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Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning January 1, 2014, and ending December 31, 20 14

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization AFFORDABLE HOUSING PROGRAMS, INC
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
340 NORTH 11TH STREET
 City or town, state or province, country, and ZIP or foreign postal code
LAS VEGAS, NV 89101-3106

D Employer identification number
88-0465561

E Telephone number
702-922-6835

F Name and address of principal officer:
SAME AS ABOVE

G Gross receipts \$ 41140

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶ _____

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

J Website: ▶ _____

K Form of organization Corporation Trust Association Other ▶ _____

L Year of formation 2006 **M** State of legal domicile NV

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: _____		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)		1226242
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41100	41140
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41100	1267382
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a–11c, 11e–11g, 11i–11j, 11l–11m, 11o–11p, 11r–11s, 11u–11v, 11x–11y, 11z, 12a–12c, 12e–12g, 12i–12j, 12l–12m, 12o–12p, 12r–12s, 12u–12v, 12x–12y, 12z, 13a–13c, 13e–13g, 13i–13j, 13l–13m, 13o–13p, 13r–13s, 13u–13v, 13x–13y, 13z, 14a–14c, 14e–14g, 14i–14j, 14l–14m, 14o–14p, 14r–14s, 14u–14v, 14x–14y, 14z, 15a–15c, 15e–15g, 15i–15j, 15l–15m, 15o–15p, 15r–15s, 15u–15v, 15x–15y, 15z, 16a–16c, 16e–16g, 16i–16j, 16l–16m, 16o–16p, 16r–16s, 16u–16v, 16x–16y, 16z, 17a–17c, 17e–17g, 17i–17j, 17l–17m, 17o–17p, 17r–17s, 17u–17v, 17x–17y, 17z, 18a–18c, 18e–18g, 18i–18j, 18l–18m, 18o–18p, 18r–18s, 18u–18v, 18x–18y, 18z, 19a–19c, 19e–19g, 19i–19j, 19l–19m, 19o–19p, 19r–19s, 19u–19v, 19x–19y, 19z, 20a–20c, 20e–20g, 20i–20j, 20l–20m, 20o–20p, 20r–20s, 20u–20v, 20x–20y, 20z, 21a–21c, 21e–21g, 21i–21j, 21l–21m, 21o–21p, 21r–21s, 21u–21v, 21x–21y, 21z, 22a–22c, 22e–22g, 22i–22j, 22l–22m, 22o–22p, 22r–22s, 22u–22v, 22x–22y, 22z, 23a–23c, 23e–23g, 23i–23j, 23l–23m, 23o–23p, 23r–23s, 23u–23v, 23x–23y, 23z, 24a–24c, 24e–24g, 24i–24j, 24l–24m, 24o–24p, 24r–24s, 24u–24v, 24x–24y, 24z, 25a–25c, 25e–25g, 25i–25j, 25l–25m, 25o–25p, 25r–25s, 25u–25v, 25x–25y, 25z, 26a–26c, 26e–26g, 26i–26j, 26l–26m, 26o–26p, 26r–26s, 26u–26v, 26x–26y, 26z, 27a–27c, 27e–27g, 27i–27j, 27l–27m, 27o–27p, 27r–27s, 27u–27v, 27x–27y, 27z, 28a–28c, 28e–28g, 28i–28j, 28l–28m, 28o–28p, 28r–28s, 28u–28v, 28x–28y, 