

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



DLN: 93493318041174

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS

generally cannot redact the information on the form

	rtho 20	012 cal	endar year, or tax year beginning 01-01-2013 , 2013, and ending 12-3	1_2012			
	eck if app		C Name of organization	1-2013	D Employ	er identification nu	mber
	Iress cha	-	AFFORDABLE HOUSING PARTNERS INC		35-199	93520	
— Nar	me chang	ge	Doing Business As				
— _{Inıt}	ıal return	n	Number and street (or P O box if mail is not delivered to street address) Room/su	ıte	E Telephon	ne number	
Ter	mınated		770 3RD AVENUE SOUTHWEST			587-0329	
_ Am	ended re	eturn	City or town, state or province, country, and ZIP or foreign postal code CARMEL, IN 46032		(317)3	107-0329	
App	olication p	pending	CARTER IN 10032		G Gross red	ceipts \$ 3,643,236	
			F Name and address of principal officer BRUCE CORDINGLEY		s this a group r		- [N -
			770 3RD AVENUE SOUTHWEST	S	ubordinates?) Yes	s 🔽 No
			CARMEL,IN 46032		re all subordin ncluded?	ates Γ Yes	s Γ No
r Ta:	x-exemp	ot status	✓ 501(c)(3)			a list (see instruct	tions)
	ebsite:	. ► NA		H(c)	Group exemption	on number 🕨	
K Forr	n of orga	anization	✓ Corporation Trust Association Other ►	1	of formation 199		tomicile IN
	rt I		mary	L Teal	of folimation 1996	o in state of legal to	TOTTICIE IN
Governance	T I A O A A A	HE CO FFORD WNS A PARTM PARTM	escribe the organization's mission or most significant activities RPORATION'S CHARITABLE PURPOSES INCLUDE DEVELOPING O ABLE, SAFE, GOOD QUALITY, WELL-MAINTAINED HOUSING COM ND OPERATES FOUR AFFORDABLE HOUSING COMMUNITIES KNO MENT COMMUNITY LOCATED IN HAMILTON, OHIO, AND CRYSTAL MENT COMMUNITY LOCATED IN FINDLAY, OHIO AUTUMN WOODS MENTS ARE BOTH 96 UNIT APARTMENT COMMUNITIES LOCATED DRDSVILLE, INDIANA	MUNITIE DLLWOOI GLEN AF 5 APARTI	ES THE CORPO D APARTMENT PARTMENTS, F MENTS AND A	ORATION DEVEL TS IS A 240 UNIT PHASE II IS A 64 UTUMN WOODS I	OPED, UNIT
<u> </u>	_						
න් ග	2 C	heck th	his box 🛏 if the organization discontinued its operations or disposed $\mathfrak c$	of more th	an 25% of its r	net assets	
Activities &	3 N	lumber	of voting members of the governing body (Part VI, line 1a)			з	6
₹ 2			of independent voting members of the governing body (Part VI, line 1b)			4	6
•	5 To	otal nu	mber of individuals employed in calendar year 2013 (Part V, line 2a)		[5	0
			mber of volunteers (estimate if necessary)			6	0
			related business revenue from Part VIII, column (C), line 12			7a	0
			,		Prior Year		
					i iioi i cui	Current Y	ear/
a.	8	Contri	butions and grants (Part VIII, line 1h)		THOI Teal	0 Current Y	/ear 10,000
enne	9	Progra	am service revenue (Part VIII, line 2g)		3,437,4	0 14 3	10,000 ,551,170
Rayenne	9 10	Progra Invest	am service revenue (Part VIII, line 2g)		3,437,4 4	0 14 3 77	10,000 551,170, 356
Revenue	9 10 11	Progra Invest Other	tment income (Part VIII, line 2g)		3,437,4	0 14 3 77	10,000 ,551,170
Revenue	9 10 11 12	Progra Invest Other Total r 12)	am service revenue (Part VIII, line 2g)		3,437,4 4	0 14 3,77 82 3,73 3,	10,000 551,170, 356
Revenue	9 10 11 12	Progra Invest Other Total r 12) . Grants	tment income (Part VIII, line 2g)	2	3,437,4 41 80,7	0 14 3 77 82 3 0 3	10,000 ,551,170 356 81,710 ,643,236
Revenue	9 10 11 12 13 14	Progra Invest Other Total r 12) . Grants Benefi	transervice revenue (Part VIII, line 2g)	2	3,437,4 41 80,7	0 14 3,77 82 3,73 3,	10,000 ,551,170 356 81,710
	9 10 11 12 13 14 15	Progra Invest Other Total (12) . Grants Benefi Salarie 5-10)	transervice revenue (Part VIII, line 2g)		3,437,4 41 80,7	0	10,000 ,551,170 356 81,710 ,643,236 0 0
	9 10 11 12 13 14 15	Progra Invest Other Total (12) . Grants Benefi Salarie 5-10) Profes	transervice revenue (Part VIII, line 2g)		3,437,4 4 80,7 3,518,6	0 14 3 77 82 73 3 0	10,000 ,551,170 356 81,710 ,643,236 0
Expenses Revenue	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) . Grants Benefi Salar(65-10) Profes Total fu	the service revenue (Part VIII, line 2g)		3,437,4 4° 80,73 3,518,6 315,09	0	10,000 ,551,170 356 81,710 ,643,236 0 0
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) . Grants Benefi Salarie 5-10) Profes Total fu Other	transervice revenue (Part VIII, line 2g)		3,437,4 4 80,7 3,518,6	0	10,000 ,551,170 356 81,710 ,643,236 0 0
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefi Salaric 5-10) Profes Total fu Other Total e	tement income (Part VIII, line 2g)		3,437,4 4 80,76 3,518,6 315,0	0	10,000 ,551,170 356 81,710 ,643,236 0 0 333,615 0
Expenses	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total r 12) . Grants Benefi Salaric 5-10) Profes Total fu Other Total e	the service revenue (Part VIII, line 2g)		3,437,4 4 80,7 3,518,6 315,0 3,264,4 3,579,5	0	10,000 ,551,170 356 81,710 ,643,236 0 0 333,615 0 ,305,367 ,638,982 4,254
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salaric 5-10) Profes Total fu Other Total c Reven	the service revenue (Part VIII, line 2g)		3,437,4 4 80,76 3,518,6 315,0 3,264,4 3,579,5 -60,8	0	10,000 ,551,170 356 81,710 ,643,236 0 0 333,615 0 ,305,367 ,638,982 4,254
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12). Grants Benefi Salari(5-10) Profes Total (10) Other Total (20) Reven	the service revenue (Part VIII, line 2g)	. Begin	3,437,4 4 80,7 3,518,6 315,0 3,264,4 3,579,5 -60,8 nning of Current	0	10,000 ,551,170 356 81,710 ,643,236 0 0 333,615 0 ,305,367 ,638,982 4,254
Net Assets or Expenses Fund Batances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total o Reven Total I Net as	tement income (Part VIII, line 2g)	. Begin	3,437,4 4 80,7 3,518,6 315,0 3,264,4 3,579,5 -60,8 nning of Current Year 24,504,2	0	10,000 ,551,170 356 81,710 ,643,236 0 0 3333,615 0 ,305,367 ,638,982 4,254 ear
A Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 r penalt	Progra Invest Other Total (12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total a Reven Total I Net as Sign ties of ge and lis any kr	the service revenue (Part VIII, line 2g)	Begin	3,437,4 4 80,7 3,518,6 315,0 3,264,4 3,579,5 -60,8 nning of Current Year 24,504,2 29,510,2 -5,006,0	0	10,000 ,551,170 356 81,710 ,643,236 0 0 3333,615 0 ,305,367 ,638,982 4,254 ear ,395,754 ,397,513 ,001,759
Signature Sund Bakances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 r penaltrowledgerer has	Progra Invest Other Total (1) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total a Total I Net as Sign ties of ge and s any kr	the service revenue (Part VIII, line 2g)	Begin	3,437,4 4, 80,7,6 3,518,6 315,0 3,264,4 3,579,5 -60,8 nning of Current Year 24,504,2 29,510,2 -5,006,0 edules and state r) is based on a	0	10,000 ,551,170 356 81,710 ,643,236 0 0 3333,615 0 ,305,367 ,638,982 4,254 ear ,395,754 ,397,513 ,001,759
Signature Sund Bakences Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 r penaltrowledgerer has	Progra Invest Other Total II Salarie 5-10) Profes Total II Reven Total II Net as Sign ties of ge and Is any ki	the service revenue (Part VIII, line 2g)	Begin	3,437,43 80,73 3,518,63 315,09 3,264,44 3,579,50 -60,8 nning of Current Year 24,504,2 29,510,2 -5,006,00 edules and state r) is based on a	0	10,000 ,551,170 356 81,710 ,643,236 0 0 3333,615 0 ,305,367 ,638,982 4,254 ear ,395,754 ,397,513 ,001,759
Herd Bakences Expenses Land Bakences	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 1 III r penaltrowledgerer has	Progra Invest Other Total (12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total (2) Reven Total (3) Total (4) Net as Sign tites of ge and sany kin PHILL Type	the service revenue (Part VIII, line 2g)	Begin	3,437,4 4 80,7 3,518,6 315,0 3,264,4 3,579,5 -60,8 nning of Current Year 24,504,2 29,510,2 -5,006,0 edules and stater) is based on a	0	10,000 ,551,170 356 81,710 ,643,236 0 0 3333,615 0 ,305,367 ,638,982 4,254 ear ,395,754 ,397,513 ,001,759
Parents Parent	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 1 III r penaltrowledgerer has	Progra Invest Other Total (12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total (2) Reven Total (3) Total (4) Net as Sign tites of ge and (5) ge and (5) sany kr PHILL Type PR	the service revenue (Part VIII, line 2g)	Begin	3,437,43 80,73 3,518,63 315,09 3,264,44 3,579,50 -60,8 nning of Current Year 24,504,2 29,510,2 -5,006,00 edules and state r) is based on a	0	10,000 ,551,170 356 81,710 ,643,236 0 0 3333,615 0 ,305,367 ,638,982 4,254 ear ,395,754 ,397,513 ,001,759

