Form **JJ** (Rev January 2020) Department of the Treasury Internal Revenue Service

EXTENDED TO MAY 17, 2021 **Return of Organization Exempt From Income Tax** 

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. 2006 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	A F	or the 2	2019 calendar year, or tax year beginning JUL 1, 2019 and ending	<u>JUN 30, 2020</u>	
	B c	heck if	C Name of organization	D Employer identific	cation number
		Address change	INDIANA ALPHA HOUSING CORPORATION		
		Name change	Doing business as	45-48267	67
		Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/sui		
		Final	7750 ZIONSVILLE ROAD C	317-536-4	
		⊣return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	852,446.
		Amende		H(a) Is this a group re	_
		Applica-	F Name and address of principal officer. JERRY SWEENEY	for subordinates	
		pending	SAME AS C ABOVE	H(b) Are all subordinates in	
		ax-exen	npt status 501(c)(3) _X 501(c)( 7 ) ◀ (insert no.) 4947(a)(1) or		list (see instructions)
			:▶ N/A	H(c) Group exemption	
					State of legal domicile: IN
			Summary		
	0)	1 B	riefly describe the organization's mission or most significant activities THE EXCLU	SIVE PURPOSE	OF THE
	nc	<u>C</u>	ORPORATION SHALL BE FOR PLEASURE AND RECREAT	ION AND, IN	FURTHERANCE
	rna	2 C	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of mo	ore than 25% of its net as	sets
	ove	3 N	umber of voting members of the governing body (Part VI, line 1a)	3	9
	ž G	4 N	umber of independent voting members of the governing body (Part VI, line 1b)	4	9
	es {	5 To	otal number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	viti	6 Te	otal number of volunteers (estimate if necessary)	6	20
	Activities & Governance		otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
2		bΝ	et unrelated business taxable income from Form 990-T, line 39 FCFIVED	7b	0.
2022			and averte (Pert VIII Inc. 1b)	Prior Year	Current Year
4		8 C	ontributions and grants (Part VIII, line 1h)	0.	<u> </u>
<b></b> ,	enc	9 P	rogram service revenue (Part VIII, line 2g)	677,181.	826,728.
œ	Revenue	<b>10</b> In	ivestment income (Part VIII, column (A), lines 3, 4, and 7d)	48.	91.
MAR	ъ.	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 40c, and the EN, UT	8,076.	25,627.
			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	685,305.	852, <u>446</u> .
SCANNED		13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	127,000.	0.
Z		l	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Z	es	ı	alaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	0.	0.
$\overline{\mathbf{c}}$	Expenses	1	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
(C	ğ	1	otal fundraising expenses (Part IX, column (D), line 25)	540 000	560 550
	ш	l	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	519,922.	569,579.
		1	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	646,922.	569,579.
	<u>_ v</u>	19 R	evenue less expenses Subtract line 18 from line 12	38,383.	282,867.
	Net Assets or Fund Balances		F	Beginning of Current Year	End of Year
	\sse Bala	20 T	otal assets (Part X, line 16)	125,465. 72,382.	451,495.
	ind A	21 To	otal liabilities (Part X, line 26)		113,045.
	뚭	<u>22 N</u> art II	et assets or fund balances Subtract line 21 from line 20 Signature Block	53,083.	338,450.
			les of perjury, I declare that I have examined this return, including accompanying schedules and state	mante and to the heet of m	knowledge and helief it is
			and complete. Declaration of preparer (other than officer) is based on all information of which prepare		kilowiougo aliu beliel, it is
	uuc,	, correct,	In Successey	2-10-Z	<u>,                                     </u>
	Sign	, II	Signature of officer	Date	<u></u>
	Her		JERRY SWEENEY, PRESIDENT		
	1101	Ĭ	Type or print name and title		
		F	Print/Type preparer's name   Preparer's signature   Wolf and	Date / Check	PTIN
	Paid		CHRISTINE KEITH, CPA / WWW. KUTH CA	3/6/2021 If self-employe	P00963290
			irm's name MCM CPAS & ADVISORS LLP	<del> </del>	27-1235638
	_	_	Firm's address 9229 DELEGATES ROW, SUITE 250		
		<u> </u>	INDIANAPOLIS, IN 46240	Phone no. ( 3	17)347-5200
	Mav	the IRS	6 discuss this return with the preparer shown above? (see instructions)		X Yes No
				<del></del>	