28z, 29a–29c, 29e–29g, 29i–29j, 29l–29m, 29o–29p, 29r–29s, 29u–29v, 29x–29y, 29z, 30a–30c, 30e–30g, 30i–30j, 30l–30m, 30o–30p, 30r–30s, 30u–30v, 30x–30y, 30z, 31a–31c, 31e–31g, 31i–31j, 31l–31m, 31o–31p, 31r–31s, 31u–31v, 31x–31y, 31z, 32a–32c, 32e–32g, 32i–32j, 32l–32m, 32o–32p, 32r–32s, 32u–32v, 32x–32y, 32z, 33a–33c, 33e–33g, 33i–33j, 33l–33m, 33o–33p, 33r–33s, 33u–33v, 33x–33y, 33z, 34a–34c, 34e–34g, 34i–34j, 34l–34m, 34o–34p, 34r–34s, 34u–34v, 34x–34y, 34z, 35a–35c, 35e–35g, 35i–35j, 35l–35m, 35o–35p, 35r–35s, 35u–35v, 35x–35y, 35z, 36a–36c, 36e–36g, 36i–36j, 36l–36m, 36o–36p, 36r–36s, 36u–36v, 36x–36y, 36z, 37a–37c, 37e–37g, 37i–37j, 37l–37m, 37o–37p, 37r–37s, 37u–37v, 37x–37y, 37z, 38a–38c, 38e–38g, 38i–38j, 38l–38m, 38o–38p, 38r–38s, 38u–38v, 38x–38y, 38z, 39a–39c, 39e–39g, 39i–39j, 39l–39m, 39o–39p, 39r–39s, 39u–39v, 39x–39y, 39z, 40a–40c, 40e–40g, 40i–40j, 40l–40m, 40o–40p, 40r–40s, 40u–40v, 40x–40y, 40z, 41a–41c, 41e–41g, 41i–41j, 41l–41m, 41o–41p, 41r–41s, 41u–41v, 41x–41y, 41z, 42a–42c, 42e–42g, 42i–42j, 42l–42m, 42o–42p, 42r–42s, 42u–42v, 42x–42y, 42z, 43a–43c, 43e–43g, 43i–43j, 43l–43m, 43o–43p, 43r–43s, 43u–43v, 43x–43y, 43z, 44a–44c, 44e–44g, 44i–44j, 44l–44m, 44o–44p, 44r–44s, 44u–44v, 44x–44y, 44z, 45a–45c, 45e–45g, 45i–45j, 45l–45m, 45o–45p, 45r–45s, 45u–45v, 45x–45y, 45z, 46a–46c, 46e–46g, 46i–46j, 46l–46m, 46o–46p, 46r–46s, 46u–46v, 46x–46y, 46z, 47a–47c, 47e–47g, 47i–47j, 47l–47m, 47o–47p, 47r–47s, 47u–47v, 47x–47y, 47z, 48a–48c, 48e–48g, 48i–48j, 48l–48m, 48o–48p, 48r–48s, 48u–48v, 48x–48y, 48z, 49a–49c, 49e–49g, 49i–49j, 49l–49m, 49o–49p, 49r–49s, 49u–49v, 49x–49y, 49z, 50a–50c, 50e–50g, 50i–50j, 50l–50m, 50o–50p, 50r–50s, 50u–50v, 50x–50y, 50z, 51a–51c, 51e–51g, 51i–51j, 51l–51m, 51o–51p, 51r–51s, 51u–51v, 51x–51y, 51z, 52a–52c, 52e–52g, 52i–52j, 52l–52m, 52o–52p, 52r–52s, 52u–52v, 52x–52y, 52z, 53a–53c, 53e–53g, 53i–53j, 53l–53m, 53o–53p, 53r–53s, 53u–53v, 53x–53y, 53z, 54a–54c, 54e–54g, 54i–54j, 54l–54m, 54o–54p, 54r–54s, 54u–54v, 54x–54y, 54z, 55a–55c, 55e–55g, 55i–55j, 55l–55m, 55o–55p, 55r–55s, 55u–55v, 55x–55y, 55z, 56a–56c, 56e–56g, 56i–56j, 56l–56m, 56o–56p, 56r–56s, 56u–56v, 56x–56y, 56z, 57a–57c, 57e–57g, 57i–57j, 57l–57m, 57o–57p, 57r–57s, 57u–57v, 57x–57y, 57z, 58a–58c, 58e–58g, 58i–58j, 58l–58m, 58o–58p, 58r–58s, 58u–58v, 58x–58y, 58z, 59a–59c, 59e–59g, 59i–59j, 59l–59m, 59o–59p, 59r–59s, 59u–59v, 59x–59y, 59z, 60a–60c, 60e–60g, 60i–60j, 60l–60m, 60o–60p, 60r–60s, 60u–60v, 60x–60y, 60z, 61a–61c, 61e–61g, 61i–61j, 61l–61m, 61o–61p, 61r–61s, 61u–61v, 61x–61y, 61z, 