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

Par			Service Accomplishments a response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·
1	Brief	y describe the organization's m	ssion	
SAFE FOUR HAM OHIO	E, GOO R AFFO ILTON D AUT	D QUALITY, WELL-MAINTAIN PRDABLE HOUSING COMMUN I, OHIO, AND CRYSTAL GLEN UMN WOODS APARTMENTS A	POSES INCLUDE DEVELOPING OR FACILITATING THE DEVELOPMEN ED HOUSING COMMUNITIES THE CORPORATION DEVELOPED, OWN TIES KNOLLWOOD APARTMENTS IS A 240 UNIT APARTMENT COMMAPARTMENTS, PHASE II IS A 64 UNIT APARTMENT COMMUNITY LOC. ND AUTUMN WOODS II APARTMENTS ARE BOTH 96 UNIT APARTMENTS IN CRAWFORDSVILLE, INDIANA	S AND OPERATES OUNITY LOCATED IN ATED IN FINDLAY,
2	the pr	rior Form 990 or 990-EZ? .	gnificant program services during the year which were not listed on	┌ Yes ┌ No
	If"Ye	s," describe these new services	on Schedule O	
3	servi	ces?	g, or make significant changes in how it conducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these changes on S	chedule O	
4	exper	ises Section 501(c)(3) and 50:	ervice accomplishments for each of its three largest program services, as (c)(4) organizations are required to report the amount of grants and allocat y, for each program service reported	
4a	(Code	e) (Expenses \$	3,214,757 including grants of \$) (Revenue \$	3,551,170)
	MAIN APAR COMI	TAINED HOUSING COMMUNITIES THE TMENTS IS A 240 UNIT APARTMENT CO	S INCLUDE DEVELOPING OR FACILITATING THE DEVELOPMENT OF AFFORDABLE, SAFE, GOOD CORPORATION DEVELOPED, OWNS AND OPERATES FOUR AFFORDABLE HOUSING COMMUNIT MMUNITY LOCATED IN HAMILTON, OHIO, AND CRYSTAL GLEN APARTMENTS, PHASE II IS A 6 JIUMN WOODS APARTMENTS AND AUTUMN WOODS II APARTMENTS ARE BOTH 96 UNIT APACRAWFORDSVILLE, INDIANA	IES KNOLLWOOD 4 UNIT APARTMENT
4b	(Code	e) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code	e) (Expenses \$	including grants of \$) (Revenue \$)
4d	Othe	er program services (Describe ii	Schedule O)	
		enses \$	including grants of \$) (Revenue \$)
	Tota	I program service expenses	3 214 757	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $\chi^{f G}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

GI I	Check if Schedule O contains a response or note to any line in this Part V			Г
	Check if Schedule O contains a response of note to any fine in this part v	· ·	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 24			
)	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
3	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
,	by this return	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
		5c		
١	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		l I N
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			١,
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		N
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any taxable distributions under section 49667	9a 9b		
	Section 501(c)(7) organizations. Enter	1 20		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l I N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	 	<u> </u>

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

<u> 5</u> e	ection 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			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	eveni	ıe Cod	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes	No
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13		No
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13		No
b 11a b 12a c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes	No
b 11a b 12a c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No

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

interest policy, and financial statements available to the public during the tax year

►DOUG BOGGS 770 3RD AVENUE SOUTHWEST

CARMEL, IN 46032 (317) 587-0329

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

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

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

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

- 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, or highest compensated employees who received more than \$100.000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

