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CLIENT'S COPY

FINAL

Filing Instructions

Prepared for:

AFFORDABLE HOUSING ALLIANCE II, INC
4 VENTURE No. 295
IRVINE, CA 92618

Prepared by:

DAUBY O'CONNOR & ZALESKI, LLC
501 CONGRESSIONAL BLVD, STE 300
CARMEL, IN 46032

2015 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

2015 CALIFORNIA FORM 199

You have a balance due of\$ 10.00

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please contact our office and we will submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

Separately mail California Form FTB 3586 with a check or money order for \$10.00, payable to Franchise Tax Board on or before December 15, 2016.

Mail to - Franchise Tax Board
PO BOX 942857
Sacramento CA 94257-0531

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501 CONGRESSIONAL BLVD, STE 300
CARMEL, IN 46032

2015 CALIFORNIA FORM RRF-1

You have a balance due of\$ 150.00

The report should be signed and dated by the authorized individual(s).

Enclose a check or money order for \$150.00, payable to Attorney General
Registry of Charitable Trusts.

Please mail as soon as possible.

Mail to - Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

FINAL

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning _____, 2015, and ending _____, 20____

2015

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

AFFORDABLE HOUSING ALLIANCE II, INC

33-0616121

Name and title of officer

**ANJELA PONCE
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,557,198.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **DAUBY O'CONNOR & ZALESKI, LLC** to enter my PIN **12345**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35320854265
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **DAUBY O'CONNOR & ZALESKI, LLC** Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AFFORDABLE HOUSING ALLIANCE II, INC Doing business as INTEGRITY HOUSING Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4 VENTURE 295 City or town, state or province, country, and ZIP or foreign postal code IRVINE, CA 92618 F Name and address of principal officer: ANJELA PONCE SAME AS C ABOVE	D Employer identification number 33-0616121 E Telephone number 949-727-3656 G Gross receipts \$ 2,557,198. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.INTEGRITYHOUSING.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1993 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SAFE AND AFFORDABLE HOUSING TO LOW INCOME FAMILIES AND SENIOR CITIZENS. 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 5 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">413,937.</td> <td style="text-align: right;">2,496,941.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">433.</td> <td style="text-align: right;">1,512.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">58,745.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">414,370.</td> <td style="text-align: right;">2,557,198.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	0.	0.	9 Program service revenue (Part VIII, line 2g)	413,937.	2,496,941.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	433.	1,512.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	58,745.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	414,370.	2,557,198.							
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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 ANJELA PONCE, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ELLEN WILDE	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01254265
	Firm's name ▶ DAUBY O'CONNOR & ZALESKI, LLC Firm's address ▶ 501 CONGRESSIONAL BLVD, STE 300 CARMEL, IN 46032	Firm's EIN ▶ 35-1750664 Phone no. (317) 848-5700

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO CREATE SAFE, COMFORTABLE, HIGH-QUALITY, AFFORDABLE HOMES FOR VERY-LOW TO MODERATE-INCOME PEOPLE THROUGH ACQUISITION, CONSTRUCTION AND OPERATION OF AFFORDABLE SENIOR AND MULTI-FAMILY HOUSING.

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 [X] No

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

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 \$ 3,349,465. including grants of \$ 5,560.) (Revenue \$ 2,496,941.) TO PROVIDE SAFE AND AFFORDABLE HOUSING TO LOW INCOME FAMILIES AND SENIOR CITIZENS.

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 3,349,465.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding 'Yes' or 'No' responses.

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 [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and participation in joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
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.
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: ANJELA PONCE - 949-727-3656 4 VENTURE, SUITE 295, IRVINE, CA 92618

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 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) ANJELA PONCE PRESIDENT AND DIRECTOR	40.00 0.00	X		X				200,004.	0.	4,257.
(2) PHILIP WOOD VICE PRESIDENT AND DIRECTOR	40.00 0.00	X		X				239,519.	0.	4,158.
(3) SCOTT WHITMORE DIRECTOR	1.00 0.00	X						0.	0.	0.
(4) PATRICK MORRILL DIRECTOR	1.00 0.00	X						0.	0.	0.
(5) KATHLEEN GRAVES DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) JOANNA MARTINDALE DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) TERI WARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) DAWN ALLEN SECRETARY/TREASURER & OPERATIONS	40.00 0.00			X				116,387.	0.	7,650.
(9) GARY PONCE DIRECTOR OF ASSET MGMT.	40.00 0.00				X			125,002.	0.	4,257.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f							
Program Service Revenue	2 a RENTAL INCOME	Business Code	531110	2,212,051.	2,212,051.			
	b DEVELOPMENT FEE		531110	157,485.	157,485.			
	c MISCELLANEOUS INCOME		531110	68,492.	68,492.			
	d MANAGING GENERAL PARTN		531110	58,913.	58,913.			
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f				2,496,941.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,512.			1,512.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a 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)						
	8 a 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						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a 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					
11 a	LAUNDRY & VENDING		531110	27,193.			27,193.	
	b TENANT CHARGES		531110	23,419.			23,419.	
	c OTHER REVENUE-MISC.		531110	8,133.			8,133.	
	d All other revenue							
e Total. Add lines 11a-11d				58,745.				
12 Total revenue. See instructions.				2,557,198.	2,496,941.	0.	60,257.	

