

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



0

9

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 Open to Public

A For the 2012 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Colorado Affordable Catholic Housing Address change Corporation Name change 84-1183023 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Termin 4045 Pecos Street 303-830-0215 Amender City, town, or post office, state, and ZIP code 3,344,573. G Gross receipts \$ Applica-Denver, CO 80211 H(a) Is this a group return pendina F Name and address of principal officer Josh Russell for affiliates? Yes X No same as C above H(b) Are all affiliates included? Tax-exempt status: X 501(c)(3) ___ 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions) J Website: ▶ www.archdiocesanhousing.org H(c) Group exemption number ▶ K Form of organization; X Corporation Trust Association Other > Year of formation: 1991 M State of legal domicile: CO Part I | Summary Briefly describe the organization's mission or most significant activities: Financing. acquisition and Activities & Governance building of affordable housing. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 4 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 0. 0. Revenue 729,682. 703,979. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) <6,607. 339,569. 10 2,301,025. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) n 11 723,075 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,344,573. 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 14 0. 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) Ο. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) <u>553,707.</u> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e 486,690 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), IIAE 65 EIVED <u>486,690</u>. <u>553,</u>707. 236,385. 2,790,866. Revenue less expenses Subtract line 18 from line 12 Net Assets or Und Balances C Beginning of Current Year End of Year APR 2 2 2013 SCANNED 16,383,883 20 Total assets (Part X, line 16) 22,105,636. 7,406,946 Total liabilities (Part X, line 26) ,431 OGDEN, UT Net assets or fund balances Subtract line 21 from line 20 8.976.937 674,395 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 MAY true, correct, and complete. Declaration of preparer (other than pricer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Josh Russell, Executive Director Type or print name and title Here Date PTIN Print/Type preparer's name Preparer's signature 3-19-13 Paid STEVE CORDER self-employed P01363943 Corder Preparer Firm's name ▶ Kundinger, Firm's EIN Use Only Firm's address 475 Lincoln Street, Denver, CO 80203 Phone no. 303-534-5953 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2012) 84-1183023 Page 2 Corporation Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission Financing, acquisition and building of affordable housing. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported ____) (Expenses \$ _ 517,381. including grants of \$) (Revenue \$ __ Financing, acquisition and building of affordable housing: 55 units in Glenwood Springs, CO; 60 units in Silverthorne, CO; 61 units in Carbondale, CO; 61 units in Gypsum, CO; 100 units in Colorado Springs, CO; and 103 units in Denver, CO. (Code ______) (Expenses \$ ______ including grants of \$ _____) (Revenue \$ _____ _____ including grants of \$ 4d Other program services (Describe in Schedule O.) including grants of \$

517,381.

4e

Total program service expenses

Form 990 (2012) Corporation

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
3	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
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	X	
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			77
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	40-	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	<u> </u>	
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h	1	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		İ	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
••	1c and 8a? If "Yes," complete Schedule G, Part II			X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
χΩα	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	202		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
	155 to mic 254, and the digamization attach a copy of its addited infancial statements to this fetum?	20b		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
•	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a	X	<u> </u>
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			42
_	any tax-exempt bonds?	24c	ļ	X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		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 990-EZ? If "Yes," complete	OCL		x
ne.	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	25b		
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20_		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u> _
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			•
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	22	х	
	Note. All Form 990 filers are required to complete Schedule O	38 Form		(2012)
		. 0/111	~~~	ردن دد)

Form 990 (2012)

Corporation

84-1183023 Page 5

Par	t 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 t	the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	l d		1.22	
		the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	C	7		
		e organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ible gaming	1	1	
	(gamb	ling) winnings to prize winners?	•	5 5	1c	x	
2a	Enter t	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed fo	or the calendar year ending with or within the year covered by this return	2a	l c	ı	1	
b	If at le	ast one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	l	
	Note.	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the	e organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	if "Yes	s," 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	autho	rity over, a			
	financ	ial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes	s," enter the name of the foreign country					
	See in	structions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	nts	l		
5a	Was th	he organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did an	ly taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction)	5b		X
С	If "Yes	s," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does t	the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anızatıon solicit			
	any co	ontributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes	s," did the organization include with every solicitation an express statement that such contribut	ions c	r gifts			
	were r	not tax deductible?			6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).				1	
а	Did the	organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices į	provided to the payor?	7a		_X
b		s," did the organization notify the donor of the value of the goods or services provided?			7b	<u> </u>	
С		e organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
		Form 8282?	ı	1 -	7c	ļ	X
		s," indicate the number of Forms 8282 filed during the year	7d	0			l
е		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e	1	X
f		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			_7f	ļ <u>.</u> ,	X
g		organization received a contribution of qualified intellectual property, did the organization file Fi		•	7 <u>g</u>	N/	†
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h	N/	Α
8	-	oring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
_		zation, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8	 	
9	•	soring organizations maintaining donor advised funds.		NT / N			İ
		e organization make any taxable distributions under section 4966?		N/A N/A	9a	-	
		e organization make a distribution to a donor, donor advisor, or related person?		N/A	9b	 	-
10		on 501(c)(7) organizations. Enter: on fees and capital contributions included on Part VIII, line 12 N/A	100				l
		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b		1		
11		on 501(c)(12) organizations. Enter	IOD				
		Income from members or shareholders N/A	11a	[
		income from other sources (Do not net amounts due or paid to other sources against	114		1		
_		nts due or received from them)	11b				
12a		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		1
		s," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			<u> </u>	
13		on 501(c)(29) qualified nonprofit health insurance issuers.					
		organization licensed to issue qualified health plans in more than one state?		N/A	13a	Ι -	
		See the instructions for additional information the organization must report on Schedule O		•			
b		the amount of reserves the organization is required to maintain by the states in which the					
		zation is licensed to issue qualified health plans	13b]		
С	Enter	the amount of reserves on hand	13c			<u></u>	
14a	Did th	e organization receive any payments for indoor tanning services during the tax year?			14a		X
h	If "Vos	s " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedul	۵0		14h	1	ļ

Form 990 (2012) Corporation

84-1183023

Page 6

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
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	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		X
Sec	tion 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		X
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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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		_X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion 🕨	·	
	<u>Josh Russell - 303-830-0215</u>			
	4045 Pecos Street, Denver, CO 80211			

	COLULAGO ILLULAGNIC CAUMULLO MOGN	9	
Form 990 (2012)	Corporation	84-1183023	Page
Part VII Com	npensation of Officers, Directors, Trustees, Key Employees, I	lighest Compensated	
Emp	ployees, and Independent Contractors		
Check	k 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. 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, 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.