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45-4826767

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٦,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			<b>.</b>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
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		Х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		<u> </u>
128	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		X
	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			İ
	any tax-exempt bonds?	24c		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		<u> </u>
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
26	instructions, for applicable filing thresholds, conditions, and exceptions)			
9	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	1		
	Schedule N, Part II	32		X
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		X
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	Х	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l		
	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			х
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		^
38	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		_ 41	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			
	COLOR DOTTOGRAD & COLORED & CORPORAD OF FIRST OF MILE IN STITE IN		Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		<u> </u>	T
b				
c				
J	(gambling) winnings to prize winners?	1c	_X	
93200	4 01-20-20		990	(2019

	990 (2019) . · INDIANA ALPHA HOUSING CORPORATION 45-4826	767	Р	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return  2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	_3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 <u>b</u>		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	İ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	ļ	
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l		
	to file Form 8282?	7c	ļ	
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ļ
	sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>	ļ	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			_
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note: See the instructions for additional information the organization must report on Schedule O			1
b	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	ļ		
	Enter the amount of reserves on hand	<b> </b>	ļ	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	ļ	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			

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Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O

. INDIANA ALPHA HOUSING CORPORATION 45-4826767 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 on 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 1a 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 on Schedule O. 9 b Enter the number of voting members included on 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 X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b 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: Х 8a a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official **15a** X 15b b Other officers or key employees of the organization 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 X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $\triangleright IN$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 X Upon request Own website Another's website Other (explain on Schedule O) Describe on 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 State the name, address, and telephone number of the person who possesses the organization's books and records

Form 990 (2019)

GREEK RESOURCE SERVICES - 205-758-7754
P.O. BOX 1880, TUSCALOOSA, AL 35403-1880

# 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.

  See instructions for the order in which to list the persons above

X Check this box if neither the organization	nor any related	orga	anıza	ation	cor	mpe	nsa	ted any current officer, o	director, or trustee	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation from related	amount of
	week	-	cer ar	10 a c	recto	or/trus	Tee	from		other
	(list any	lrecto				L		the	organizations	compensation
	hours for related	90.0	寶			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		8	шреп		(***271033*141100)		and related
	below	gan	ato at	<u></u>	월	est co	_ =			organizations
	line)	ğ	ist.	Officer	Key employee	Highest compensated employee	Former			_
(1) JERRY SWEENEY	2.00									
PRESIDENT/TREASURER	4.00	X		X				0.	0.	0.
(2) EDWARD VALDETTARO	2.00									
VICE PRESIDENT/SECRETARY	2.00	X		X				0.	0.	0.
(3) RONALD JOHNSON	1.00	1								
MEMBER-AT-LARGE	1.00	X				_		0.	0.	0.
(4) JIM MCMURRAY	1.00									
MEMBER-AT-LARGE	1.00	X	<u> </u>	<u> </u>			ļ	0.	0.	0.
(5) ALAN JOHNSTON	1.00									
MEMBER-AT-LARGE	1.00	X		L				0.	0.	0.
(6) DAVID OCA	1.00	]								`
MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(7) JOHN STUBBLEFIELD	1.00									
MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(8) BOB STOPPENHAGEN	1.00	]		1						_
MEMBER-AT-LARGE		X		_		<u> </u>	ļ	0.	0.	0.
(9) WADE DAY	1.00	ļ		l						•
MEMBER-AT-LARGE	1.00	X		<u> </u>			ļ	0.	0.	0.
		4								
		<u> </u>	<u> </u>	_		<u> </u>	ļ			
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		L		Ь.		1	1	<u> </u>		