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	5,560.	5,560.		
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	555,910.	555,910.		
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	389,807.	389,807.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	125,247.	125,247.		
10 Payroll taxes	68,092.	68,092.		
11 Fees for services (non-employees):				
a Management	66,374.		66,374.	
b Legal	1,625.		1,625.	
c Accounting	42,484.		42,484.	
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 Sch O.)	369.		369.	
12 Advertising and promotion	24,565.	13,076.	11,489.	
13 Office expenses	26,006.	16,822.	9,184.	
14 Information technology				
15 Royalties				
16 Occupancy	502,429.	502,429.		
17 Travel	32,651.	17,009.	15,642.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	714,516.	714,516.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	685,523.	670,122.	15,401.	
23 Insurance	14,744.	14,744.		
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 MANAGEMENT FEE	389,029.		389,029.	
b MANAGEMENT CONSULTANTS	136,359.		136,359.	
c GENERAL & ADMIN.	120,106.	120,106.		
d GENERAL & ADMIN.	107,599.		107,599.	
e All other expenses	185,847.	136,025.	49,822.	
25 Total functional expenses. Add lines 1 through 24e	4,194,842.	3,349,465.	845,377.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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	1,079,347.	1	1,478,067.
	2 Savings and temporary cash investments	274,980.	2	0.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	0.	4	1,416,939.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	88.	5	0.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	36,000.	7	16,218.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	132.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,070,233.		
	b Less: accumulated depreciation	10b 738,659.	25,817,049.	10c 25,331,574.
	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	350,245.	13	104,400.
	14 Intangible assets	667,966.	14	630,821.
	15 Other assets. See Part IV, line 11	573,153.	15	115,370.
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,798,828.	16	29,093,521.	
Liabilities	17 Accounts payable and accrued expenses		17	
	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	26,850,000.	23	28,660,000.
	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	113,620.	25	161,803.
	26 Total liabilities. Add lines 17 through 25	26,963,620.	26	28,821,803.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	1,835,208.	32	271,718.
33 Total net assets or fund balances	1,835,208.	33	271,718.	
34 Total liabilities and net assets/fund balances	28,798,828.	34	29,093,521.	

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	2,557,198.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,194,842.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,637,644.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,835,208.
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	74,154.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	271,718.

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		X
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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.		X
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? _____		X
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 _____		

Form 990 (2015)

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			100,000.			100,000.
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			100,000.			100,000.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						100,000.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4			100,000.			100,000.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	442.	1,774.	562.	433.	1,512.	4,723.
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.)						
11 Total support. Add lines 7 through 10						104,723.
12 Gross receipts from related activities, etc. (see instructions)					12	8,093,806.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	95.49 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	97.08 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. 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"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

FINAL

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.**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization AFFORDABLE HOUSING ALLIANCE II, INC **Employer identification number** 33-0616121

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 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		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or 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 day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 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.

Part III 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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) 2015

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11-02-15

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		805,950.		805,950.
b Buildings		25,057,921.	678,134.	24,379,787.
c Leasehold improvements				
d Equipment		197,722.	60,273.	137,449.
e Other		8,640.	252.	8,388.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,331,574.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	109,990.
(3) DEFICIENCY IN INVESTMENT IN MAROON	
(4) CREEK APARTMENTS	50,160.
(5) DEFICIENCY IN INVESTMENT IN FORT	
(6) COLLINS SENIOR HOUSING	1,598.
(7) DEFICIENCY IN INVESTMENT IN	
(8) ELIZABETH STREET HOUSING	17.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	161,803.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,274,136.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	900,269.	
e	Add lines 2a through 2d	2e		900,269.
3	Subtract line 2e from line 1		3	2,373,867.
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	183,331.	
c	Add lines 4a and 4b	4c		183,331.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,557,198.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,013,105.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	979,860.	
e	Add lines 2a through 2d	2e		979,860.
3	Subtract line 2e from line 1		3	4,033,245.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	161,597.	
c	Add lines 4a and 4b	4c		161,597.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,194,842.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX AND HAS BEEN CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

EVEN THOUGH THE CORPORATION IS RECOGNIZED AS TAX EXEMPT, IT STILL MAY BE LIABLE FOR TAX ON ITS UNRELATED BUSINESS INCOME (UBI). THE CORPORATION EVALUATES UNCERTAIN TAX POSITIONS THROUGH ITS REVIEW OF THE SOURCES OF INCOME TO IDENTIFY UBI AND CERTAIN OTHER MATTERS, INCLUDING THOSE WHICH MAY AFFECT ITS TAX EXEMPT STATUS. THE EFFECT OF THE UNCERTAINTY WOULD BE

Part XIII Supplemental Information (continued)

RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE.
AS OF DECEMBER 31, 2015, THE CORPORATION HAD NO UNCERTAIN TAX POSITIONS
REQUIRING ACCRUAL.