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)			ıs bot	han	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dennett Hutchinson	1.00									_
Chair	1 00	X		X				0.	0.	0 .
(2) William Kirven	1.00	,,		,,				0	•	•
Vice Chair	1 00	X		X		-		0.	0.	0 .
(3) Mark Job	1.00	х		x				0.	0.	•
Treasurer (4) Ellen O'Brien Kauffmann	1.00	^		^		 		U•		0 .
Secretary	1.00	x		x	İ	}		0.	0.	0 .
(5) Charlene Laus	1.00	1				 				
CFO-AHI		i		$ _{\mathbf{X}}$	ĺ			0.	121,097.	20,667
(6) Josh Russell	1.00									20,007
Executive Director-AHI		ĺ		x				0.	98,348.	21,628
										_
	-									
										-
		-								
			-			-				
		一	-	-						

Pa	T VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	<u>ees</u>	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B)		(C) Position					(D)	(E)		(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable	- 1	stimat	-
	•	week					ıs bot or/trus			compensation from related	a	mount other	
		(list any	cto					Π	the	organizations	cor	npensa	
		hours for	or director	يو ا			afed		organization	(W-2/1099-MISC)	1	from th	ie
		related organizations	ustee	truste		8	bens		(W-2/1099-MISC)			ganızat	
		below	Individual trustee	Institutional trustee	_	Key employee	st con	ا				nd relat janizati	
		line)	fndiv	Instit	Officer	Key	Highest compensated employee	Form					
			_			<u> </u>	_						
			ł			-							
				-	-	 	┼	┝					
		}	ł										
						<u> </u>	+				-		
			L.			<u> </u>	ļ						
						1							
						 	₩	<u> </u>					
											1		
		ļ	<u> </u>				Ļ				<u> </u>		
	Sub-total								0.	219,445		2,2	
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.	0 219,445		2,2	0.
	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	hove	e) wi	no r			•	2,2	95.
	compensation from the organization						٠,			,ooo oi iopoitablo			(
												Yes	No
3	Did the organization list any former officer,		ıste	e, ke	y er	nplo	yee	, or	highest compensated ei	mployee on		"	
	line 1a? If "Yes," complete Schedule J for s		_								3	<u> </u>	X
4	For any individual listed on line 1a, is the si			-					•	the organization			7,
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									dual for equippe	4		X
J	rendered to the organization? If "Yes," com					-		CIAL	ted organization or mulvi	dual for services	5		X
Sec	tion B. Independent Contractors			<u> </u>		,,,,,							
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of compe	nsation	from	
	the organization Report compensation for	the calendar y	ear (endı	ng v	vith	or w	ıthır	n the organization's tax	/ear.		_	
	(A) Name and business	address	37/	\	-				(B) Description of s	envices	Compe	C)	n
	Tame and business		M	INC	3			-		6141063	Compe		
			_										
								4					
								\dashv					
								ļ					
2	Total number of independent contractors (including but n	ot li	mıte	d to	tho	se lis	stec	d above) who received m	ore than			
	\$100,000 of compensation from the organi						0		· 				
											Form	990 (2012

Form 990 (2012)
Part VIII Corporation 84-1183023 Page 9 Statement of Revenue

	•	, Grieck ii Gerieddie O'com	tamo a response	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts	1 a	Federated campaigns	1a					
irar	b		1b		ĺ			
ş,e	c	: Fundraising events	1c		ĺ			
ar /	d	Related organizations	1d			·		
s, C	е							
ion	f	All other contributions, gifts, gran	nts, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo	1 1					
	g	Noncash contributions included in lines	s 1a-1f \$		1			
a S	h	Total. Add lines 1a-1f						
				Business Code				
e	2 a	Program related	d intere	531390	643,979.	643,979.		
e <u>č</u>	b			531390	60,000.	60,000.		
Program Service Revenue	c							-
eve	d	l				-		
ogu	е							
P	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			703,979.			
	3	Investment income (including	dıvıdends, ınter	est, and				
		other sımılar amounts)		•	25,042.			25,042.
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties						
			(ı) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	c	: Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	314,527.					
	b	Less cost or other basis						
		and sales expenses	0.					
	C	Gain or (loss)	314,527.			•		
	d	l Net gain or (loss)		> _	314,527.	•		314,527.
ě	8 a	Gross income from fundraising	ig events (not					
enne		including \$	of					
Other Rev		contributions reported on line	1c) See					
er		Part IV, line 18	а					
O.		Less direct expenses	b					
		: Net income or (loss) from fund	-	_				
	9 a	Gross income from gaming a	ctivities See					
	_	Part IV, line 19	a	•				
		Less direct expenses	b					
		Net income or (loss) from gan	-					
	10 a	Gross sales of inventory, less	returns	•				
		and allowances	a					
		Less cost of goods sold	b					
	<u>c</u>	Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code	1 1			0201005
		Gain on bond re	erinanci	900099	2,301,025.			2301025.
	b				-			
	C							
	d	All other revenue			201 005			
		Total. Add lines 11a-11d			2,301,025.	702 070		2646524
23200	<u>12</u> 9	Total revenue. See instructions.			3,344,573.	703,979.	0.	2640594.
12-10	12							Form 990 (2012)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp · Check if Schedule O contains a respon			mplete column (A)	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	3,600.		3,600.	
þ	Legal				
С	Accounting	15,296.		<u> 15,296.</u>	
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17				<u>.</u>
f	Investment management fees	17,424.		17,424.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				<u> </u>
14	Information technology				
15	Royalties	_			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	458,512.	458,512.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	58,869.	58,869.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Miscellaneous	6.		6.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	553,707.	517,381.	36,326.	0.
26	Joint costs. Complete this line only if the organization		•		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here (f following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X Balance Sheet