▼ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		1						1		
(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot	not box h ar or/ti	offic	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) BRUCE A CORDINGLEY	50	х		х				0	0	0
PRESIDENT (2) JIM LIFE	0 00									
BOARD MEMBER	0 00	х						0	0	0
(3) TIM MARSHALL	50									
BOARD MEMBER	0 00	Х						0	0	0
(4) PHILLIP J STOFFREGEN	50			,,						
EXECUTIVE VICE PRESIDENT	0 00			Х				0	0	0
(5) MAUREEN M HOUGLAND	50			Х				0	0	0
VP AND SECRETARY	0 00							o di	0	
(6) DOUGLAS BOGGS	50			×				0	0	0
TREASURER	0 00									
										_
										Form 990 (2013)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-		(E) Reportable compensation from related organizations (W-		(F) Estima mount o compens from t	ted f other ation he
		for related organizations below dotted line) for related organizations below dotted line) Individual trustee Office Institutional Trustee 2/1099-MISC) 2/		2/1099-MISC)		rganizati relate organiza	ed							
												-		
												+		
1b	Sub-Total							 						
c	Total from continuation shee	ts to Part VII, S	ection A	١.				F						
d	Total (add lines 1b and 1c) .							Þ		C		0		0
2	Total number of individuals (in \$100,000 of reportable comp						d abov	e) w	ho receive	d more th	nan			
<u> </u>	Did the every makes list and					l. a							Yes	No
3	Did the organization list any f on line 1a? <i>If "Yes," complete</i> s						empic	yee, •	, or mignes	• •	sated employee	3		No
4	For any individual listed on lin organization and related organ individual											4		No
5	Did any person listed on line 1 services rendered to the orga									janization	or individual for	5		No
1 1	Complete this table for your fi compensation from the organi	ve highest comp											tax vear	
		(A) Name and business						, -	9		(B) scription of services		(C Comper)
2	Total number of independent co	ontractors (inclu	dına but	not	lımıt	ed to	those	e list	ted above)	who rece	ived more than	-		

\$100,000 of compensation from the organization $\blacktriangleright 0$

Form 99		•						Page 9
Part V		Statement o	f Revenue ule O contains a respor	ise or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a					
ant	b	Membership du	es 1b					
, Gr Imo	c	Fundraising eve	ents 1c					
ifts, ar A	d	Related organiz	ations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants	s (contributions) 1e					
ions r Sil	f	All other contribution	ons, gifts, grants, and 1f	10,000				
buti the		similar amounts no	ot included above					
ntri d O	g	1a-1f \$	ons included in lines					
Col	h	Total. Add lines	31a-1f	· · ·	10,000			
ie				Business Code				
venu	2a	RENTAL INCOME		531110	3,551,170	3,551,170		
- E	b	=	_					
.wc∈	c d							
Se .	u e							
ran.	f	All other progra	m service revenue					
Program Serwoe Revenue				<u> </u>	2 551 170			
	g 3		s 2a-2f ome (including dividen		3,551,170			
		and other simila	aramounts)	🟲 📗	356			356
	4 5		tment of tax-exempt bond	proceeds				
	3	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(1)	(,				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	` '	me or (loss)					
		C	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other						
		than inventory						
	b	Less cost or other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (los	s)					
ıπe	8a	Gross income fi events (not incl \$						
Other Revenue			reported on line 1c) e 18					
her	b	Less direct exi	penses b					
ŏ	С		loss) from fundraising	events 🛌				
	9a	Gross income fr See Part IV, lin	rom gaming activities e 19					
	b	Less direct exp	penses b					
			loss) from gaming activ	⁄ities -				
	10a	Gross sales of i returns and allo						
	b	Less cost of go	oods sold b					
	С		loss) from sales of inve	•				
	11~	Miscellaneous		Business Code 531110	81,710			81,710
	11a b	TENANT CHAR	(GES	551110	31,710			51,710
	C	-						
	d	All other revenu	ıe					
	e	Total. Add lines	11a-11d	🕨	81,710			
	12	Total revenue.	See Instructions	🛌		3 554 151	-	00.55
					3,643,236	3,551,170	C	82,066 Form 990 (2013)

	770 (2013)				Page 10
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this		(B)	 (c)	<u> </u> (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	288,791	143,394	145,397	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	268	133	135	
9	Other employee benefits	20,387	10,123	10,264	
10	Payroll taxes	24,169	12,001	12,168	
11	Fees for services (non-employees)				
а	Management	108,487		108,487	
b	Legal	18,886		18,886	
c	Accounting	83,432		83,432	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	18,106	18,106		
13	Office expenses	42,127	,	42,127	
14	Information technology	,		,	
15	Royalties				
16	Occupancy	2,132,915	2,132,915		
17	Travel	742	742		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	879,312	879,312		
23	Insurance	18,031	18,031		
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 O)				
а	MISC EXPENSES	3,329		3,329	
b					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,638,982	3,214,757	424,225	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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
		,	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	345,329	1	452,164
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	15,309	4	11,228
	5	Loans and other receivables from current and former officers, directors, trustees employees, and highest compensated employees Complete Part II of Schedule L	, key	_	
<u>s</u>	6	Loans and other receivables from other disqualified persons (as defined under se $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing emploand sponsoring organizations of section $501(c)(9)$ voluntary employees' benefic organizations (see instructions) Complete Part II of Schedule L	yers	5	
ल				6	
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	95,216	9	107,675
	10a	Part VI of Schedule D 10a 31,2	26,312		
	b	Less accumulated depreciation 10b 10,8	11,568 21,238,317	10 c	20,414,744
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	824,908	14	866,713
	15	Other assets See Part IV, line 11	1,985,143	15	1,543,230
	16	Total assets. Add lines 1 through 15 (must equal line 34)	24,504,222	16	23,395,754
	17	Accounts payable and accrued expenses	997,918	17	498,545
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	23,654,036	20	23,174,873
ø	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	4,487,240	23	4,432,887
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	274 044		204 200
		D	371,041 29,510,235	25	291,208 28,397,513
	26	Total liabilities. Add lines 17 through 25	29,510,235	26	26,397,513
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
<u>8</u>	27	Unrestricted net assets	-5,006,013	27	-5,001,759
8	28	Temporarily restricted net assets		28	
Ξ	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
5	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	-5,006,013	33	-5,001,759
~	34	Total liabilities and net assets/fund balances	24,504,222	34	23,395,754

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,6	343,236
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,6	38,982
3	Revenue less expenses Subtract line 2 from line 1	3			4,254
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5		-5,0	06,013
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		-5,0	001,759
Par	t XII Financial Statements and Reporting		,		
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	ıt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318041174

SCHEDULE A Public

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of	the	organi	ization	
AFFORDAB	LE HO	USING	PARTNERS	INC