SEVERAL OF THE PROPERTIES HAVE ELECTED TO BE TREATED AS PASS-THROUGH
ENTITIES FOR INCOME TAX PURPOSES AND, AS SUCH, ARE NOT SUBJECT TO INCOME
TAXES. RATHER, ALL ITEMS OF TAXABLE INCOME, DEDUCTIONS AND TAX CREDITS
ARE PASSED THROUGH TO AND ARE REPORTED BY THEIR OWNERS ON THEIR RESPECTIVE
INCOME TAX RETURNS. THESE ENTITIES' FEDERAL TAX STATUSES AS PASS-THROUGH
ENTITIES ARE BASED ON THEIR LEGAL STATUS AS LIMITED PARTNERSHIPS AND
LIMITED LIABILITY COMPANIES. ACCORDINGLY, THESE ENTITIES ARE NOT REQUIRED
TO TAKE ANY TAX POSITIONS IN ORDER TO QUALIFY AS PASS-THROUGH ENTITIES.
THESE ENTITIES ARE REQUIRED TO FILE AND DO FILE TAX RETURNS WITH THE
INTERNAL REVENUE SERVICE AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE
CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME
TAXES AND THESE ENTITIES HAVE NO OTHER TAX POSITIONS WHICH THEY MUST
CONSIDER FOR DISCLOSURE. THERE HAS BEEN NO INTEREST OR PENALTIES
RECOGNIZED IN THE CONSOLIDATED STATEMENT ACTIVITIES OR CONSOLIDATED
STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDED DECEMBER 31, 2015.
GENERALLY, THE FEDERAL AND STATE RETURNS ARE SUBJECT TO EXAMINATION FOR
THREE YEARS AFTER THE LATER OF THE ORIGINAL OR EXTENDED DUE DATE OR THE
DATE FILED WITH THE APPLICABLE TAX AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE REPORTED ON ELIZABETH STREET'S TAX RETURN	353,420.
REVENUE REPORTED ON FORT COLLINS' TAX RETURN	546,849.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	900,269.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BOOK/TAX DIFFERENCE DUE TO CASH BASIS	26,116.
INTERCOMPANY ACTIVITIES ELIMINATED ON TAX RETURN	157,215.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	183,331.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES REPORTED ON ELIZABETH STREET'S TAX RETURN	393,216.
EXPENSES REPORTED ON FORT COLLINS' TAX RETURN	586,432.
BOOK/TAX DIFFERENCE IN DEPRECIATION EXPENSE	212.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	979,860.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BOOK/TAX DIFFERENCE IN LOSSES FROM NONCONTROLLING INTERESTS	31,554.
BOOK/TAX DIFFERENCE DUE TO CASH BASIS	105,827.
BOOK/TAX DIFFERENCE IN AMORTIZATION EXPENSE	7,000.
INTERCOMPANY ACTIVITIES ELIMINATED ON FINANCIAL STATEMENTS	17,216.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	161,597.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AFFORDABLE HOUSING ALLIANCE II, INC

Employer identification number

33-0616121

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

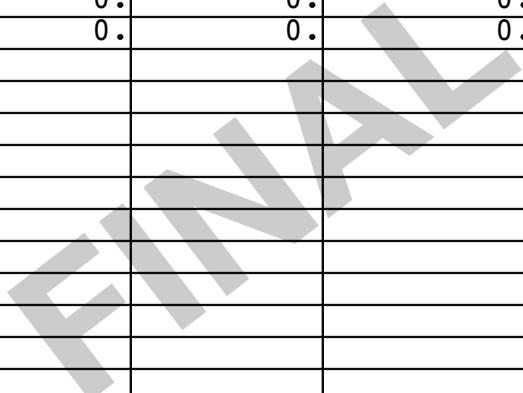
Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANJELA PONCE PRESIDENT AND DIRECTOR	(i)	200,004.	0.	0.	0.	4,257.	204,261.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PHILIP WOOD VICE PRESIDENT AND DIRECTOR	(i)	239,519.	0.	0.	0.	4,158.	243,677.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

AFFORDABLE HOUSING ALLIANCE II, INC

Employer identification number

33-0616121

FORM 990, PART VI, SECTION A, LINE 2:

PHILIP WOOD, VICE PRESIDENT AND DIRECTOR, AND ANJELA PONCE, PRESIDENT AND
DIRECTOR, ARE RELATED AS SON AND MOTHER.

GARY PONCE, DIRECTOR OF ASSET MANAGEMENT, AND ANJELA PONCE, PRESIDENT AND
DIRECTOR, ARE A MARRIED COUPLE.

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION SHALL HAVE TWO (2) CLASSES OF MEMBERS: VOTING MEMBERS AND
ADVISORY MEMBERS.

VOTING MEMBERS SHALL BE THOSE PERSONS WHO HAVE GIVEN GENEROUSLY OF THEIR
RESOURCES, (FINANCIAL AND NON-FINANCIAL) TALENTS, TIME AND LABOR IN THE
SPIRIT OF COMMITMENT TO THE CORPORATION AND ITS GOALS, PURPOSES AND
PROGRAMS. ONLY VOTING MEMBERS SHALL HAVE A RIGHT TO VOTE. ALL INITIAL
VOTING MEMBERS SHALL BE UNANIMOUSLY APPROVED BY THE INITIAL BOARD OF
DIRECTORS OF THE CORPORATION ("BOARD") AT THE INITIAL MEETING OF THE BOARD.
THEREAFTER, A CANDIDATE FOR VOTING MEMBER STATUS MUST BE NOMINATED BY AT
LEAST ONE (1) DIRECTOR AND UNANIMOUSLY APPROVED BY ALL VOTING MEMBERS FOR
SUCH A CANDIDATE TO ACHIEVE VOTING MEMBER STATUS. SHOULD ALL VOTING MEMBERS
BE DECEASED, ADDITIONAL VOTING MEMBERS MAY BE NOMINATED BY THE BOARD AND
ELECTED AT A SPECIAL MEETING OF THE BOARD. CRITERIA TO BE CONSIDERED BY THE
BOARD IN ELECTING ADDITIONAL VOTING MEMBERS ARE THE CANDIDATE'S MERIT AND
COMMITMENT OR SERVICE TO THE CORPORATION'S PAST, PRESENT AND FUTURE GOALS,
PURPOSES AND PROGRAMS.