Part X B	alance Sheet			
С	heck if Schedule O contains a response to any question in this Part X			
	,	(A) Beginning of year		(B) End of year
1 C	ash - non-interest-bearing	583,596.	1	1,937,443
2 S	avings and temporary cash investments	2,964,144.	2	2,023,407
	ledges and grants receivable, net	<u> </u>	3	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
4 A	ccounts receivable, net		4	
5 Lo	pans and other receivables from current and former officers, directors,			
tro	ustees, key employees, and highest compensated employees. Complete			
Pa	art II of Schedule L		5	
6 Lo	pans and other receivables from other disqualified persons (as defined under			
se	ection 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
er	mployers and sponsoring organizations of section 501(c)(9) voluntary			
. er	mployees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Sies 7 No	otes and loans receivable, net	10,590,978.	7	15,744,397
🤅 8 In	ventories for sale or use		8	
9 Pi	repaid expenses and deferred charges		9	
10a La	and, buildings, and equipment: cost or other			
ba	asis. Complete Part VI of Schedule D			
b Le	ess ⁻ accumulated depreciation 10b		10c	
11 In	vestments - publicly traded securities		11	
12 In	vestments - other securities. See Part IV, line 11	2,181,815.	12	2,400,389
13 In	vestments - program-related. See Part IV, line 11		13	
14 In	tangible assets		14	
15 O	ther assets See Part IV, line 11	63,350.	15	0
	otal assets. Add lines 1 through 15 (must equal line 34)	16,383,883.	16	22,105,636
17 A	ccounts payable and accrued expenses	41,946.	17	31,005
i i	rants payable		18	
	eferred revenue	.	19	
1	ax-exempt bond liabilities		20	
ខ្ល 21 Es	scrow or custodial account liability. Complete Part IV of Schedule D		21	· · · · · · · · · · · · · · · · · · ·
22 Lo	pans and other payables to current and former officers, directors, trustees,			
. I	ey employees, highest compensated employees, and disqualified persons			
-	omplete Part II of Schedule L	5 065 000	22	
II	ecured mortgages and notes payable to unrelated third parties	7,365,000.	23_	10,400,236
I	nsecured notes and loans payable to unrelated third parties		24	<u> </u>
	ther liabilities (including federal income tax, payables to related third			
1	arties, and other liabilities not included on lines 17-24) Complete Part X of			
	chedule D	7 406 046	25	10 421 241
	otal liabilities. Add lines 17 through 25	7,406,946.	26	10,431,241
1	rganizations that follow SFAS 117 (ASC 958), check here ► X and omplete lines 27 through 29, and lines 33 and 34.			
27 Ui	nrestricted net assets	5,552,350.		0 025 005
27 O	emporarily restricted net assets	3,424,587.	27	8,025,005 3,649,390
28 16 29 Pe	ermanently restricted net assets	3,424,307.	28	3,049,390
	rganizations that do not follow SFAS 117 (ASC 958), check here		29	
L of	nd complete lines 30 through 34.			
30 Ca	apital stock or trust principal, or current funds		20	
30 Ca 2 31 Pa	add-in or capital surplus, or land, building, or equipment fund		30 31	<u> </u>
	etained earnings, endowment, accumulated income, or other funds		31	
32 No	otal net assets or fund balances	8,976,937.	33	11,674,395
	otal liabilities and net assets/fund balances	16,383,883.	34	22,105,636
104 10	AND HEAD WINE STATE ASSETS AND DESCRIPTION DESCRIPTION	TO' 703' 003'	34	Form 990 (20

Colorado Affordable Catholic Housing 84-1183023 Page 12 Part XI | Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12) <u>3,344,573.</u> 1 553,707. 2 Total expenses (must equal Part IX, column (A), line 25) 2 2,790,866. Revenue less expenses. Subtract line 2 from line 1 3 3 8,976,937. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 <93,408.> Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 Investment expenses 7 Prior period adjustments 8 0. Other changes in net assets or fund balances (explain in Schedule O) 9 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 11,674,395. 10 Part XII Financial Statements and Reporting \mathbf{x} Check if Schedule O contains a response to any question in this Part XII Yes No 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 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Both consolidated and separate basis Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? X 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

Both consolidated and separate basis

X

X

2c

За

consolidated basis, or both

Act and OMB Circular A-133?

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit.

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

or a section 2012

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Colorado Affordable Catholic Housing