	rt VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average			(C Pos	C) ition	1		( <b>D</b> ) Reportable	<b>(E)</b> Reportable	l l		
	,	hours per week (list any hours for related organizations below line)	lee or director	unle cer ar	ss pe	rson recto	ıs bot	h an tee)	from the	compensation from related organizations (W-2/1099-MISC)	other compensate		ation e tion ted
							_						
	Subtotal  Total from continuation sheets to Part V	II, Section A						<b>&gt;</b>	0.	0			0.
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	ed al	oove	e) wł	10 r	eceived more than \$100	0,000 of reportable	•		0.
3	Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, or	hig	ghest compensated emp	oloyee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	um of reportab							•	the organization	3	:	X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									dual for services	4		X
Sec	rendered to the organization? If "Yes," competion B. Independent Contractors	plete Schedul	e <i>J 1</i>	or s	uch	pers	son_				5		X
1	Complete this table for your five highest co										nsation	from	
	(A) Name and business	address							(B) Description of s	ervices	( Compe	C) ensatio	n
	PER CRUST FOOD SERVICE AD STE 203, COLUMBIA,			1 (	COF	ROI	A		FOOD SERVICE		17	7,1	69.
2	Total number of independent contractors (i \$100,000 of compensation from the organi	=	ot li	mrte	d to		se lis 1	stec	d above) who received m	nore than			
										-	Form	990 (	2010

	•	Check if Schedule O contains a response of	r note to any lir	ne in this Part VIII			
			-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						0001100010100	sections 512 - 514
its	1 ε	Federated campaigns 1a				•	· · ·
irar Our	t	Membership dues 1b		_	`	1	
Đ, Đ		Fundraising events 1c			- 1		,
<b>iii</b>	r	Related organizations 1d		. <b>-</b>			4 7 41
S E		Government grants (contributions) 1e		,	*	, s	
i S	f	All other contributions, gifts, grants, and					
E E		similar amounts not included above 1f		•		-	•
ارق ق		Noncash contributions included in lines 1a-1f			•		
Contributions, Giffs, Granfs and Other Similar Amounts		Total. Add lines 1a-1f	<b></b>				
			Business Code				
	2 a	RENTAL FEES	531110	807,050.	807,050.		
ķ	_ t		900099	19,678.	19,678.		
Program Service Revenue				25,0,701			
آڏِ ۽		<del></del>					
P. P.							
F	f	All other program service revenue					
		Total. Add lines 2a-2f	<b>•</b>	826,728.			
	3	Investment income (including dividends, interes		020,7201			· · · · · · · -
	Ŭ	other similar amounts)	), unu	91.			91.
	4	Income from investment of tax-exempt bond pr	oceeds	, , ,			711
	5	Royalties	<b>•</b>				
	J	(i) Real	(ii) Personal	r			1
	6 a		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			•
	t t						-
	,	Hental income or (loss) 6c		•		, ,	
	,	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				•
	, ,	assets other than inventory 7a			,		•
		Less cost or other basis		,			: -
<u>o</u>	•	and sales expenses 7b					•
ther Revenue	,	Gain or (loss)			•		•
ا ۾		Net gain or (loss)					
اة		Gross income from fundraising events (not					
퉝		including \$ of					
_		contributions reported on line 1c) See		٠ ـ			. 1
		Part IV, line 18					•
	ŀ	Less direct expenses 8b	-	, ~			•
		Net income or (loss) from fundraising events	<b>•</b>				
		Gross income from gaming activities. See					
		Part IV, linė 19			•	,	
	L	Less direct expenses 9b				-	** , _
		: Net income or (loss) from gaming activities	<b>&gt;</b>			·	
		Gross sales of inventory, less returns				-	
	. •	and allowances					
	·	Less cost of goods sold 10b					
		Net income or (loss) from sales of inventory	<b>&gt;</b>				
			Business Code				
Sno (	11 2	MISCELLANEOUS INCOME	900099	25,627.	25,627.		
ng a	··· Ł						
ella eve							
Miscellaneous Revenue		All other revenue					
≥		• Total. Add lines 11a-11d	<b></b>	25,627.			
	12	Total revenue. See instructions	<b>•</b>	852,446.	852,355.	0.	91.
							222