Name of the organization

AFFORDABLE HOUSING ALLIANCE II, INC

Employer identification number

33-0616121

ADVISORY MEMBERS SHALL BE THOSE PERSONS WHO APPLY FOR MEMBERSHIP IN THE PROPER FORM AS PRESCRIBED BY THE BOARD, SUBSCRIBE TO AND EXPRESS A WILLINGNESS TO SUPPORT THE CORPORATION'S GOALS, PURPOSES AND PROGRAMS, AND MAKE CONTRIBUTIONS TO THE CORPORATION. ADVISORY MEMBERS SHALL HAVE NO RIGHT TO VOTE.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED BY ANJELA PONCE. QUESTIONS, DISCREPANCIES AND COMMENTS ARE DIRECTED TO ACCOUNTING. IF FURTHER CLARIFICATION IS REQUIRED, THE CPA WHO PREPARED THE RETURN WILL DISCUSS THE RETURN WITH THE OFFICERS BEFORE IT IS FINALIZED.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS' ACTIVITIES ARE REVIEWED ON AN ANNUAL BASIS AS TO THEIR ADHERENCE TO THE CORPORATE CONFLICT OF INTEREST POLICY. EACH DIRECTOR IS REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE.

FORM 990, PART VI, SECTION B, LINE 15:

APPROVAL IS REQUIRED FROM THE BOARD OF DIRECTORS TO A TWO-YEAR EMPLOYMENT AGREEMENT WITH THE PROPOSED SALARY BASED UPON INDUSTRY DATA COMPILED BY THE ECONOMIC RESEARCH INSTITUTE (WWW.ERIERI.COM).

FORM 990, PART VI, SECTION C, LINE 19:

AHA II, INC. HAS AN OPEN DOOR POLICY IN REGARD TO PUBLIC VIEWING OF ITS FINANCIAL AND POLICY INFORMATION. ALL REQUESTS TO VIEW THIS INFORMATION ARE HONORED. REQUESTORS MAY VIEW THE DOCUMENTS IN OUR CORPORATE OFFICES OR THE ORGANIZATION WILL SEND THEM A COPY OF THE REQUESTED DOCUMENT. IN ADDITION, OUR TAX RETURNS MAY BE VIEWED ON THE STATE OF CALIFORNIA ATTORNEY GENERAL'S

Name of the organization AFFORDABLE HOUSING ALLIANCE II, INC	Employer identification number 33-0616121
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WEBSITE.

FORM 990, PART IX, LINE 1:

THE CORPORATION DID NOT PROVIDE MORE THAN \$5,000 IN GRANTS AND ASSISTANCE TO ANY ONE ORGANIZATION. EACH RECIPIENT'S GRANT WAS LESS THAN \$5,000 IN AGGREGATE. FOR THIS REASON, SCHEDULE I WAS NOT COMPLETED.

FINAL

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **AFFORDABLE HOUSING ALLIANCE II, INC** Employer identification number **33-0616121**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
IH SAMOA LLC - 46-5637691 4 VENTURE, SUITE 295 IRVINE, CA 92618	TO PROVIDE AFFORDABLE HOUSING FOR LOW-INCOME PERSONS	CALIFORNIA	0.	0.	AFFORDABLE HOUSING ALLIANCE II, INC.
IH ALHAMBRA DAVIS LLC - 47-2139782 4 VENTURE, SUITE 295 IRVINE, CA 92618	TO PROVIDE AFFORDABLE HOUSING FOR LOW-INCOME PERSONS	CALIFORNIA	-387,307.	26,514,870.	AFFORDABLE HOUSING ALLIANCE II, INC.
IH DUDLEY POMONA LLC - 47-4867138 4 VENTURE, SUITE 295 IRVINE, CA 92618	TO PROVIDE AFFORDABLE HOUSING FOR LOW-INCOME PERSONS	CALIFORNIA	0.	725,389.	AFFORDABLE HOUSING ALLIANCE II, INC.
IH ORTIZ SANTA ROSA LLC - 47-5122479 4 VENTURE, SUITE 295 IRVINE, CA 92618	TO PROVIDE AFFORDABLE HOUSING FOR LOW-INCOME PERSONS	CALIFORNIA	0.	0.	AFFORDABLE HOUSING ALLIANCE II, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

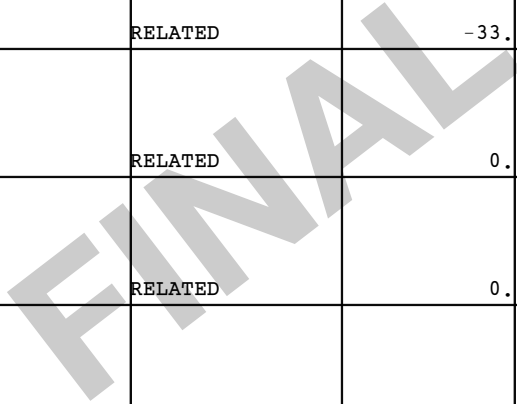
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ELIZABETH STREET HOUSING INVESTORS, L.P. - 33-0878790, 4 VENTURE, SUITE 295, IRVINE, CA 92618	RESIDENTIAL RENTAL	CA	N/A	RELATED	0.	0.		X	N/A	X		.10%
FORT COLLINS SENIOR HOUSING INVESTORS, L.P. - 91-1939613, 4 VENTURE, SUITE 295, IRVINE, CA 92618	RESIDENTIAL RENTAL	CA	N/A	RELATED	0.	0.		X	N/A	X		.10%
MAROON CREEK APARTMENTS, L.P. - 84-1332067, 30950 RANCHO VIEJO ROAD, SUITE 100, SAN JUAN CAPISTRANO, CA 92675	RESIDENTIAL RENTAL	CA	N/A	RELATED				X	N/A	X		.51%
ANAHEIM AFFORDABLE II, L.P. - 45-5557220, 4 VENTURE, SUITE 295, IRVINE, CA 92618	RESIDENTIAL RENTAL	CA	N/A	RELATED	-32.	56,123.		X	N/A	X		.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CYPRESS SENIOR LIVING INVESTORS, LP - 46-2930105, 3416 VIA OPORTO, SUITE 301, NEWPORT BEACH, CA 92663	RESIDENTIAL RENTAL	CA	N/A	RELATED	-2.	13,198.		X	N/A	X		.00%
EL RANCHO AFFORDABLE HOUSING, LP AN ARIZONA LIMITED PARTNERSHIP - 46-2634337, 719 E. MAIN STREET, MESA, AZ	RESIDENTIAL RENTAL	CA	N/A	RELATED	-33.	324,115.		X	N/A	X		.00%
PC CAMBRIDGE, LLC - 46-3754107, 4956 N 300 W, SUITE 300, PROVO, UT 84604	RESIDENTIAL RENTAL	CA	N/A	RELATED	0.	0.		X	N/A	X		.00%
IHMEDI DUDLEY POMONA LP - 47-5034058, 4 VENTURE, SUITE 295, IRVINE, CA 92618	RESIDENTIAL RENTAL	CA	N/A	RELATED	0.	725,389.		X	N/A	X		.01%
SAMOA AVENUE HOUSING, LP - 46-5637691, 313 E BROADWAY ST # 10777, GLENDALE, CA 91209	RESIDENTIAL RENTAL	CA	N/A	RELATED	0.	0.		X	N/A	X		30.00%
ORTIZ PLAZA LP 4 VENTURE, SUITE 295 IRVINE, CA 92618	RESIDENTIAL RENTAL	CA	N/A	RELATED	0.	0.		X	N/A	X		.00%