<u>Corporation</u>

Employer identification number 84-1183023

Part I	Reason	for Public Char	ity Status (All organız	ations mu	st complet	e this part) See inst	ructions				
The organ	ization is not a	a private foundation	because it is. (For lines 1	through	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churches	s, or association of church	ches desc	nbed in se	ction 170	(b)(1)(A)(i)	١.				
2			0(b)(1)(A)(ii). (Attach Sc									
3 🔲			tal service organization of		n section	170(b)(1)	ΔYiii).					
4			operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital's name	_	
	city, and stat							(-)(-)(-)(-	.,.		,	
5 🔲	•		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in		
•		(b)(1)(A)(iv). (Comple	=			, , , , , , , , , , , , , , , , , , ,	a govo	nontal am	· doconb	OG 111		
6 🗆			ent or governmental unit	decabe	d in coatio	n 170/h)/1	WAWA					
7								r from tho	gonoral	nublic desembed in		
,	in 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)											
• 🗀				Complete	Dort II)							
8			ection 170(b)(1)(A)(vi).									
9 🗀			eives (1) more than 33 1							-		
	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											
				ion 511 ta	x) from bu	sinesses a	icquirea b	y tne orga	inization	aπer June 30, 1975		
40		509(a)(2). (Complete		- 			500/ W					
10 🖳			perated exclusively to te									
11 X			perated exclusively for the						-			
			ations described in section). See sec	tion 509(a)(3). Ch	eck the box that		
	_		organization and comple		_							
T	a X Type I	•			nctionally i	-				n-functionally integra	ated	
e X			t the organization is not									
_			han one or more publicly						9(a)(1) or	section 509(a)(2)		
f	_		ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			$\overline{}$	
		rganization, check th									Ш	
g	=		rganization accepted ar			•		•		г 		
	(i) A persor	n who directly or ind	rectly controls, either al	one or tog	ether with	persons d	escribed i	n (II) and (III) below		<u>No</u>	
	•	• •	upported organization?								<u>X</u>	
		•	n described in (i) above?								<u>X</u>	
	(iii) A 35% d	controlled entity of a	person described in (i) of	or (II) above	€?					11g(iii)	<u>X</u>	
h	Provide the fe	ollowing information	about the supported org	ganızatıon((s)							
		T										
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) ls organizatio	the	(vii) Amount of mone	tary	
orga	anization				sted in your document?			(i) organiz U.S	ed in the	support		
			above or IRC section (see instructions))			.,	Support		.'			
			(666	Yes	No	Yes	No	Yes	No			
	iocese			ł								
<u>of De</u>	nver	8 4 -0499858	501(C)(3)	X		X		Х			<u>0.</u>	
Archd	iocesan											
<u>Housi</u>	<u>ng, In</u>	84-0604106	501(C)(3)	X		X		X			<u>0.</u>	
]			
]			
<u> Fotal</u>	2										0.	

(Complete only if you checked fails to qualify under the tests			-			_
Section A. Public Support		T # > 0000	() 0040	(n 0011	1 () 0010	(n.T.)
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not		ļ				
include any "unusual grants ")						
2 Tax revenues levied for the organ-				-	 	
ization's benefit and either paid to						
or expended on its behalf			}			
3 The value of services or facilities		 			-	
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						-
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the			1			
amount shown on line 11,		1				
column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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		<u></u>				
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10			l	<u> </u>	- 	
12 Gross receipts from related activities,					12	
13 First five years. If the Form 990 is for	•	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
organization, check this box and stop Section C. Computation of Public		ercentage				.
		_	column (fl)		14	
Public support percentage for 2012 (liiPublic support percentage from 2011			column (I))		15	<u>-</u>
15 Public support percentage from 2011 16a 33 1/3% support test - 2012. If the or	•		on line 13, and line	14 is 33 1/3% or		
stop here. The organization qualifies a	-			14 13 00 17070 01	more, check this be	DA AIIU ▶□
b 33 1/3% support test - 2011. If the or		=		d line 15 is 33 1/39	% or more check to	his box
and stop here. The organization qualif	=			0 .0 .00 1/0.	or more, ericent ti	▶□
17a 10% -facts-and-circumstances test				e 13, 16a, or 16b	and line 14 is 10%	or more
and if the organization meets the "fact		=				
meets the "facts-and-circumstances" t						▶□
h 10% -facts-and-circumstances test					17a and line 15 is	100/ 05

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	ow, please com	piete Fait ii j				
alendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and				1-7		
membership fees received. (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,				i		
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
· · · ·		 			-	
3 Gross receipts from activities that		1		<u> </u>		
are not an unrelated trade or bus-				i:		
iness under section 513		 				
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		ļ <u>. </u>				
5 The value of services or facilities					1	
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)						
Section B. Total Support			l.	ı	1	· · · · · · · · · · · · · · · · · · ·
alendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	(u) Looo	(3) 2000	(0) 20 10	(4) 2011	(6) 2012	(i) rotai
Oa Gross income from interest,						
dividends, payments received on					ļ	
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					ļ.,	
c Add lines 10a and 10b	· · · · · · · · · · · · · · · · · · ·					_
1 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years, If the Form 990 is for t	the organization	's first second thu	d fourth or fifth t	ax vear as a secti	on 501(c)(3) organiz	ation
check this box and stop here	o organization	o mot, occorra, a m	a, 1001111, 01 mare	an your do a coon	511 55 1(5)(5) 51ga: 112	.uo.,,
Section C. Computation of Public	Support Pe	ercentage		· · -		
15 Public support percentage for 2012 (lin		·	column (fl)	· · · ·	15	9
6 Public support percentage from 2011 S		•	(-,,		16	9
Section D. Computation of Invest					1 19 1	
7 Investment income percentage for 201				,	17	9
8 Investment income percentage from 20			10,001011111 (1))		18	9
· · ·			on line 1/L and line	a 15 is more than		
19a 33 1/3% support tests - 2012. If the o	_					17 IS HOL
more than 33 1/3%, check this box and	•		· · ·			▶ ∟_
b 33 1/3% support tests - 2011. If the c						
line 18 is not more than 33 1/3%, chec		-			-	P
20 Private foundation. If the organization	i did not check a	a box on line 14, 19	a, or 19b, check t	his box and see ir	nstructions	▶└

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. QMB No 1545-0047
2012
Open to Public Inspection