62a–62c, 62e–62g, 62i–62j, 62l–62m, 62o–62p, 62r–62s, 62u–62v, 62x–62y, 62z, 63a–63c, 63e–63g, 63i–63j, 63l–63m, 63o–63p, 63r–63s, 63u–63v, 63x–63y, 63z, 64a–64c, 64e–64g, 64i–64j, 64l–64m, 64o–64p, 64r–64s, 64u–64v, 64x–64y, 64z, 65a–65c, 65e–65g, 65i–65j, 65l–65m, 65o–65p, 65r–65s, 65u–65v, 65x–65y, 65z, 66a–66c, 66e–66g, 66i–66j, 66l–66m, 66o–66p, 66r–66s, 66u–66v, 66x–66y, 66z, 67a–67c, 67e–67g, 67i–67j, 67l–67m, 67o–67p, 67r–67s, 67u–67v, 67x–67y, 67z, 68a–68c, 68e–68g, 68i–68j, 68l–68m, 68o–68p, 68r–68s, 68u–68v, 68x–68y, 68z, 69a–69c, 69e–69g, 69i–69j, 69l–69m, 69o–69p, 69r–69s, 69u–69v, 69x–69y, 69z, 70a–70c, 70e–70g, 70i–70j, 70l–70m, 70o–70p, 70r–70s, 70u–70v, 70x–70y, 70z, 71a–71c, 71e–71g, 71i–71j, 71l–71m, 71o–71p, 71r–71s, 71u–71v, 71x–71y, 71z, 72a–72c, 72e–72g, 72i–72j, 72l–72m, 72o–72p, 72r–72s, 72u–72v, 72x–72y, 72z, 73a–73c, 73e–73g, 73i–73j, 73l–73m, 73o–73p, 73r–73s, 73u–73v, 73x–73y, 73z, 74a–74c, 74e–74g, 74i–74j, 74l–74m, 74o–74p, 74r–74s, 74u–74v, 74x–74y, 74z, 75a–75c, 75e–75g, 75i–75j, 75l–75m, 75o–75p, 75r–75s, 75u–75v, 75x–75y, 75z, 76a–76c, 76e–76g, 76i–76j, 76l–76m, 76o–76p, 76r–76s, 76u–76v, 76x–76y, 76z, 77a–77c, 77e–77g, 77i–77j, 77l–77m, 77o–77p, 77r–77s, 77u–77v, 77x–77y, 77z, 78a–78c, 78e–78g, 78i–78j, 78l–78m, 78o–78p, 78r–78s, 78u–78v, 78x–78y, 78z, 79a–79c, 79e–79g, 79i–79j, 79l–79m, 79o–79p, 79r–79s, 79u–79v, 79x–79y, 79z, 80a–80c, 80e–80g, 80i–80j, 80l–80m, 80o–80p, 80r–80s, 80u–80v, 80x–80y, 80z, 81a–81c, 81e–81g, 81i–81j, 81l–81m, 81o–81p, 81r–81s, 81u–81v, 81x–81y, 81z, 82a–82c, 82e–82g, 82i–82j, 82l–82m, 82o–82p, 82r–82s, 82u–82v, 82x–82y, 82z, 83a–83c, 83e–83g, 83i–83j, 83l–83m, 83o–83p, 83r–83s, 83u–83v, 83x–83y, 83z, 84a–84c, 84e–84g, 84i–84j, 84l–84m, 84o–84p, 84r–84s, 84u–84v, 84x–84y, 84z, 85a–85c, 85e–85g, 85i–85j, 85l–85m, 85o–85p, 85r–85s, 85u–85v, 85x–85y, 85z, 86a–86c, 86e–86g, 86i–86j, 86l–86m, 86o–86p, 86r–86s, 86u–86v, 86x–86y, 86z, 87a–87c, 87e–87g, 87i–87j, 87l–87m, 87o–87p, 87r–87s, 87u–87v, 87x–87y, 87z, 88a–88c, 88e–88g, 88i–88j, 88l–88m, 88o–88p, 88r–88s, 88u–88v, 88x–88y, 88z, 89a–89c, 89e–89g, 89i–89j, 89l–89m, 89o–89p, 89r–89s, 89u–89v, 89x–89y, 89z, 90a–90c, 90e–90g, 90i–90j, 90l–90m, 90o–90p, 90r–90s, 90u–90v, 90x–90y, 90z	41100	1267342
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	41100	1267342	
19 Revenue less expenses. Subtract line 18 from line 12	0	40	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8483567	7825315
	22 Net assets or fund balances. Subtract line 21 from line 20	4373292	3715000
		4110275	4110315