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

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

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) IHMDI DUDLEY POMONA, LP	L	119,394.	CASH
(2) IHMDI DUDLEY POMONA, LP	B	50.	CASH
(3) IH ALHAMBRA DAVIS LLC	S	267,288.	CASH
(4) PC CAMBRIDGE, LLC	S	350,000.	CASH
(5)			
(6)			

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

EL RANCHO AFFORDABLE HOUSING, LP AN ARIZONA LIMITED

PARTNERSHIP

EIN: 46-2634337

719 E. MAIN STREET

MESA, AZ 85203

FINAL

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OTHER											
1	OFFICE FURNITURE	081005	SL	5.00	16	1,397.			1,397.	1,397.		0.
2	OFFICE FURNITURE	040810	SL	3.00	16	4,716.			4,716.	4,651.		0.
3	OFFICE FURNITURE	021012	SL	5.00	16	474.			474.	249.		95.
4	OFFICE FURNITURE	021412	SL	5.00	16	2,540.			2,540.	1,334.		508.
5	OFFICE FURNITURE	022712	SL	5.00	16	502.			502.	260.		100.
6	OFFICE FURNITURE	050712	SL	5.00	16	301.			301.	147.		60.
7	OFFICE FURNITURE	050712	SL	5.00	16	1,616.			1,616.	790.		323.
8	OFFICE FURNITURE	050712	SL	5.00	16	2,898.			2,898.	1,420.		580.
9	OFFICE FURNITURE	050712	SL	5.00	16	3,174.			3,174.	1,553.		635.
10	OFFICE FURNITURE	051512	SL	7.00	16	11,874.			11,874.	4,452.		1,696.
11	OFFICE FURNITURE	052312	SL	7.00	16	6,780.			6,780.	2,502.		969.
12	OFFICE FURNITURE	052312	SL	7.00	16	605.			605.	222.		86.
13	OFFICE FURNITURE	061312	SL	7.00	16	537.			537.	196.		77.
14	OFFICE FURNITURE	062012	SL	7.00	16	3,174.			3,174.	1,134.		453.
15	OFFICE FURNITURE	062012	SL	7.00	16	11,874.			11,874.	4,241.		1,696.
16	OFFICE FURNITURE	062012	SL	7.00	16	2,898.			2,898.	1,035.		414.
17	OFFICE FURNITURE	062012	SL	7.00	16	200.			200.	71.		29.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	OFFICE FURNITURE	062012	SL	7.00	16	302.			302.	108.		43.
19	OFFICE FURNITURE	062012	SL	7.00	16	1,616.			1,616.	577.		231.
20	OFFICE FURNITURE	062012	SL	7.00	16	2,367.			2,367.	845.		338.
21	OFFICE FURNITURE	062112	SL	7.00	16	1,613.			1,613.	576.		230.
22	OFFICE FURNITURE	062112	SL	7.00	16	894.			894.	319.		128.
23	OFFICE FURNITURE	062112	SL	7.00	16	16.			16.	6.		2.
24	OFFICE FURNITURE	062612	SL	7.00	16	95.			95.	35.		14.
25	OFFICE FURNITURE	070212	SL	7.00	16	259.			259.	92.		37.
26	OFFICE FURNITURE	070212	SL	7.00	16	774.			774.	276.		111.
27	OFFICE FURNITURE	071812	SL	7.00	16	300.			300.	106.		43.
28	OFFICE FURNITURE	082112	SL	7.00	16	850.			850.	282.		121.
29	OFFICE FURNITURE	082712	SL	7.00	16	555.			555.	184.		79.
30	OFFICE FURNITURE	083012	SL	7.00	16	300.			300.	100.		43.
31	OFFICE FURNITURE	091912	SL	7.00	16	43.			43.	14.		6.
32	OFFICE FURNITURE	092012	SL	7.00	16	300.			300.	96.		43.
33	OFFICE FURNITURE	100112	SL	7.00	16	300.			300.	96.		43.
34	OFFICE FURNITURE	111212	SL	7.00	16	300.			300.	91.		43.
35	OFFICE FURNITURE	121012	SL	7.00	16	300.			300.	124.		43.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
36	OFFICE FURNITURE	041612	SL	7.00	16	4,575.			4,575.	1,335.		654.
37	SOFTWARE	030212	SL	3.00	16	729.			729.	689.		41.
38	SOFTWARE	032312	SL	3.00	16	102.			102.	93.		9.
39	COMPUTERS	060113	SL	5.00	16	4,939.			4,939.	1,564.		988.
40	SOFTWARE	061513	SL	3.00	16	4,916.			4,916.	2,595.		1,639.
41	OFFICE FURNITURE	042414	SL	7.00	16	7,939.			7,939.	756.		1,134.
42	COMPUTERS	060414	SL	5.00	16	6,385.			6,385.	745.		1,277.
43	LEASEHOLD IMPROVEMENTS	012514	SL	5.00	16	1,519.			1,519.	278.		304.
44	SOFTWARE	031014	SL	3.00	16	109.			109.	30.		36.