Name of the organization

Colorado Affordable Catholic Housing Corporation

Employer identification number 84-1183023

Par			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) borior advised failes	(b) turido aria otrior accounto
1	Total number at end of year Aggregate contributions to (during year)		
2			_
3	Aggregate yelve at and of year		
4	Aggregate value at end of year	writing that the second hold in depart advis	and funds
5	Did the organization inform all donors and donor advisors in	<u> </u>	Yes No
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of impermissible private benefit?	or donor advisor, or for any other purpose	Yes No
Pai		ganization answered "Ves" to Form 990. P	
1	Purpose(s) of conservation easements held by the organizat		att 14, mis 1.
•	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	·	ified historic structure
	Preservation of open space		med flisterio structure
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
-	day of the tax year.	med conservation contribution in the form	or a conscivation casement on the last
	au on the tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired	• •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	
_	year >	, , ,	
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	rt holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements d	uring 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) abo	ve satisfy the requirements of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of		ther 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 (AS	SC 958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	thibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	blic 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 tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

	dule D (Form 990) 2012 Corpora						<u>83023</u>	
Par	t III Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	signıficant ı	use of its	collection i	items
	(check all that apply).							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's ex	empt purpo	se in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes" to	o Form 990,	, Part IV, I	ıne 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included	_		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table					
		·	J				Amount	
С	Beginning balance				1c			
	Additions during the year				1d	••		
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				Yes	□ No
	If "Yes," explain the arrangement in Part XIII.			provided in Part XIII				一 "
Par								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	3,424,587,	3,441,061,	3,203,534.		14,172.		69 628.
b	Contributions							<u> </u>
c	Net investment earnings, gains, and losses	224,803.	<16.474.	237,527.	3	89,362.	<5	38.702.
d	Grants or scholarships							7,522.
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							9.232.
g	End of year balance	3,649,390.	3,424,587,	3,441,061.	3 2	03,534.	2 8	14 172
2	Provide the estimated percentage of the curr				, <u> </u>	9.0 , 0 0 1 1		<u> </u>
а	Board designated or quasi-endowment	•	%	,,				
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶ 10	0.0 0 %						
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.						
За	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organiz	ation		
	by.	-			Ū		Γ _Y	es No
	(i) unrelated organizations							X
	(ii) related organizations						3a(ii)	X
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulate	d	(d) Book	value
		basis (investr	, , ,	, ,	epreciation			•
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X column (R) line 1	O(c))				

Colorado Affordable Catholic Housing Corporation

Part Will Investments - Other Securities. See Form 990, Part X, line 12. (e) Method of valuation: Cost or end-of-year market value (f) Part X (e) Method of valuation: Cost or end-of-year market value (f) Part X (e) Method of valuation: Cost or end-of-year market value (f) Part X (e) Method of valuation: Cost or end-of-year market value (f) Part X (e) Method of valuation: Cost or end-of-year market value (f) Part X (f	Schedule D (Form 990) 2012 Corporation		8	4-1183023 Page 3
(1) Financial derivatives (2) Closelyheld equity interests (3) Other (V) Investment in Catholic (B) Foundation of Northern (C) Colorado (D) (E) (F) (G) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H				
		(b) Book value	(c) Method of Valuation. Cost of	end-of-year market value
(a) Investment in Catholic (b) Foundation of Northern (c) Colorado (c) August (c	· ·		 	
An Investment in Catholic B Foundation of Northern Colorado 2,400,389. End-of-Year Market Value Colorado Co		_		
(B) Foundation of Northern (C) Colorado (2,400,389) End-of-Year Market Value (D) (E) (F)		* *		
(C) Colorado 2,400,389. End-of-Year Market Value (D) (D) (E) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E				
Column C		2 400 389	End-of-Vear Marke	t Value
(E) (F) (G) (H) (Total (Cot. (th) must equal Form 990, Part X, cot. (B) line 12,1 ► (a) Description of investment type (b) Book value (c) Method of valuation. Cost or end of year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10		2,400,303.	End of Teal Marke	t value
(F) (G) (H) (B) (B) (H) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	. = := :			
G G G G G G G G				
(b) (c) (c) (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 2, 400, 389. Part VIII] Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation Cost or end-of-year market value (1) (2) (2) (2) (3) (4) (3) (4) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (10) (1				
10tal (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 2,400,389.				
Part VIII Investments - Program Related. See Form 990, Part X, Inne 13		·		
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1)	Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,400,389.		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (11) (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		e Form 990, Part X, line 13		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total _(Col. (b) must 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	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or e	end-of-year market value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Col. (b) must 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) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, col (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1.	(1)			
(4) (5) (6) (7) (8) (9) (10)	(2)			
(5)	(3)			
(6) (7) (8) (9) (10) (10) (10) (10) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(4)			<u></u>
(7) (8) (9) (10) Total_ (Col. (b) must 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				
(8) (9) (10) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX			 	
(9) (10) (10) (10) (10) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (10) (10) (11) (11)				
(10) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)				
Total. (Col. (b) must 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		 .		
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11)				(b) Book Value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				<u> </u>
(6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				
(7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (11)	(9)			
Part X Other Liabilities. See Form 990, Part X, line 25.	(10)			
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (11)				<u> </u>
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)				
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	1. (a) Description of liability	(1	b) Book value	
(3) (4) (5) (6) (7) (8) (9) (10) (11)	(1) Federal income taxes			
(4) (5) (6) (7) (8) (9) (10) (11)				
(5) (6) (7) (8) (9) (10) (11)	• • •			
(6) (7) (8) (9) (10) (11)				
(7) (8) (9) (10) (11)	·			
(8) (9) (10) (11)		-		
(9) (10) (11)		-		
(10) (11)				
(11)	· · · · · · · · · · · · · · · · · · ·			
TOTAL TOTAL TOTAL TOTAL COURT ON TOTAL OF THE ACT OF THE BOOK OF T		25)		
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's			ianization's financial etatements that	reports the organization's