Employer identification number

35-1993520

	rt I			blic Charity Sta						nstructions			
The	rganı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	gh 11, check	only one bo	ox)				
1	Γ	A chur	ch, convent	on of churches, or as	ssociation of	churches de	escribed in s e	ection 170(b	o)(1)(A)(i).				
2	\sqcap	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedu	ıle E)						
3	Г	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descrı	bed in sectio	n 170(b)(1)	(A)(iii).				
4	Г			n organization operat	ed ın conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the		
_	_			ty, and state	h a 6 a a a 11 a a a						مر ام مارس	_	
5	ļ	_	•	erated for the benefi	_	or universit	ty owned or o	perated by a	a governmeni	tai unit desc	ribed in		
•	_			A)(iv). (Complete P	·	al unit doco	whad in acat i	an 170(h)(1)(A)()				
6 7	<u> </u>			local government or at normally receives	_					rom the gen	aral public		
,	,	_		on 170(b)(1)(A)(vi).		•	support nom	a governine	ilital ullit of li	rom the gene	erai public		
8	\vdash			described in section			nplete Part II)					
9	굣	An orga	anization th	at normally receives	(1) more th	an 331/3% o	fits support	from contrıb	utions, mem	bership fees	, and gros	s	
		receipt	s from activ	ities related to its ex	kempt function	ons—subject	t to certain e	xceptions, a	nd (2) no mo	re than 331/	/3% of		
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less	section 511	tax) from bu	isinesses		
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
10	Γ	An orga	anızatıon or	ganized and operated	dexclusively	to test for p	oublic safety	See section	1 509(a)(4).				
11	Γ	one or the box	more public that descri	ganized and operated ly supported organiz bes the type of supp b Type II c	ations descr orting organ	ibed in secti ization and c	on 509(a)(1) complete line	or section s s 11e throu	509(a)(2) S	ee section 5	09(a)(3).	Check	
e f	Γ	other the section	nan foundatı ı 509(a)(2) rganızatıon	ox, I certify that the on managers and otl received a written do	ner than one	or more pub	licly support	ed organızat	ions describ	ed in sectioi	n 509(a)(1	l)or	
g		Since A followir	ng persons?	2006, has the organi				•				No.	
				governing body of th	•		•	persons des	scribed iii (ii)		Yes	No	
		-		er of a person descri		_				11g			
			•	•	· · · · · · · · · · · · · · · · · · ·								
h					on described in (i) or (ii) above? It the supported organization(s)								
				.9	о аррона	- u - u - g u <u>-</u> u	(5)						
	i) Nam suppoi rganiza	rted	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is to organization col (i) listo your gove docume	on in ted in rning	(v) Did you the organiz in col (i) o suppor	zation fyour	(vi) Is a organizati col (i) org	ion in anized	(vii) Am mone supp	tary	
				instructions))	Yes	No	Yes	No	Yes	No]		
Tota	1										1		

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is i	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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 qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	13	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			50,000			10,000	60,000
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,164,007	6,439,142	4,093,385	3,437,414	3,	551,170	23,685,118
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	6,164,007	6,439,142	4,143,385	3,437,414	3,	561,170	23,745,118
	A mounts included on lines 1, 2, and 3 received from disqualified persons							0
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							0
c	Add lines 7a and 7b							0
8	Public support (Subtract line 7c from line 6)							23,745,118
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	13	(f) Total
9	A mounts from line 6	6,164,007	6,439,142	4,143,385	3,437,414	3,	561,170	23,745,118
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar	5,256	2,392	1,249	477		356	9,730
	sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	5,256	2,392	1,249	477		356	9,730
c	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	5,256	2,392	1,249	477		356	9,730
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	5,256 5,256 348,079	2,392	1,249	477 80,782		356 81,710	9,730 9,730 912,157
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,					3,1		
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is form the sale of the sa	348,079 6,517,342	232,166 6,673,700	169,420 4,314,054	80,782 3,518,673	· ·	81,710	912,157 24,667,005 zation,
c 11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is findeck this box and stop here	348,079 6,517,342 for the organization	232,166 6,673,700 on's first, second,	169,420 4,314,054	80,782 3,518,673	· ·	81,710	912,157
c 11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is form the sale of the sa	348,079 6,517,342 for the organization	232,166 6,673,700 on's first, second,	169,420 4,314,054 third, fourth, or f	80,782 3,518,673	· ·	81,710	912,157 24,667,005 zation,
c 111 12 13 14 See 15	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is a check this box and stop here	6,517,342 for the organization	6,673,700 on's first, second, ercentage f) divided by line	169,420 4,314,054 third, fourth, or f	80,782 3,518,673	501(c)(3	81,710	912,157 24,667,005 zation,
c 111 12 13 14 See 15 16 See	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is a check this box and stop here existed C. Computation of Public support percentage for 2013 Public support percentage from 201	6,517,342 for the organization lic Support Performance (line 8, column (12) 2 Schedule A, Pa	6,673,700 on's first, second, ercentage f) divided by line art III, line 15 me Percentag	169,420 4,314,054 third, fourth, or f	80,782 3,518,673 ifth tax year as a	501(c)(3	81,710	912,157 24,667,005 zation, P 96 260 %
c 111 12 13 14 See 15 16 See	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Public support percentage for 2013 Public support percentage from 201 ection D. Computation of Investment income percentage for 2013	6,517,342 for the organization lic Support Per (line 8, column (2 Schedule A, Pa estment Incomposition (2013 (line 10c, co	6,673,700 on's first, second, ercentage f) divided by line art III, line 15 me Percentage	169,420 4,314,054 third, fourth, or f 13, column (f)) Je by line 13, column	80,782 3,518,673 ifth tax year as a	501(c)(3	81,710	912,157 24,667,005 zation, P 96 260 %
c 111 12 13 14 Se 15 16 Se 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is a check this box and stop here existed C. Computation of Public support percentage for 2013 Public support percentage from 201	6,517,342 for the organization lic Support Per (line 8, column (*) 2 Schedule A, Par estment Incompanion (*) 2013 (line 10 c, companion (*) 2014 Schedule A	6,673,700 on's first, second, ercentage f) divided by line art III, line 15 me Percentag olumn (f) divided by A, Part III, line 1	169,420 4,314,054 third, fourth, or f 13, column (f)) ge by line 13, column	80,782 3,518,673 Ifth tax year as a	501(c)(3 15 16 17 18	81,710 643,236 3) organı	912,157 24,667,005 zation, 96 260 % 96 050 % 0 040 % 0 090 %

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test							
Return Reference	Explanation						
SCHEDULE A, PART III, LINE 12	MISCELLANEOUS INCOME CONSISTS OF TENANT CHARGES, LAUNDRY AND VENDING CHARGES AND OTHER INCOME ITEMS FOR SERVICES PROVIDED FOR THE CONVENIENCE OF THE TENANTS						

Schedule A (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493318041174

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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. ► Information about Schedule D (Form 990) Open to Public

ema	l Revenue Service	and its instruct	ions is at <u>www.irs.gov/form990</u> .			Inspect	ion	
	me of the organi			Emp	loyer ident if icat	ion numbe	r	
4FF	OKDABLE HOUSING	PARTINERS INC		35-	1993520			
Pa		izations Maintaining Donor Adv		unds	or Accounts.	Complet	e ıf	the
	organiz	zation answered "Yes" to Form 990		1	(h) Fdo and a	.		
	Total number a	t and of year	(a) Donor advised funds		(b) Funds and o	tneraccou	nts	
		tributions to (during year)						
		nts from (during year)						
		ue at end of year						
	Did the organiz	zation inform all donors and donor advisc prganization's property, subject to the or		nor adv	ısed	┌ Yes	Г	No
	used only for c	zation inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit?	_			┌ Yes	Г	No
a		rvation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV	, line 7.		
	Preservation Protection Preservation Complete lines	conservation easements held by the orga on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a	or education)	certifie	d historic struct	ure		
	easement on t	he last day of the tax year			Held at the	End of the	V	
а	Total number o	of conservation easements		2a	neid at the i	ena or the	rea	ır
u b		restricted by conservation easements		2b				
c	_	servation easements on a certified histo	ric structure included in (a)	2c				
ı		servation easements included in (c) acq	• •					
		ure listed in the National Register		2d				
	Number of con the tax year ►	servation easements modified, transferr	ed, released, extinguished, or terminat	ed by th	ne organization d	uring		
	Number of stat	tes where property subject to conservati	on easement is located ►					
		nization have a written policy regarding t f the conservation easements it holds?	he periodic monitoring, inspection, han	ndling of	f violations, and	☐ Yes	Г	No
	Staff and volun	nteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ments o	during the year			
	A mount of exp ► \$	enses incurred in monitoring, inspecting	, and enforcing conservation easement	ts durin	g the year			
		nservation easement reported on line 2(c 70(h)(4)(B)(ii)?	i) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)	☐ Yes	Г	No
	balance sheet,	escribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia					
1		izations Maintaining Collection etc. If the organization answered "Y		or Ot	her Similar A	ssets.		
3	works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	, or rese	earch in furtherar			
b	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to theso	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	nent and balance		ıc	
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$			
	(ii) Assets inc	luded in Form 990, Part X			► \$			
	If the organiza	tion received or held works of art, histori ints required to be reported under SFAS						
1	Revenues incli	uded in Form 990, Part VIII, line 1			► \$			
ь		ed in Form 990, Part X			<u></u> -			_
	July .iiciauc				· +			_