Part II Signature Block

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

Sign Here Signature of officer: FREDERICK HARON Date: 7/30/15
 Type or print name and title: _____

Paid Preparer Use Only Print/Type preparer's name: Roman Kurys Preparer's signature: _____ Date: 7-30-15 Check if self-employed PTIN: _____
 Firm's name: KUBAS KELLER ASSOCIATES, INC Firm's EIN: 26-1593398
 Firm's address: 1719 LEON DRIVE, HATFIELD, PA 19440 Phone no.: 215-416-6798

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

SCANNED SEP 01 2015

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

DEVELOPMENT OF LOW INCOME HOUSING PROJECTS FOR ELIGIBLE RESIDENTS OF THE LAS VEGAS AREA

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1267382 including grants of \$) (Revenue \$ 1267342)

DEVELOPMENT OF LOW INCOME HOUSING PROJECTS FOR ELIGIBLE RESIDENTS OF THE LAS VEGAS AREA

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

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

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

4e Total program service expenses ▶ 1267342

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓
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	✓
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	✓
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	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
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	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
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	9	✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓
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	✓
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	✓
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	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
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	✓
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
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	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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	✓
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	✓
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? If "Yes," complete Schedule F, Parts III and IV	16	✓
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	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
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	✓
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	✓

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓
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	✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	✓
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	✓
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 "Yes," complete Schedule L, Part II	26	✓
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? If "Yes," complete Schedule L, Part III	27	✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	✓
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	✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	✓
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	✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
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	✓
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	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Yes No

Table with 4 columns: Question, Yes, No, and a small input box. Rows include questions about Form 1096, Form W-2G, backup withholding, Form W-3, federal employment tax returns, foreign country information, prohibited tax shelter transactions, annual gross receipts, Form 8282, Form 8899, Form 8899-C, Form 990, Form 1041, and Form 720.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		<input checked="" type="checkbox"/>
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	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?		<input checked="" type="checkbox"/>

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 FRE HARON - 340 NORTH 11TH STREET, LAS VEGAS, NV 89101

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 tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FR DAVE CASELEGGIO 340 NORTH 11TH STREET, LAS VEGAS, NV		✓								
(2) HAYWOOD CARTER 340 NORTH 11TH STREET, LAS VEGAS, NV		✓								
(3) RICKI BARLOW 340 NORTH 11TH STREET, LAS VEGAS, NV		✓								
(4) PATRICK SMITH 340 NORTH 11TH STREET, LAS VEGAS, NV		✓								
(5) BRENDA WILLIAMS 340 NORTH 11TH STREET, LAS VEGAS, NV		✓								
(6) JOHN HILL 340 NORTH 11TH STREET, LAS VEGAS, NV		✓								
(7) FRED HARON 340 NORTH 11TH STREET, LAS VEGAS, NV		✓		✓						
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1226242			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f. \$					
	h Total. Add lines 1a-1f ▶		1226242			
Program Service Revenue			Business Code			
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue .					
g Total. Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		41140	41140		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
c Net income or (loss) from fundraising events . ▶						
9a Gross income from gaming activities. See Part IV, line 19 a						
b Less: direct expenses b						
c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances a						
b Less: cost of goods sold b						
c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶		0				
12 Total revenue. See instructions. ▶		1267382	41140	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
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				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Bad debt	41100	41100		
b Transfer to related party for housing developm	1226242	1226242		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1267342	1267342		
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part 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	
Assets	1	Cash—non-interest-bearing	1033567	1	360315
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	15000
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	7450000	7	7450000
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation		10b	10c
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	8483567	16	7825315	
Liabilities	17	Accounts payable and accrued expenses	673292	17	15000
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	3700000	23	3700000
	24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
26	Total liabilities. Add lines 17 through 25	4373292	26	3715000	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	4110275	27	4110315
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	4110275	29	4110315
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	4110275	33	4110315	
34	Total liabilities and net assets/fund balances	8483567	34	7825315	

Part XI Reconciliation 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	1267382
2	Total expenses (must equal Part IX, column (A), line 25)	2	1267342
3	Revenue less expenses. Subtract line 2 from line 1	3	40
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4110275
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4110315

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		✓
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Employer identification number

AFFORDABLE HOUSING PROGRAM, INC

88-0465561

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					1226242	1226242
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3					1226242	1226242
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)						1226242
6 Public support. Subtract line 5 from line 4.						1226242

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4					1226242	1226242
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30825	41100	41100	41100	41140	195265
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 VI.)			72372			72372
11 Total support. Add lines 7 through 10						1493879
12 Gross receipts from related activities, etc. (see instructions)					12	1493879
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	82 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	0 %
16a 33 ¹ / ₃ % support test—2014. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 ¹ / ₃ % support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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

Employer identification number

AFFORDABLE HOUSING PROGRAM, INC

88-0465561

STATEMENT 1 PART V, LINE 3A

ALL OF THE GROSS INCOME FOR 2014 IS RELATED TO THE NORMAL COURSE OF BUSINESS CONDUCTED BY THE ORGANIZATION

STATEMENT 2 PART VI, SECTION B, LINE 11

THE 990 TAX RETURN IS PROVIDED TO THE GOVERNING BODY AT THE MONTHLY BOARD MEETING, OR IS EMAILED TO EACH BOARD MEMBER BEFORE THE RETURN IS FILED

STATEMENT 3 PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY NOTIFICATION OF OPEN ATTENDANCE TO ITS MONTHLY BOARD MEETING AND UPON A FORMAL WRITTEN REQUEST.

AMENDED - Parts and Schedules

990 PART I, PART VIII, PART IX, PART X AND PART IX

990 SCHEDULE A: PART 2, SECTIONS A, B & C

The amendments were to include grant contributions mis-posted to a related party's books of account. The omission was discovered by the external auditors of the related party.