			Colorado	Affordal	ble Catholi	ic H	ousing			
		(Form 990) 2012	Corporat						1183023	Page 4
Par	t XI	Reconciliation of	f Revenue per	r Audited Fin	ancial Stateme	nts W	ith Revenue pe	r Returr	1	
1	Total	revenue, gains, and oth	er support per au	dited financial st	atements			1	3,233	741.
2	Amou	ints*included on line 1 b	ut not on Form 99	90, Part VIII, line	12			1 1		
а	Net u	nrealized gains on inves	tments			2a	<9 <u>3,40</u>	8.>		
b	Donat	ted services and use of	facilities			2b				
С	Recov	veries of prior year grant	ts			2c				
d	Other	(Describe in Part XIII)				2d				
е	Add I	nes 2a through 2d						2e	<93	408.
3	Subtr	act line 2e from line 1						3	3,327	<u>,149.</u>
4	Amou	ints included on Form 99	90, Part VIII, line 1	12, but not on line	e 1.					
а	Inves	tment expenses not incl	luded on Form 99	0, Part VIII, line 7	7b	4a	17,42	<u>4.</u>		
þ	Other	(Describe in Part XIII.)				4b				
C	Add I	nes 4a and 4b						4c	17	<u>,424.</u>
		revenue Add lines 3 and						5	3,344	<u>573.</u>
Par	<u>t XII</u>	Reconciliation of	Expenses pe	er Audited Fi	nancial Stateme	ents V	Vith Expenses p	er Retu		
1	Total	expenses and losses pe	er audited financia	al statements				1	536	<u>, 283.</u>
2	Amou	ints included on line 1 b	ut not on Form 99	90, Part IX, line 2	5:			İ		
а	Donat	ted services and use of	facilities			2a				
b	Prior	year adjustments				2b				
C	Other	losses				2c				
d	Other	(Describe in Part XIII.)				2d				
е	Add I	nes 2a through 2d						2e		0.
3	Subtr	act line 2e from line 1						3	536	283.
4	Amou	ints included on Form 99	90, Part IX, line 25	5, but not on line	:1:					
а	Inves	tment expenses not incl	luded on Form 99	0, Part VIII, line 7	7b	4a	<u>17,42</u>	<u>4.</u>		
b	Other	(Describe in Part XIII.)				4b				
C	Add li	nes 4a and 4b						4c	17,	<u>,424.</u> ,707.
		expenses Add lines 3 a		equal Form 990	, Part I, line 18)			5	553	<u>,707.</u>
		Supplemental Inf		-						
		nis part to provide the de							2b, Part V, line	4, Part
		rt XI, lines 2d and 4b, ar				-			_	
Par	t v	, line 4: Th	<u>ne terms (</u>	<u>of the e</u> i	<u>ndowment re</u>	<u>estr</u>	ict the us	e of	the	
			. •							_
pro	cee	ds for const	ruction	costs of	affordable	e no	<u>using in t</u>	ne Ro	aring Fo	ork_
7	-	£ . Q .] 4 .	_							
vaı	.теу	of Colorado	·					-		
		<u> </u>								
-										
					<u> </u>					

Schedule D (Form 990) 2012

(g) Defeased (h) On behalf (i) Pooled Yes No Schedule K (Form 990) 2012 **Employer identification number** × OMB No 1545-0047 2012 Open to Public ŝ ž Inspection 84-1183023 Yes No × of Issuer ۵ Yes Yes ŝ × Yes ŝ ٩ 8,219,000.Multifamily Housi (f) Description of purpose O O Yes Yes ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, Refund explanations, and any additional information in Part VI.

See separate instructions. S ŝ 8 Supplemental Information on Tax-Exempt Bonds Yes Yes Continuations (e) Issue price 8,219,000. 011,092. 2,603,595 396,879 164,380 43,054 × ŝ ŝ 2012 (d) Date issued 10/31/12 Yes Colorado Affordable Catholic Housing Ŋ Yes × × (F) for Column 232121 12-17-12 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) CUSIP # Does the organization maintain adequate books and records to support the final allocation of proceeds? Colorado84-6012235hone Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, See Part VI Attach to Form 990 (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Corporation Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name A Town of Gypsum, Part III Private Business Use Amount of bonds retired Other unspent proceeds bond-financed property? Total proceeds of issue Other spent proceeds Name of the organization **Bond Issues** Department of the Treasury Internal Revenue Service Proceeds SCHEDULEK (Form 990) Part Part 8 ပ 4 S 9 7 8 6 9 = 42 ₽ P 5 9 4

Housing	
Catholic	
Affordable	
Colorado	•

Page 2 Schedule K (Form 990) 2012 % % % ž ŝ Yes % % % % ž ŝ Yes Yes 84-1183023 % % % % ĝ ŝ œ 8 Yes Yes % % % % ş 2 × × X × × × Yes Yes Are there any research agreements that may result in private business use of bond-financed property? counsel to review any management or service contracts relating to the financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside Enter the percentage of financed property used in a private business use as a result of governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 8a Has there been a sale or disposition of any of the bond-financed property to a non-Has the organization established written procedures to ensure that all nonqualified entities other than a section 501(c)(3) organization or a state or local government If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate counsel to review any research agreements relating to the financed property? bonds of the issue are remediated in accordance with the requirements under Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another Are there any management or service contracts that may result in private 4a Has the organization or the governmental issuer entered into a qualified Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government Corporation Regulations sections 1 141-12 and 1.145-2? business use of bond-financed property? If "No" to line 1, did the following apply? Part III Private Business Use (Continued) Is the bond issue a variable rate issue? hedge with respect to the bond issue? Has the issuer filed Form 8038-T? d Was the hedge superintegrated? computation was performed Was the hedge terminated? Schedule K (Form 990) 2012 1 141-12 and 1.145-2? Total of lines 4 and 5 b Exception to rebate? a Rebate not due yet? b Name of provider c No rebate due? Part IV Arbitrage c Term of hedge ₽ 7 တ 4 S) 9 ო

Colorado Affordable Catholic Housing Corporation

Schedule K (Form 990) 2012

84-1183023

Page 3 Ŷ Š Yes Yes ŝ ŝ O Yes Yes Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions). ŝ Š Refund Multifamily Housing Taxable Revenue Bonds Series 2003 and 2006 8 Yes Yes 2 ŝ × × Yes Yes × d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation is not available under applicable Colorado 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 6 Were any gross proceeds invested beyond an available temporary period? Bond Issues: Town of Gypsum, Part V Procedures To Undertake Corrective Action Description of Purpose: Schedule K, Part I, Part IV Arbitrage (Continued) Issuer Name: **b** Name of provider section 148? c Term of GIC regulations? (a) (£)