b Buildings 25,829,491 8,145,338 17,684,153 c Leasehold improvements 3887,274 872,573 14,701 e Other 2,932,766 1,793,657 1,139,105	Part	••• Organizations Maintaining Co	llections of Art,	, His	tori	cal Ti	reası	<u>ires, or O</u>	<u>tne</u>	r Similar <i>i</i>	ASSE	ets (co	ntınued)
b Scholarly research	3		on, and other record	ds, ch	neck	any of	the fol	lowing that a	re a	significant i	ise of	fits	
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parx XIII 5 During the year, did the organization's collection of arth, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990. Part XIII III 1 III III 1 III	а	Public exhibition		d	Γ	Loan	orexc	hange progr	ams				
Part XIII The principle of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar sixes to be soid to raise funds rether than to be monitatined as part of the organization's collection? Yes No	b	Scholarly research		e	Γ	Othe	r						
Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar seases to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XI, line 9, or reported an amount on Form 990, Part XI, line 9, or reported an amount on Form 990, Part XI, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No It 'Yes,' explain the arrangement in Part XIII and complete the following table Amount Amou	С	Preservation for future generations											
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4		llections and explai	n hov	v the	y furth	er the	organızatıon	's ex	empt purpos	se in		
Part IV. line 9, or reported an amount on Form 990, Part X, line 21.		assets to be sold to raise funds rather than t	o be maintained as i	part c	of the	organ	ızatıon	ı's collection	?				┌ No
No No No No No No No No	Par							n answered	Y" t	es" to Forn	า 990	o, 	
Additions during the year Addition of the year Additional during the year Add	1a		ıan or other ınterme	dıary	for c	ontribi	utions	or other ass	ets ı	not	Г	Yes	┌ No
1	b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		_					
Mathematical process Mathematical proces								-			Amo	unt	
te tolling balance to the strington of the parameter of the current year end balance (line 1g, column (a)) held as and programs 4 Remainstrative expenses of the current year end balance (line 1g, column (a)) held as and programs 5 Permainent endowment ► 7 Permainent endowment ► 7 Permainent endowment ► 7 Permainent endowment ► 8 Permainent endowment ► 9 Permainent endowment Funds not in the possession of the organization that are held and administered for the organization by (1) unrelated organizations 9 Permainent endowment Complete if the organization is sendowment Funds 9 Permainent endowment Funds not in the possession of the organization that are held and administered for the organization by (1) unrelated organizations 9 Permainent endowment Funds not in the possession of the organization that are held and administered for the organization by (1) unrelated organizations 9 Permainent endowment Funds 9 Permainent endowment Funds not in the possession of the organization that are held and administered for the organization by (1) unrelated organizations 9 Permainent endowment Funds 9	С							-					
1	d							<u> </u>	1d				
Did the organization include an amount on Form 990, Part X, line 21? Yes No	е	Distributions during the year							1e				
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Prior year b (c)Two years back (d)Three years back (e)Four years back	f	Ending balance							1f				
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions	2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?							Γ	Yes	☐ No
Capture Capt	b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been	provided in P	art	XIII			Γ
Beginning of year balance	Pai	rt V Endowment Funds. Complete											
b Contributions	_		(a)Current year	(b))Prior	year	b (c) ⊺	wo years back	(d)	Three years ba	ck (€	e)Four ye	ears back
d Grants or scholarships											+		
d Grants or scholarships	_								_		+		
e Other expenditures for facilities and programs	С	Net investment earnings, gains, and losses											
a Board designated or quasi-endowment ► Permanent endowment F The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) related organizations	d	Grants or scholarships											
per End of year balance	e	•											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ b Permanent endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f	Administrative expenses											
Board designated or quasi-endowment ▶ b Permanent endowment ▶ C Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	g	End of year balance											
b Permanent endowment ► C Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	2	Provide the estimated percentage of the curr	ent year end balanc	e (lın	e 1g	, colum	nn (a))	held as					
Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) unrelated organizations (iv) restricted endowment funds b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1.576,781 b Buildings Land 1.576,781 c Leasehold improvements d Equipment 887,274 872,573 1,139,103 1,139,103	а	Board designated or quasi-endowment ►											
The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) re	b	Permanent endowment 🕒											
Yes No No No No No No No N	C	• •	ıld equal 100%										
(i) unrelated organizations	За	Are there endowment funds not in the posses	ssion of the organiza	ition	that	are hel	danda	admınıstered	for	the			
(ii) related organizations										_		Yes	No
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 3b					•		•		•	<u> </u>			
Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value (d) Book	.	` ,							•	<u>[</u>		<u> </u>	
Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b)Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation Buildings 25,829,491 8,145,338 17,684,153 17,684,			· ·				• ,		•		<u> </u>		
11a. See Form 990, Part X, line 10. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land 1,576,781 1,576,781 1,576,781 1,576,781 b Buildings 25,829,491 8,145,338 17,684,153 1,684,153 1,684,153 1,684,153 1,684,153 1,7684,153							n ans	wered 'Yes	' to	Form 990,	Part	IV, lu	 ne
tal Land 1,576,781 1,576,781 b Buildings 25,829,491 8,145,338 17,684,153 c Leasehold improvements 25,829,491 8,145,338 17,684,153 d Equipment 887,274 872,573 14,701 e Other 2,932,766 1,793,657 1,139,105		11a. See Form 990, Part X, line 1											
b Buildings 25,829,491 8,145,338 17,684,153 c Leasehold improvements 387,274 872,573 14,701 e Other 2,932,766 1,793,657 1,139,105		Description of property										(d) Bo	ok value
c Leasehold improvements	1a	_and						1,576	,781				1,576,781
d Equipment 887,274 872,573 14,701 e Other 2,932,766 1,793,657 1,139,109	b i	Buildings						25,829,	491	8,145	,338	1	7,684,153
e Other	c l	_easehold improvements											
	d i	Equipment						887	,274	872	,573		14,701
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))	_e	Other	<u> </u>	<u>. </u>				2,932	,766	1,793	,657		1,139,109
20,717,77			qual Form 990, Part X	, colu	mn (B), lıne	10(c).)		🕨		2	0,414,744