45	ALHAMBRA DAVIS - LAND	120414	L	.000		805,950.			805,950.			0.
46	ALHAMBRA DAVIS - BUILDING	120414	SL	40.00	16	25012747.			25012747.	52,277.		625,319.
47	ALHAMBRA DAVIS - PERSONAL PROPERTY	120414	SL	10.00	16	40,679.			40,679.	339.		4,068.
48	ALHAMBRA DAVIS - INTEREST RATE CAP	120414	197	60M	43	35,000.			35,000.	583.		7,000.
49	ALHAMBRA DAVIS - LOAN FEES	120414	461	120M	43	189,905.			189,905.	1,583.		18,991.
50	ALHAMBRA DAVIS - LOAN FEES	120414	461	480M	43	446,156.			446,156.	929.		11,154.
51	WATER HEATERS	060415	SL	40.00	16	492.			492.			7.
52	WATER HEATERS	080715	SL	40.00	16	518.			518.			5.
53	WATER HEATERS	091515	SL	40.00	16	1,957.			1,957.			16.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
54	WATER HEATERS	101515	SL	40.00	16	1,419.			1,419.			9.
55	WATER HEATERS	120715	SL	40.00	16	964.			964.			2.
56	TREES	052115	SL	20.00	16	8,640.			8,640.			252.
57	LAUNDRY ROOM RENOVATIONS	031515	SL	40.00	16	2,227.			2,227.			46.
58	ROOFING	082415	SL	40.00	16	7,955.			7,955.			66.
59	SIGNAGE	061515	SL	40.00	16	858.			858.			13.
60	SIGNAGE	071515	SL	40.00	16	598.			598.			7.
61	HVAC	041515	SL	40.00	16	1,600.			1,600.			30.
62	HVAC	061515	SL	40.00	16	1,535.			1,535.			22.
63	HVAC	072015	SL	40.00	16	1,350.			1,350.			14.
64	HVAC	083115	SL	40.00	16	1,350.			1,350.			11.
65	DRYWALL	020615	SL	40.00	16	394.			394.			9.
66	DRYWALL	090515	SL	40.00	16	1,250.			1,250.			10.
67	DRYWALL	120315	SL	40.00	16	1,300.			1,300.			3.
68	SECURITY SYSTEM	031915	SL	40.00	16	240.			240.			5.
69	GUTTERS	041715	SL	40.00	16	6,000.			6,000.			100.
70	GUTTERS	052915	SL	40.00	16	950.			950.			14.
71	SECURITY SYSTEM	060215	SL	40.00	16	8,964.			8,964.			131.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
72	SECURITY SYSTEM	071615	SL	40.00	16	1,357.			1,357.			17.
73	SECURITY SYSTEM	123115	SL	40.00	16	1,897.			1,897.			0.
74	MAINTENANCE EQUIPMENT	013115	SL	10.00	16	2,203.			2,203.			202.
75	FILE CABINETS	031015	SL	10.00	16	743.			743.			62.
76	FILE CABINETS	070715	SL	10.00	16	231.			231.			12.
77	CARPET / VINYL FLOORING	031515	SL	10.00	16	3,755.			3,755.			313.
78	CARPET / VINYL FLOORING	041515	SL	10.00	16	4,365.			4,365.			327.
79	CARPET / VINYL FLOORING	052215	SL	10.00	16	2,234.			2,234.			130.
80	CARPET / VINYL FLOORING	071515	SL	10.00	16	2,581.			2,581.			129.
81	CARPET / VINYL FLOORING	081515	SL	10.00	16	13,967.			13,967.			582.
82	CARPET / VINYL FLOORING	091515	SL	10.00	16	18,562.			18,562.			619.
83	FLOORING	101515	SL	10.00	16	340.			340.			9.
84	APPLIANCES	022415	SL	10.00	16	384.			384.			32.
85	APPLIANCES	031515	SL	10.00	16	653.			653.			54.
86	APPLIANCES	041515	SL	10.00	16	695.			695.			52.
87	APPLIANCES	051515	SL	10.00	16	390.			390.			26.
88	APPLIANCES	082715	SL	10.00	16	5,840.			5,840.			195.
89	APPLIANCES	090415	SL	10.00	16	681.			681.			23.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
90	APPLIANCES	101515	SL	10.00	16	1,071.			1,071.			27.
91	APPLIANCES	111015	SL	10.00	16	390.			390.			7.
	* 990 PAGE 10 TOTAL OTHER					26741294.		0.	26741294.	93,377.	0.	685,523.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					26741294.		0.	26741294.	93,377.	0.	685,523.
	CURRENT ACTIVITY											
	BEGINNING BALANCE					26628394.		0.	26628394.	93,377.		
	ACQUISITIONS					112,900.		0.	112,900.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					26741294.		0.	26741294.	93,377.		
	ENDING ACCUM DEPR									778,900.		
	ENDING BOOK VALUE									25962394.		