Schedule K (Form 990) 2012

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

2012

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Colorado Affordable Catholic Housing

Employer identification number

84-1183023 <u>Corporation</u> Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction Ye<u>s</u>No person and organization 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (h) Approved (d) Loan to or (a) Name of (c) Purpose (e) Original (g) In (i) Written (f) Balance due with from the by board or interested person of loan principal amount default? agreement? organization organization? committee? To From Yes No Yes No Yes Νo Total ▶ \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (c) Amount of (d) Type of (e) Purpose of (b) Relationship between assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012 Corporation 84-1183023 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered (a) Name of interested person	(b) Relation	ship betwee and the orga	n interested	(c) Amou			ription of action	(e) Sha organiz	ation's
•	person	and the orge		transac			2011011	reven Yes	ues? No
Machebeuf Apartments, Inc.	Common	board	member	2,054	750.	CACHC	issue		X
			member						Х
Villas de Santa Lucia, Inc									X
Holy Cross Village, Inc.	Common	board	member	2,054	<u>,750.</u>	CACHC	issue		X
									
			_						
							_		
Part V Supplemental Information Complete this part to provide additional	l information	for response	es to question	s on Schedu	le L (see	instructions	s)	-	·
Sch L, Part IV, Business T	ransac	tions I	Involvi	ng Inte	erest	ed Per	rsons:		
(a) Name of Person: Macheb	euf Apa	artment	ts, Inc	•					
(b) Relationship Between I	nteres	ted Per	rson an	d Orgai	nizat	ion:			
Common board members									
(d) Description of Transac	tion:	CACHC :	issued	a \$2,0!	54,75	0 mort	tgage	<u>loan</u>	
to Machebeuf Apartments In	c. Bala	ance ou	<u>ıtstand</u>	ing at	Dece	mber :	<u>31, 20</u>	12 i	s
\$2,010,059.								-	
					_				
(a) Name of Person: Villa	<u>Sierra</u>	Madre	, Inc.					<u></u>	
(b) Relationship Between I	nteres	ted Per	rson an	d Organ	nizat	ion:	<u></u>		
Common board members									
(d) Description of Transac	tion:	CACHC :	issued	a \$2,0!	54,75	0 mort	tgage	<u>loan</u>	
to Villa Sierra Madre, Inc	. Bala	nce out	tstandi	ng at 1	Decem	ber 3	<u>1, 201</u>	<u>2 is</u>	
\$2,010,059.									
(a) Name of Person: Villas	de Sa	nta Luc	cia, In	c.					
(a) Name of Person: Villas (b) Relationship Between I					nizat	ion:			
-					nizat	ion:			
(b) Relationship Between I	nteres	ted Per	rson an	d Orgai			tgage	loan	

84-1183023 Page 2 Schedule L (Form 990 or 990-EZ) Corporation Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). \$2,010,059. (a) Name of Person: Holy Cross Village, Inc. (b) Relationship Between Interested Person and Organization: Common board members (d) Description of Transaction: CACHC issued a \$2,054,750 mortgage loan to Holy Cross Village, Inc. Balance outstanding at December 31, 2012 is \$2,010,059.

Colorado Affordable Catholic Housing

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 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Colorado Affordable Catholic Housing

Employer identification number 84-1183023

Corporation Form 990, Part VI, Section A, line 3: CACHC contracts with an affiliate, Housing Management Services, Inc., to provide management services. Form 990, Part VI, Section A, line 6: Archdiocesan Housing Inc. is the sole member of Colorado Affordable Catholic Housing Corporation. Form 990, Part VI, Section A, line 7a: CACHC's sole voting member, Archdiocesa Housing, Inc., has the authority to appoint members of the governing board. Form 990, Part VI, Section A, line 7b: The voting member reserves all management rights in the corporation but may delegate such management rights to the board of directors in the voting member's sole discretion. When not delegated by the voting member or the board of directors, the business and affairs of the corporation shall be managed by the voting member. The voting member shall have the sole authority to appoint the Executive Director of the corporation. Form 990, Part VI, Section B, line 11: Prior to filing, a copy of form 990 is reviewed by the finance committee in detail and is distributed to the full board for review. Form 990, Part VI, Section B, Line 12c: The board of directors and employees are obligated to disclose conflicts and complete annual disclosure statements.

Name of the organization Colorado Affordable Catholic Housing	Employer identification number
Corporation	84-1183023
Form 990, Part VI, Section C, Line 19: Documents are av	ailable upon
request.	
Form 990, Part XI, Line 2c	
The finance committee meets annually with the outside a	uditor to review
the results of the audit. An executive session meeting	without staff
present is held at that time. There has been no change	in the process
of oversight of the audit from the prior year.	

Department of the Treasury Internal Revenue Service SCHEDULE R Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

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

2012 Open to Public Inspection

OMB No 1545-0047

▶ See separate instructions. ▶ Attach to Form 990.

Colorado Affordable Catholic Housing

Corporation

Employer identification number 84-1183023

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets e Total income € Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) Primary activity <u>e</u> Name, address, and EIN (if applicable) of disregarded entity Part Part

(g) Section 512(b)(13) controlled Š × × × entity? Yes Direct controlling entity status (if section Public charity Line 11a, I 501(c)(3)) Line 11a <u>e</u> ine 1 Exempt Code section 501(c)(3) 01(c)(3) 01(c)(3) 501(c)(3) Legal domicile (state or foreign country) olorado olorado Colorado Colorado urthering the Catholic o provide affordable nousing to low-income lo provide affordable lousing to low-income o provide affordable lousing to low-income lderly and disabled elderly and disabled elderly and disabled Primary activity aith in Denver 84-0499858 84-1348780 Catholic Archdiocese of Denver -Name, address, and EIN 84-1059621 84-1042131 of related organization 1300 South Steele Street Inc. Madonna Plaza, Inc. Higgins Plaza, Inc. Holy Family_Plaza Denver, CO 80210 4045 Pecos Street **4045** Pecos Street Denver, CO 80211 Denver, CO 80211 4045 Pecos Street Denver CO 80211