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	mplete if the organization	n answered 'Yes' to For	m 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of va	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related. C See Form 990, Part X, line 13.	omplete if the organizati	on answered 'Yes' to Fo	orm 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of va	ıluatıon
	.,	Cost or end-of-year	
Table (Calumn (b) must a gual Farm 2000, Bart V, and (B) line 12.)	<u>.</u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	n answered 'Ves' to Form 9		Form 000 Part V June 15
(a) Desc		50, Fait IV, ille IIu See i	(b) Book value
(1) ESCROW RESERVE DEPOSITS	-		16,436
(2) TENANT SECURITY DEPOSITS			23,533
(3) CONSTRUCTION ESCROW			18,219
(4) INTEREST RECEIVABLE - INTEREST RATE SWAP			1,390,597
(5) REPLACEMENT RESERVE			94,445
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		1,543,230
Part X Other Liabilities. Complete if the org			
Form 990, Part X, line 25.		· ,	
1 (a) Description of liability	(b) Book value		
Federal income taxes			
PROMISSORY NOTE PAYABLE	176,211		
TENANT SECURITY DEPOSITS	114,997	-	
	·	7	
		4	
		-	
		7	
		_	
		-	
		7	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	291,208	3	
2 Liability for uncertain tay positions In Part XIII provid			

PART XI, LINE 2D - OTHER

PART XI, LINE 4B - OTHER

PART XII, LINE 2D - OTHER

PART XII, LINE 4B - OTHER

ADJUSTMENTS

ADJUSTMENTS

ADJUSTMENTS

ADJUSTMENTS

Par	t XI Reconciliation of Return the organization answ				nts Wi	th Rev	enue p	er R	leturn Complete if
1	Total revenue, gains, and othe							1	3,617,690
2	Amounts included on line 1 bu								
a	Net unrealized gains on invest	ments		. 2a	1				
b	Donated services and use of fa	acilities		2b					
С	Recoveries of prior year grants	5		2c					
d	Other (Describe in Part XIII)			. 2d			3,580		
e	Add lines 2a through 2d .							2e	3,580
3	Subtract line ${f 2e}$ from line ${f 1}$.							3	3,614,110
4	Amounts included on Form 99	0, Part VIII, line 12, b	out not on line 1						
а	Investment expenses not incl	uded on Form 990, Pa	rt VIII, line 7b .	4a					
b	Other (Describe in Part XIII)			4b		:	29,126		
c	Add lines 4a and 4b							4c	29,126
5	Total revenue Add lines 3 and							5	3,643,236
Pari	Reconciliation of E if the organization an					ith Exp	enses	s per	Return. Complete
1	Total expenses and losses per	audited financial stat	ements					1	3,511,487
2	Amounts included on line 1 bu	t not on Form 990, Pa	rt IX, line 25						
а	Donated services and use of fa	icilities		. 2a	1				
b	Prior year adjustments			. 2b	,				
С	Other losses			20	:				
d	Other (Describe in Part XIII)			. 2d	1		745	1	
e	Add lines 2a through 2d							2e	745
3	Subtract line ${f 2e}$ from line ${f 1}$.							3	3,510,742
4	Amounts included on Form 99	0, Part IX, line 25, but	not on line 1:						
а	Investment expenses not incl	ıded on Form 990, Par	t VIII, line 7b .	. 4a				1	
b	Other (Describe in Part XIII)			. 4b		1	28,240		
С	Add lines 4a and 4b							4 c	128,240
5	Total expenses Add lines 3 ar		l Form 990, Part I	, line 18)			5	3,638,982
Prov Part	Supplemental Information Supplemental Informat	Part II, lines 3, 5, and	Part XII, lines 2d	and 4b A					de any additional
	Return Reference		Explanatio						
PART	X, LINE 2	THE INTERNAL REV OTHER THAN PRIVA STATE TAXES ON R FINANCIAL STATE	'ENUE CODE ANI ATE FOUNDATIO .EVENUE AND IN MENTS GENERAI INATIONS FROM	STATE N ACCO COME HA LLY, THE THE THE	INCOME RDINGL AS BEEN FEDERA REE YEA	E TAX AI LY, NO P I RECOG L AND S RS AFTE	ND HAS ROVIS INIZED TATE ER THE	BEEION F IN TH IAX R LATE	HE ACCOMPANYING ETURNS WERE R OF THE ORIGINAL

PREPAID RENT - 2012 3,580

PREPAID RENT - 2013 29,126

BOOK AMORTIZATION OVER TAX 745

TAX DEPRECIATION OVER BOOK 128,240

Schedule D) (Form	agn	2013
Scheaule L) (FORM	990	LAUTO

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493318041174

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

AFFORDABLE HOUSING PARTNERS INC

Employer identification number

AFI	-ORDABLE HOUSING PARTNERS	SINC								35	-19935	20			
Р	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	((f) Description	n of purpose	(g) De	efeased	beha	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	COUNTY OF HANCOCK OHIO	34-6400608	410049AG5	10-26-2007	2,52	20,000	BO N THE	FUNDING THE NDS THAT HA E APARTMEN' MMUNITY	D FINANCED		x		×		х
В	COUNTY OF HAMILTON OHIO	31-6000142	407821AH0	10-26-2007	9,46	55,000	BO N THE	REFUNDING THE PRIOR BONDS THAT HAD FINANCED THE APARTMENT COMMUNITY			х		×		Х
С	INDIANA FINANCE AUTHORITY	35-1602316	45470TBY7	10-26-2007	4,09	90,000	BO N THE	REFUNDING THE PRIOR BONDS THAT HAD FINANCED THE APARTMENT COMMUNITY			х		×		х
Pa	rtII Proceeds														
_	A mount of bonds retired				-	Α		В			С			D	
1 2	Amount of bonds legally defeased														
3	Total proceeds of issue					2,520	000	1	9,465,000		4.00	0,000			
4	Gross proceeds in reserve fund	 ds				2,520	,000	<u>' </u>	9,405,000		4,03	0,000			
	Capitalized interest from proce														
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds														
8	Credit enhancement from proc	eeds													
9	Working capital expenditures f	rom proceeds													
10	Capital expenditures from proc	eeds													
11	Other spent proceeds														
12	O ther unspent proceeds														
13	Year of substantial completion				20	00		200	1	2	.002				
					Yes	No)	Yes	No	Yes	N	lo	Yes		No
14	Were the bonds issued as part	of a current refund	ng issue?			Х			Х		>	×			
15	Were the bonds issued as part	of an advance refu	nding issue?		Х			Х		Χ					
16	Has the final allocation of proc	eeds been made?			Х			Х		Х					
17	Does the organization maintain allocation of proceeds?	n adequate books a	nd records to supp	ort the final	х			х		Х					
Pa	rt IIII Private Business U	se				1			<u> </u>			-			
						A		В			С			D	
					Yes	No	o	Yes	No	Yes	N	lo	Yes		No
1	Was the organization a partner	ın a partnership, oi	a member of an Ll	_C, which owned		×			x		\ \ \	<i>、</i>			