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

AFFORDABLE HOUSING ALLIANCE II, INC

FORM 990 PAGE 10

33-0616121

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 3 columns: Line number, Description, and Amount. Includes lines 17-18 for MACRS deductions.

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes rows 19a-i.

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Line number, Class life, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes rows 20a-c.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 21-23 for summary totals.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and depreciation.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and depreciation.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle usage metrics (miles driven, availability for personal use, etc.).

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No) for employer questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. AFFORDABLE HOUSING ALLIANCE II, INC	Employer identification number (EIN) or 33-0616121
	Number, street, and room or suite no. If a P.O. box, see instructions. 4 VENTURE, NO. 295	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. IRVINE, CA 92618	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ANJELA PONCE

• The books are in the care of **4 VENTURE, SUITE 295 - IRVINE, CA 92618**
Telephone No. **949-727-3656** Fax No. **949-727-3654**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2016**.

5 For calendar year **2015**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **PRESIDENT** Date

California Exempt Organization
Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name California corporation number

AFFORDABLE HOUSING ALLIANCE II, INC

1899325

Additional information. See instructions.

FEIN
33-0616121

Street address (suite or room) PMB no.

4 VENTURE, NO. 295

City State ZIP code

IRVINE CA 92618

Foreign country name Foreign province/state/country Foreign postal code

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy)
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990-PF (3) Sch H (990) (4) Other 990 series
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name?
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P Is a federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,557,198.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	2,557,198.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	2,557,198.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	4,194,842.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-1,637,644.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Title: **PRESIDENT** Date: _____ Telephone: _____

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed: PTIN: **P01254265**
 Firm's name (or yours, if self-employed) and address: **DAUBY O'CONNOR & ZALESKI, LLC**
501 CONGRESSIONAL BLVD, STE 300
CARMEL, IN 46032 Telephone: **35-1750664**
(317) 848-5700

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

528951 11-25-15

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	1,507.00
	3	Dividends	•	3	5.00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income	•	7	2,555,686.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	2,557,198.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	5,560.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	229,959.00
	12	Other salaries and wages	•	12	715,758.00
	13	Interest	•	13	714,516.00
	14	Taxes	•	14	68,092.00
	15	Rents	•	15	502,429.00
	16	Depreciation and depletion (See instructions)	•	16	685,523.00
	17	Other Expenses and Disbursements	•	17	1,273,005.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	4,194,842.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		1,354,327.		1,478,067.
2	Net accounts receivable				1,416,939.
3	Net notes receivable STMT 5		36,088.		16,218.
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments STMT 6		350,245.		104,400.
10 a	Depreciable assets	25,101,383.		25,264,283.	
b	Less accumulated depreciation	(90,284.)	25,011,099.	(738,659.)	24,525,624.
11	Land		805,950.		805,950.
12	Other assets STMT 7		1,241,119.		746,323.
13	Total assets		28,798,828.		29,093,521.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		26,850,000.		28,660,000.
18	Other liabilities STMT 8		113,620.		161,803.
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		1,835,208.		271,718.
22	Total liabilities and net worth		28,798,828.		29,093,521.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• -1,738,970.	7	Income recorded on books this year not included in this return. STMT 11	• 900,269.
2	Federal income tax	•	8	Deductions in this return not charged against book income this year STMT 12	• 161,596.
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	1,061,865.
4	Income not recorded on books this year *	• 183,331.	10	Net income per return. Subtract line 9 from line 6	-1,637,644.
5	Expenses recorded on books this year not deducted in this return STMT 10	• 979,860.			
6	Total. Add line 1 through line 5	-575,779.			

* **STMT 9**

FORM 199	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
TENANT CHARGES		23,419.	
OTHER REVENUE-MISC.		8,133.	
LAUNDRY & VENDING		27,193.	
DEVELOPMENT FEE		157,485.	
RENTAL INCOME		2,212,051.	
MANAGING GENERAL PARTNER		58,913.	
MISCELLANEOUS INCOME		68,492.	
TOTAL TO FORM 199, PART II, LINE 7		2,555,686.	

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	2
ACTIVITY CLASSIFICATION: MICHAEL WARD ACE GRANT			
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
COMMUNITY CORPORATION OF SANTA MONICA	1423 2ND ST, B - SANTA MONICA, CA 90401	NONE	2,350.
CONTRACTORS LICENSE RESOURCE GROUP	310 S. BRAND BLVD - GLENDALE, CA 91204	NONE	3,210.
TOTAL FOR THIS ACTIVITY			5,560.
TOTAL INCLUDED ON FORM 199, PART II, LINE 9			5,560.

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ANJELA PONCE 4 VENTURE, NO. 295 IRVINE, CA 92618	PRESIDENT AND DIRECTOR 40.00	66,984.
PHILIP WOOD 4 VENTURE, NO. 295 IRVINE, CA 92618	VICE PRESIDENT AND DIRECTO 40.00	79,910.
SCOTT WHITMORE 4 VENTURE, NO. 295 IRVINE, CA 92618	DIRECTOR 1.00	0.
PATRICK MORRILL 4 VENTURE, NO. 295 IRVINE, CA 92618	DIRECTOR 1.00	0.
KATHLEEN GRAVES 4 VENTURE, NO. 295 IRVINE, CA 92618	DIRECTOR 1.00	0.
JOANNA MARTINDALE 4 VENTURE, NO. 295 IRVINE, CA 92618	DIRECTOR 1.00	0.
TERI WARD 4 VENTURE, NO. 295 IRVINE, CA 92618	DIRECTOR 1.00	0.
DAWN ALLEN 4 VENTURE, NO. 295 IRVINE, CA 92618	SECRETARY/TREASURER & OPER 40.00	40,676.
GARY PONCE 4 VENTURE, NO. 295 IRVINE, CA 92618	DIRECTOR OF ASSET MGMT. 40.00	42,389.
TOTAL TO FORM 199, PART II, LINE 11		229,959.