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon		this Part IX		<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				<u> </u>
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		<del></del>		
10	Payroll taxes				
11	Fees for services (nonemployees)				
a	Management				
b	Legal Accounting	9,450.			
c d	Lobbying	J, <del>1</del> 30 •	······		
u	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g				-	
9	column (A) amount, list line 11g expenses on Sch O.)	194,656.			
12	Advertising and promotion				
13	Office expenses	975.			<del>"-</del> '
14	Information technology				
15	Royalties		_	·	
16	Occupancy	304,211.			
17	Travel				<u></u>
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				<u> </u>
22	Depreciation, depletion, and amortization				
23	Insurance				·
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If			١,	
	line 24e amount exceeds 10% of line 25, column (A)			'	!
	amount, list line 24e expenses on Schedule 0.)	26 200			<u> </u>
	BAD DEBT	36,389.			-
b		22,475. 1,172.			
C .		251.		<u> </u>	
d		231.		<del></del>	<del></del>
	All other expenses	569,579.		-	
<u>25</u>	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	<u> </u>			
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here from if following SOP 98-2 (ASC 958-720)				
	(AGO 330-720)			<del>1</del>	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 4 End of year 41,177 328,277. 1 Cash - non-interest-bearing 46,008. 69,273. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 53,945. 38,280. 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 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 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 125,465. 451,495 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 12,382. 17 41,045. 17 Accounts payable and accrued expenses 18 Grants payable 18 Deferred revenue 19 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 60,000 72,000. of Schedule D 25 382 26 113,045. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 27 Net assets without donor restrictions 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here  $\blacktriangleright$   $\boxed{X}$ and complete lines 29 through 33. 0. Capital stock or trust principal, or current funds 29 29 0. 30 0. Paid-in or capital surplus, or land, building, or equipment fund 53,083. 338,450. 31 Retained earnings, endowment, accumulated income, or other funds 31 53,083. 338,450. 32 32 Total net assets or fund balances

451,495. Form **990** (2019)

125,465

33

Total liabilities and net assets/fund balances

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 **Open to Public** 

Name of the organization

**Employer identification number** 

INDIANA ALPHA HOUSING CORPORATION 45-4826767 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2019

		ALPHA HOU								Page 2
Pai	rt III Organizations Maintaining C	ollections of A	rt, Histor	ical Tr	easures, or Ot	her S	<u>imila</u>	r Asse	<b>ts</b> (contini	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check ar	y of the	following that make	e signif	icant u	se of its		
	collection items (check all that apply)									
а	Public exhibition	C	d 🔲 Loa	n or exc	hange program					
b	Scholarly research	•	e 🔲 Oth	er						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how they	further:t	he organization's e	xempt	purpos	e in Part	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, histor	rical trea	sures, or other sim	ılar ass	ets			_
	to be sold to raise funds rather than to be ma	aintained as part of	the organiza	tion's c	ollection?				Yes	No_
Pai	rt IV Escrow and Custodial Arran reported an amount on Form 990, Par	-	ete if the org	ganızatıc	on answered "Yes"	on For	m 990,	Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi		diary for con	tribution	ns or other assets r	ot incli	uded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tabl	e						
-	The rest of system and an angent since and an and	a., a co., p. c. c.	g			Г			Amount	
С	Beginning balance						1c			
	A 11.						1d			
e	Distributions during the year						1e		_	
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for esci	row or c	ustodial account lia	bility?			Yes	No No
	If "Yes," explain the arrangement in Part XIII					_				
	rt V Endowment Funds. Complete r									
		(a) Current year	(b) Prior	year	(c) Two years back	(d) T	hree ye	ars back	(e) Four	years back
1a	Beginning of year balance									
b		-								
С	Net investment earnings, gains, and losses	-								
d										
е	Otto and the section of the state of									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curi	rent year end baland	ce (line 1g, c	olumn (a	a)) held as					
а		•	%							
b	Permanent endowment	%								
С	Term endowment	<del>// // // // // // // // // // // // // </del>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that a	re held a	and administered fo	r the o	rganıza	ition	_	
	by.									Yes No_
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b		itions listed as requ	ired on Sche	dule R?	•				3b	
4_	Describe in Part XIII the intended uses of the	organization's end	owment fund	ds						
Pa	rt VI Land, Buildings, and Equipm	ent.				_				
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, Iir	ne 11a S	See Form 990, Part	X, line	10	·····		
	Description of property	(a) Cost or o	other	(b) Cost	t or other (c)	Accun	nulated	,	(d) Book	value
		basis (invest	ment)	basis	(other)	depreci	ation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other									
	Add lines 1a through 1e (Column (d) must e	qual Form 990. Pan	t X. column i	(R) line	10c)					0.