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Χ

Χ

Part III Private Business Use (Continued	Part III	Private	Business	Use	(Continued
--	----------	---------	-----------------	-----	------------

	Filvate business use (Continued)								
		A		E	3		С	<u> </u>	D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		Х		Х		х		
ь	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		Х		Х		х		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		Х		Х		Х		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		х		Х		×		
Ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	_	_		_				
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		Х		×		X		

Part IV Arbitrage

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?	×		Х		Х			
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?								
ь	Exception to rebate?								
С	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	Х		Х		Х			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		х		Х		Х		
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was the hedge terminated?								
							Sc	hedule K (Forn	n 990) 2013

Pa	t IV Arbitrage (Continued)								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		X		×		
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		x		Х		x		
7	Has the organization established written procedures to monitor the requirements of section 148?		x		x		x		

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

Α		В		С		D			
Yes	No	Yes	No	Yes	No	Yes	No		
	x		x		x				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference Explanation

Schedule K (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493318041174

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 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. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the org AFFORDABLE HOUS		S INC					E	Employ	er ident	ificatio	n numbe	er
									93520			
					3) and section							
					0, Part IV, line							
1 (a) Nam	e of disquali	fied person		iship between on and organia		(c) Des	cription	of tra	nsactior	—		rected?
			perso	ni aliu organiz	2411011						Yes	No
												-
										-+		
												•
												-
												_
												-
2 Enter the a	mount of ta	x incurred by	organization	managers or	dısqualıfıed pe	rsons during t	he year	r unde	rsection	าา		
	· · · · ·	v ifany on l	 ine 2 above :	eimhiiread h	· · · · · · · · · · · · · · · · · · ·	· · ·			- \$			
3 Linter the a	illioulit of ta	x, 11 ally, 011 1	ille 2, above, i	elilibursed by	v tile organizat				- э			
Part III Lo	ans to an	d/or Fron	n Intereste	d Persons								
					990-EZ, Part \ Iine 5, 6, or 22		Form 9	90, Pa	art IV , lı	ne 26, d	or if the	
(a) Name of	(b)	(c)	(d) Loan		(e)Original	(f)Balance	(g) In		(h)		(i)Wr	itten
ınterested	Relationsh				principal	due	defaul	t?	A pprov	ed	agreer	ment?
person	with	loan	organızatı	on?	amount				by			
	organızatı	on							board or			
									commit	ttee?		
			То	From	1		Yes	No	Yes	No	Yes	No
											•	•
											_	
											_	
											_	
											_	
											_	
Total		▶ 5	<u> </u>		•						7	
Part IIII Gra	nts or As	sistance	Benefitting	Intereste	d Persons.		-					
Cor	mplete if th	ne organiza	tion answere	ed "Yes" on	Form 990, P	art IV, line 2	27.					
(a) Name of ir	nterested		nship betweer		nt of assistanc	e (d) Type	e of ass	istanc	e (e) Purpos	e of ass	sistance
perso	n		person and the	2								
		orga	nızatıon									
						<u> </u>						
						<u></u>						
						<u>—</u>						
						<u> </u>						

Part IV Business Transactions Involving Interested Persons.

Complete if the organization	<u>on answered "Yes" on l</u>	orm 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zation's ues?
(1) PEDCOR MANAGEMENT CORPORATION	TWO CURRENT DIRECTORS HAVE OWNERSHIP IN PEDCOR MANAGEMENT CORPORATION	108,487	BRUCE CORDINGLEY AND PHIL STOFFREGEN OWN 49 9% AND 1% RESPECTIVELY OF PEDCOR MANAGEMENT CORPORATION PEDCOR MANAGEMENT CORPORATION EARNS A MANAGEMENT FEE FROM AFFORDABLE HOUSING PARTNERS, INC	Yes	No
Part V Supplemental Informat	ion				•

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318041174

OMB No 1545-0047

2013

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization AFFORDABLE HOUSING PARTNERS INC Employer identification number

35-1993520

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	OFFICERS HAVE A BUSINESS RELATIONSHIP IN WHICH THEY PARTICIPATE IN OTHER REAL ESTATE ACTIVITIES WITH ONE ANOTHER
FORM 990, PART VI, SECTION A, LINE 3	KNOLLWOOD, CRYSTAL GLEN, AUTUMN WOODS, AND AUTUMN WOODS II ARE MANAGED BY PEDCOR MANAGEMEN T CORPORATION, A PROFESSIONAL PROPERTY MANAGEMENT COMPANY PEDCOR MANAGEMENT CORPORATION H AS A PROJECT OWNER'S AND MANAGEMENT AGENT'S CERTIFICATION FOR MULTIFAMILY HOUSING PROJECTS WITH THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT UNDER THIS CERTIFICATION, HUD HAS APPROVED PEDCOR MANAGEMENT CORPORATION TO MANAGE THE PROJECTS THE MANAGEMENT CONTRACT ENCOMPASSES THE DAY TO DAY OPERATIONS OF THE PROJECT INCLUDING, BUT NOT LIMITED TO, COLLE CTION OF RENTS, MAINTENANCE OF FACILITIES, SUPERVISION OF STAFF, AND ONGOING SUPPORT FOR B OTH THE OWNERS AND TENANTS AS NEEDED IN ORDER TO ESTABLISH A SAFE, SANITARY AND AFFORDABLE ENVIRONMENT TWO MEMBERS OF THE BOARD OF DIRECTORS, PHILLIP STOFFREGEN & BRUCE CORDINGLEY , RECEIVED REPORTABLE COMPENSATION FROM PEDCOR MANAGEMENT CORPORATION DURING THE CURRENT Y EAR THE AMOUNTS OF REPORTABLE COMPENSATION ARE AS FOLLOWS PHILLIP STOFFREGEN \$345,000 B RUCE CORDINGLEY \$420,000
FORM 990, PART VI, SECTION B, LINE 11	THE AUDITING FIRM SENDS A DRAFT OF THE RETURN TO THE MANAGEMENT COMPANY THE MANAGEMENT COMPANY FORWARDS A COPY OF THE RETURN TO EACH BOARD MEMBER FOR THEIR COMMENTS PRIOR TO FILIN G
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS SUBJECT TO BOARD APPROVAL
FORM 990, PART VI, SECTION C, LINE 19	THE FORM 990 AND ALL RELATED FINANCIAL AND POLICY INFORMATION ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 2C	THE MANAGEMENT COMPANY RECEIVES A COPY OF THE AUDIT PRIOR TO THE FINALIZATION OF THE AUDI T, A COPY OF THE AUDIT IS GIVEN TO ALL OF THE BOARD MEMBERS FOR THEIR COMMENTS WHEN THE A UDIT IS UP FOR BID, THE BOARD DISCUSSES THE RELATIONSHIP WITH THE CURRENT AUDITORS AND MAK ES A DETERMINATION AS TO WHETHER TO MAINTAIN THIS RELATIONSHIP OR CHANGE TO A NEW AUDITING FIRM

DLN: 93493318041174

SCHEDULE R (Form 990)

