, IN 46038 35-1867058	MANAGEMENT & OPERATION OF AFFORDABLE HOUSING	IN	501(C)(3)	LINE 9			No

Additional Data

Software ID:
Software Version:
EIN: 63-0955243
Name: AHEPA 310 INC (PHASE II)

Form 990, Special Condition Description:

Special Condition Description