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

Schedule R (Form 990) 2012

Corporation Schedule R (Form 990) 2012

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

Page 2

84-1183023

3	General or Percentage managing ownership pariner? Yes No			e related	Section 512(b)(13) controlled entity?				Schedule R (Form 990) 2012
				ne or mor	(h) Percentage ownership		·		R (Form
€	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			because it had o	(g) Share of Perend-of-year ow				Schedule
Ē	Disproportionate allocations?			art IV, line 34	(f) Share of total ncome				
(a)	Share of end-of-year assets			ırm 990, F					
				ed "Yes" to Fo	(e) Type of entity (C corp, S corp, or trust)				
€	Share of total income			on answer					
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)			he organization	(d) Direct controlling entity		:		
	Predomi (related excluded f	· · · · · · · · · · · · · · · · · · ·	 	mplete if t	(c) Legal domicile (state or foreign country)		:		
(9)	Direct controlling entity			ration or Trust (Co	(b) Primary activity				
(c)	Legal domicile (state or foreign country)			is a Corpoid the tax)	Prim				
(q)	Primary activity			janizations Taxable a	Z				<u>-</u>
(a)	Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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				232162 12-10-12

Page 3

84-1183023

Schedule R (Form 990) 2012 | Corporation

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	8
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	tions with one or more r	elated organizations listed	I in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	ıty			1a		×
b Gift, grant, or capital contribution to related organization(s)				1		×
				ပ္		×
				Ţ	×	
				2 4	•	>
e Loans or loan guarantees by related organization(s)				<u>n</u>		4
f Dividends from related organization(s)				+		×
g Sale of assets to related organization(s)				19		×
				ŧ		×
				;=		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
Performance of services or membership or fundraising solicitations for	related organization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	organization(s)			1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ızatıon(s)			Ę		×
 Sharing of paid employees with related organization(s) 				9	×	l.
						>
				9		<u>ا</u>
q Reimbursement paid by related organization(s) for expenses				₽		×
				÷ .		×
Other transfer of cash of property from related organization(s)				2		4
2 If the answer to any of the above is "Yes," see the instructions for information of	on who must complete t	nis line, including covered	mation on who must complete this line, including covered feationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						
6						
(3)					I	
(4)						
(5)						
232163 12-10-12	_		Schedule R (Form 990) 2012	R (Form	(066	2012

Page 4 84-1183023

Colorado Affordable Catholic Housing

Corporation

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37) Schedule R (Form 990) 2012

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

Dispropurational Code V-UBI | General or Percentage allocations of Schedule K-1 | Partner? | Ownership Yes No | (Form 1065) | Yes No | Schedule R (Form 990) 2012 Ξ end-of-year assets Share of Share of total income Predominant income partnesse (related, unrelated, 501(c)(3) excluded from tax under section 512-514) Yes No (e) Are all partners sec 501(c)(3) orgs? ਉ (state or foreign Legal domicile country) Primary activity Name, address, and EIN of entity

84-1183023

Corporation

Part II Continuation of Identification of Related Tax-Exempt Organizations Schedule R (Form 990)

(a) Name address and FIN	(b) Primary activity	(c) legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)) 12(b)(13)
of related organization		foreign country)	section	status (if section	entity	organization?	ation?
				((c)(n)		Yes	ş
Marian Plaza, Inc, - 84-1348788	To provide affordable						
	housing to low-income						
Denver, CO 80211	elderly and disabled	Colorado	501(c)(3)	Line 11a, I	n/a		×
Cathedral Plaza, Inc 84-1348628	To provide affordable						
4045 Pecos Street	housing to low-income						
Denver, CO 80211	elderly and disabled	Colorado	501(c)(3)	Line 11a, I	n/a		×
St. Martin Plaza, Inc 84-0992762	To provide affordable						
4045 Pecos Street	housing to low- and						
Denver, CO 80211	moderate-income families	Colorado	501(c)(3)	Line 11a, I	n/a		×
Archdiocesan Family Housing, Inc	To provide affordable						
84-1349027, 4045 Pecos Street, Denver, CO	housing to low- and						
80211	moderate-income families	Colorado	501(c)(3)	Line 11a, I	n/a		×
Archdiocesan Housing Inc 84-0604106	To provide affordable						
4045 Pecos Street	housing to low- and						
Denver, CO 80211	moderate-income families	Colorado	501(c)(3)	Line 11a, I	n/a		×
Machebeuf Apartments, Inc 20-1719823	To provide affordable						
4045 Pecos Street	housing to low- and						
Denver, CO 80211	moderate-income families	Colorado	501(c)(3)	Line 11a, I	n/a		×
Villa de Santa Lucia, Inc 26-1397620	To provide affordable						
4045 Pecos Street	housing to low- and						
Denver, CO 80211	moderate-income families	Colorado	501(c)(3)	Line 11a, I	n/a		×
Catholic Charities and Community Services -							
84-0686679, 4045 Pecos Street, Denver, CO	To provide servcies to the						
80211	needy	Colorado	501(c)(3)	Line 7	n/a		×
Villa Sierra Madre, Inc 45-4091010	To provide affordable						
4045 Pecos Street	housing to low- and						
Denver CO 80211	moderate-income families	Colorado	501(c)(3)	Line 9	n/a		×
Holy Cross Village, Inc 45-2437676	To provide affordable						
4045 Pecos Street	housing to low- and						
Denver, CO 80211	moderate-income families	Colorado	501(c)(3)	Line 9	n/a		×
Prairie Rose Plaza - 27-0778775	ro provide affordable						
4045 Pecos Street	housing to low- and						
Denver, CO 80211	moderate-income families	Colorado	501(c)(3)	Line 7	n/a		×
Housing Management Services, Inc							
84-1042130, 4045 Pecos Street, Denver, CO							
80211	Management services	Colorado	501(c)(3)	Line 11a, I	n/a		×