Name of the organization

AFFORDABLE HOUSING PARTNERS INC

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

35-1993520

Part I Identification of Disregarded Entities Complete	e if the organization	answered "Yes" or	ı Form 990, Par	t IV, line 33.				
(a) Name, address, and EIN (ıf applıcable) of dısregarded entıty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity		
(1) AHP - CRYSTAL GLEN II LLC 770 3RD AVENUE SOUTHWEST CARMEL, IN 46032 26-1251523	AFFORDABLE HOUSING	IN	-34,427	2,780,584	N/A		_	
(2) AHP - KNOLLWOOD CROSSING I LLC 770 3RD AVENUE SOUTHWEST CARMEL, IN 46032 26-1251470	AFFORDABLE HOUSING	IN	35,489	12,000,922	N/A			
(3) AHP - AUTUMN WOODS I LLC 770 3RD AVENUE SOUTHWEST CARMEL, IN 46032 27-1195146	AFFORDABLE HOUSING	IN	-80,256	3,791,989	N/A			
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the (a) Name, address, and EIN of related organization	ations Complete if to tax year. (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sector	(e)	tus	Ine 34 because it (f) Direct controlling entity	Section (13) co	g) n 512(b
							Yes	No
								<u> </u>
								_
								_
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501:	<u> </u> 35Y			Schedule R (Form	 1 990) 2	<u> </u> 2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	allocat	rtionate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging ner?	(k) Percentage ownership
	REAL ESTATE INVESTMENT	IN	AHP OHIO INC	RELATED		1,944,064	Yes Yes	No		Yes	No No	
	REAL ESTATE INVESTMENT	IN	AHP OHIO INC	RELATED		241,068	Yes				No	

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

		<u> </u>			<u> </u>				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(i contro enti	13) olled
								Yes	No
(1) AHP OHIO INC 770 3RD AVENUE SOUTHWEST CARMEL, IN 46032 35-2042201	REAL ESTATE INVESTMENT	IN	N/A	С		-18,946	100 000 %		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related or	organızatıons lıs	ted in Parts II-IV?							
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
b	Gift, grant, or capital contribution to related organization(s)									
C	c Gift, grant, or capital contribution from related organization(s)									
d	Loans or loan guarantees to or for related organization(s)				1d		No			
е	Loans or loan guarantees by related organization(s)				1e		No			
f	Dividends from related organization(s)				1f		No			
g	Sale of assets to related organization(s)				1 g		No			
h	Purchase of assets from related organization(s)				1h		No			
i	Exchange of assets with related organization(s)				1i		No			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		No			
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No			
0	Sharing of paid employees with related organization(s)				10		No			
р	Reimbursement paid to related organization(s) for expenses				1р		No			
q	Reimbursement paid by related organization(s) for expenses				1q		No			
r	O ther transfer of cash or property to related organization(s)				1r		No			
s	Other transfer of cash or property from related organization(s)				1s		No			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line		· •							
		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	unt in	volved				

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

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
]	
												\Box	
	•												

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493318041174 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990 PAGE 10 Name(s) shown on return AFFORDABLE HOUSING PARTNERS INC 35-1993520 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2013 · · · · · · 823.572 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs Summary (see instructions.) Part IV 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 823,572 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2013) Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

24a Do you have evider	nce to support t	the business/in	estment ι	ise claime	d? ┌ Yes	Гио			24b If	"Yes,"	is the e	ev idenc	e written'	, L 4e	s Γ_{N}	o	
Type of property (list Date placed in investment Cost o			or other Basis for depreciation Re				(f) (g) Recovery Method/ period Convention			(h) Depreciation/ deduction			(i) Elected section 179 cost				
25Special depreciation allo	•		erty placed	in service	during the	tax year	r and u	used m	ore tha	n 25							
50% in a qualified busi 26 Property used more	•		hiisiness	IISA						25	<u>' </u>						
201 Toperty used more	1	%	Dusiness	usc	Τ									Т			
		%															
37 Dranarty used 500/		%															
27 Property used 50%	or less in a	quanned bus	iness us	e	Ι			Г	S/L	-	$\overline{}$			$\overline{}$			
		%							S/L	-							
		%							S/L	-							
28 Add amounts in co		-				ne 21,	page	1	28								
29 Add amounts in c	olumn (ı), lın												29				
Complete this costion	· for walanda		ction B									+					
Complete this section If you provided vehicles to														se vehr	cles		
30 Total business/in	vestment mi	les driven du	rına the		a)		b)		(c)		1	(d)		e)		(f)	
year (do not inclu			•	Vehi	icle 1	Vehi	cle 2	- 	/ehic	le 3	Vehicle 4		4 Vehicle		Veh	ıcle 6	
31 Total commuting		d				1		-					+				
3		,						-					+				
32 Total other person	•					-							_		-		
33 Total miles driven through 32	during the y	ear Add line	s 30														
34 Was the vehicle a	vailable for p	ersonal use		Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No	
during off-duty ho													1	+		+	
35 Was the vehicle u owner or related p	sed primarily	by a more t	nan 5%														
36 Is another vehicle	available fo	r personal us	e? .														
Section Answer these question 5% owners or related	ns to determ	•	et an exc												not mo	re tha	
37 Do you maintain a employees?	written polic	y statement	that prof	nibits all	personal	use of	vehi •	cles,	ncluc	ling co	mmutı • •	ng, by • •	your • • •	<u>-</u>	'es	No	
38 Do you maintain a employees? See t	•	•	•	•				•	•								
39 Do you treat all us	se of vehicles	s by employe	es as pei	sonal us	e?												
40 Do you provide movehicles, and reta				oyees,o	btaın ınfo	ormatio	n from	m you • •	remp	loyees	abou	t the u	se of				
41 Do you meet the r	equirements	concerning	qualified a	automobi	ıle demor	nstratio	on us	e? (Se	e ins	tructio	ns)				$\neg \uparrow$		
Note: If your answ	-	_	=					-			-						
	rtization	, , - , - , - ,		-,													
(a) Description of c		(b) Date amortizatio begins	n	A mort	ızable			(d) Code ection		A mort perio perce	izatior od or	or A mortizati			atıon for		
42 A mortization of co	sts that hea		ur 2012	tax vear	(SPA INC	tructio	ns \			Perce	age	1					
See Additional Data T		during ye	<u> 2013</u>	can year	(300 1115	1, 40 (10	,					1					
See Auditional Data 1	avie																
43 A mortization of co	sts that her	an before vo	ur 2013 t	ax vear							43	1			4	4,172	
44 Total. Add amoun	_	•		•	ere to re	port					44	1				5,740	

Additional Data

Software ID: Software Version:

EIN: 35-1993520

Name: AFFORDABLE HOUSING PARTNERS INC

Form 4562, Part VI, Line 42, Amortization of costs that begins during your 2013 tax year (see instructions):

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
LOC RENEWAL LEGAL FE	2013-01-01	2,500	461	58M	517
LEGAL FEES - LOC EXT	2013-06-15	5,589	461	60M	652
COMMISSION FEE - LOC	2013-05-17	82,226	461	60M	9,593
APPRAISAL FEE - LOC	2013-05-17	5,000	461	60M	583
TITLE SEARCH - LOC E	2013-07-01	2,231	461	60M	223