	A HOUSING COL	RPORATION	45-4826767 Page 3
Part VII Investments - Other Securities.	F 000 5 111/1 4	41 O E - 000 D - 1 V - 1	_
Complete if the organization answered "Yes" of		(c) Method of valuation Cos	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation Cos	t or end-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests	_ <del></del>		
(3) Other			
(A)			
(B)			
_(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12)			
<del></del>	n Form COO Bort IV line 1	11. See Form 000 Best V line 10	
Complete if the organization answered "Yes" of a Description of investment	(b) Book value	(c) Method of valuation Cos	
	(B) Book value	(0,	to to the or your manner rains
(1)			· · · · · · · · · · · · · · · · · · ·
(2) (3)	<del></del>		
(4)			-
(5)			
(6)		•	
(7)			
(8)			•
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	•		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d See Form 990, Part X, line 15	5
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)	-		
(5)			
(6)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		<b></b>
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f See Form 990, Part X,	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) SECURITY DEPOSITS			72,000.
(3)			
(4)			
(5)			
(6)			
(8)			
IM)			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

72,000.

Schedule D (Form 990) 2019 INDIANA ALPHA HOUSI		<u>45-4826767</u>	Page 4
Part XI Reconciliation of Revenue per Audited Financ	ial Statements With Revenue per	Return.	
<ul> <li>Complete if the organization answered "Yes" on Form 990, Page 1</li> </ul>	art IV, line 12a		
1 Total revenue, gains, and other support per audited financial statement	ents	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
<b>b</b> Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII )	2d		
e Add lines 2a through 2d	<del></del>		
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII )	4b		
c Add lines 4a and 4b	40	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I,	Ine 12 )	5	
Part XII Reconciliation of Expenses per Audited Finance			
Complete if the organization answered "Yes" on Form 990, Pa		or notani.	
	art IV, iiile 12a		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	ا ما		
a Donated services and use of facilities	2a		
b Prior year adjustments	<u>2</u> b		
c Other losses	2c		
d Other (Describe in Part XIII )	2d	<u> </u>	
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII )	4b		
c Add lines 4a and 4b		4c	
		· · ·   · · · · · · · · · · · · · · ·	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part	I, line 18 )	5	
Part XIII Supplemental Information.		5	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
Part XIII Supplemental Information.	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
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Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, Part V, lir	5	XI,
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### 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.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TNDTANA ALDHA HOIISTNG CORDORATION

Employer identification number 45-4826767

INDIANA ABERTA ROOSING CORFORATION 43-4020707
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THEROF, TO ACQUIRE, HOLD, AND LEASE REAL AND PERSONAL PROPERTY FOR A
CHAPTER HOUSE AT INDIANA UNIVERSITY.
FORM 990, PART VI, SECTION A, LINE 3:
THE ORGANIZATION HAS ENTERED INTO AN AGREEMENT WITH GREEK RESOURCE
SERVICES, INC. TO PROVIDE HOUSE MANAGEMENT SERVICES. SERVICES INCLUDE ALL
ACCOUNTING, BUDGET PREPARATION ASSISTANCE, VENDOR MANAGEMENT, AND FINANCIAL
REPORTING.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO BEING
FILED.
FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION MAKES ITS ANNUAL FORM(S) 990 AND 990-T (IF APPLICABLE) AND
ITS FORM 1024 AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL
STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:
ADVISOR STIPEND 15,000.
PROPERTY MANAGEMENT FEES 4,800.
FOOD SERVICES 174,856.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

	e organizati	on			PHA H	OUSING	G CO	RPORA'	TION			Employer identifi 45-4826	Page 2 ication number 1767
TOTAL	OTHER									COL	A		194,656.
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part

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.

2019

OMB No 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number 45-4826767

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

INDIANA ALPHA HOUSING CORPORATION

Direct controlling entrty End-of-year assets **e** Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

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

  2(b)(13)  led 	No			×						
(g) Section 512(b)(13) controlled entity?	Yes					_		,		
(f) Direct controlling entity							•			
sta P	501(c)(3))			LINE 10						
(d) Exempt Code section				501(C)(3)						
(c) Legal domicile (state or foreign country)				INDIANA						
(b) Primary activity		PROVIDE EDUC. & SOCIAL	BENEFITS AS WELL AS	HOUSING & BOARD TO MEMBERS			-			
(a) Name, address, and EIN of related organization		INDIANA ALPHA STUDENT SCHOLARSHIP	FOUNDATION, INC 35-6024583, 7750	ZIONSVILLE ROAD, SUITE 800, INDIANAPOLIS, IN HOUSING & BOARD TO MEMBERS INDIANA						

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

932161 09-10-19 LHA

SEE PART VII FOR CONTINUATIONS

20

Schedule R (Form 990) 2019

45-4826767

Page 2

Schedule R (Form 990) 2019 INDIANA ALPHA HOUSING CORPORATION

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

Schedule R (Form 990) 2019 General or Percentage managing ownership Yes No 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 (i) Section 512(b)(13) controlled 3 Percentage ownership Yes Ξ Code V-UBI camount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets <u>(6</u> Oisproportionate Yes allocations? Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) e Share of total Income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) € e Legal domicite (state or foreign country) 21 <u>ပ</u> (d)
| Direct controlling | Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>e</u> 932162 09-10-19 Part IV

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	ģ	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	ın Parts II-IV?				
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ţ			1a	,	×	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> b	×		
c Gift, grant, or capital contribution from related organization(s)				10		×	
d Loans or loan guarantees to or for related organization(s)				1d		×	
e Loans or loan guarantees by related organization(s)				1e		×	
				;		<b>&gt;</b>	
<ul> <li>Dividends from related organization(s)</li> </ul>				=	ĺ	4	
g Sale of assets to related organization(s)				19		×	
h Purchase of assets from related organization(s)				ŧ		×	
i Exchange of assets with related organization(s)				ij		×	
j Lease of facilities, equipment, or other assets to related organization(s)				1j		×	
b lonco of familians commant or other accets from related organization(s)				÷	<b>&gt;</b>		
Performance of services or membership or fundraising solicitations for	ijo) related organization(s)			=	:	×	
m Performance of services or membership or fundraising solicitations by related organizations.	related organization(s)			Ξ		×	
Sharing of facilities equipment mailing lists or other assets with relate	tion(s)			5		×	
				ç		×	
				2		4	
n Reimhi irsement paid to related organization(s) for expenses				5		×	
				-		×	
d neillibuiseillein palu by related organization (s) for expenses				2		4	
r Other transfer of cash or property to related organization(s)				+		×	
s Other transfer of cash or property from related organization(s)				15		×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered	relationships and transaction thresholds				
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved			
(1)							
(2)							
(3)							
(4)							
(5)							
932163 09-10-19	22		Schedule R (Form 990) 2019	R (Form	) 99	) 2019	

Page 4

· Part VI Turrelated 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

3	ercentage	٠.																			Schedule R (Form 990) 2019
H	al or D	2	\				_	_	┢	-			+	 _			_	+			- Ë
Ľ	Genera manag	Yes No	-																-		] <u>i</u>
15	Dispropor- Dispropor-	of Schedule K-1 (Form 1065)																			Schedule
-	(rr) Spropor- Itonate	Yes No																			]
Ľ	Olso to	Yes										 	╽.					1			
1-3	(9) Share of end-of-vear	assets														,					
	Share of total	_			-																
1	Are all Are all 501(c)(3)	Yes No																			
, <u> </u> `	partin 501	<u>e</u> § §				-							+	 				-			-
ducionad mounts	Predominant income (related, unrelated,	excluded from tax under sections 512-514)																			
(2)	Legal domicile (state or foreign	country)																			
nacronal cagainst a constant	(b) Primary activity												-								
יומן אינט ויטן מינט אינט אינט אינט אינט אינט אינט אינט א	(a) Name, address, and EIN of entity																			1	