FORM 199	OTHER EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
MANAGEMENT FEE		389,029.	
MANAGEMENT CONSULTANTS		136,359.	
GENERAL & ADMIN.		120,106.	
GENERAL & ADMIN.		107,599.	
OTHER EMPLOYEE BENEFITS		125,247.	
MANAGEMENT FEES		66,374.	
LEGAL FEES		1,625.	
ACCOUNTING FEES		42,484.	
OTHER PROFESSIONAL FEES		369.	
ADVERTISING AND PROMOTION		24,565.	
OFFICE EXPENSES		26,006.	
TRAVEL		32,651.	
INSURANCE		14,744.	
ALL OTHER EXPENSES		185,847.	
TOTAL TO FORM 199, PART II, LINE 17		1,273,005.	

FORM 199	NET NOTES RECEIVABLE	STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
LOANS TO OFFICERS, DIRECTORS, TRUSTEES AND OTHER KEY EMPLOYEES		88.	0.
NOTES AND LOANS RECEIVABLE, NET		36,000.	16,218.
TOTAL TO FORM 199, SCHEDULE L, LINE 3		36,088.	16,218.

FORM 199	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
INVESTMENT IN SAMOA AVENUE		350,000.	0.
MORTGAGE ESCROW DEPOSITS		0.	44,120.
RESERVE REPLACEMENT FUND		0.	48,070.
INVESTMENT IN CYPRESS SENIOR		200.	198.
INVESTMENT IN EL RANCHO AFFORDABLE HOUSING		45.	12.
INTEREST RATE HEDGE		0.	12,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		350,245.	104,400.

FORM 199	OTHER ASSETS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
CONSTRUCTION IN PROGRESS	556,419.	0.	
PREPAID EXPENSES	10,532.	0.	
OTHER DEPOSITS	2,188.	0.	
PREPAID EXPENSES AND DEFERRED CHARGES	0.	132.	
INTANGIBLE ASSETS	667,966.	630,821.	
MISC OTHER ASSETS	4,014.	4,014.	
SECURITY DEPOSITS	0.	111,356.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,241,119.	746,323.	

FORM 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
SECURITY DEPOSITS	97,515.	109,990.	
DEFICIENCY IN INVESTMENT IN MAROON CREEK APARTMENTS	14,490.	50,160.	
DEFICIENCY IN INVESTMENT IN FORT COLLINS SENIOR HOUSING	1,598.	1,598.	
DEFICIENCY IN INVESTMENT IN ELIZABETH STREET HOUSING	17.	17.	
DEFICIENCY IN INVESTMENT IN ANAHEIM SENIOR II LP	0.	38.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	113,620.	161,803.	

FORM 199	INCOME NOT RECORDED ON BOOKS THIS YEAR	STATEMENT	9
DESCRIPTION		AMOUNT	
BOOK/TAX DIFFERENCE DUE TO CASH BASIS		26,116.	
INTERCOMPANY ACTIVITIES ELIMINATED ON TAX RETURN		157,215.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 4		183,331.	

FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT 10
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DESCRIPTION	AMOUNT
EXPENSES REPORTED ON ELIZABETH STREET'S TAX RETURN	393,216.
EXPENSES REPORTED ON FORT COLLINS' TAX RETURN	586,432.
BOOK/TAX DIFFERENCE IN DEPRECIATION EXPENSE	212.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5	979,860.

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 11
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DESCRIPTION	AMOUNT
REVENUE REPORTED ON ELIZABETH STREET'S TAX RETURN	353,420.
REVENUE REPORTED ON FORT COLLINS' TAX RETURN	546,849.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	900,269.

FORM 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT 12
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DESCRIPTION	AMOUNT
BOOK/TAX DIFFERENCE IN LOSSES FROM NONCONTROLLING INTERESTS	31,554.
BOOK/TAX DIFFERENCE DUE TO CASH BASIS	105,826.
BOOK/TAX DIFFERENCE IN AMORTIZATION EXPENSE	7,000.
INTERCOMPANY ACTIVITIES ELIMINATED ON FINANCIAL STATEMENTS	17,216.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8	161,596.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 33-0616121

Corporation name

California corporation number

AFFORDABLE HOUSING ALLIANCE II, INC

1899325

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property		
(b) Cost (business use only)		
(c) Elected cost		
6		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2016. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	13	26,070,233.	90,282.				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	648,378.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	648,378.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	648,378.
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19 48 ALHAMBRA DAVIS - INTEREST RATE CAP	12/04/14	35,000.	583.	197	60M	7,000.
49 ALHAMBRA DAVIS - LOAN FEES	12/04/14	189,905.	1,583.	461	120M	18,991.
50 ALHAMBRA DAVIS - LOAN FEES	12/04/14	446,156.	929.	461	480M	11,154.
20 Total. Add the amounts in column (g)	20	37,145.				
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21	37,145.				
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	0.				

CA 3885		DEPRECIATION				STATEMENT	13
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 OFFICE FURNITURE	08/10/05	1,397.	1,397.	SL	5.00	0.	
2 OFFICE FURNITURE	04/08/10	4,716.	4,651.	SL	3.00	0.	
3 OFFICE FURNITURE	02/10/12	474.	249.	SL	5.00	95.	
4 OFFICE FURNITURE	02/14/12	2,540.	1,334.	SL	5.00	508.	
5 OFFICE FURNITURE	02/27/12	502.	260.	SL	5.00	100.	
6 OFFICE FURNITURE	05/07/12	301.	147.	SL	5.00	60.	
7 OFFICE FURNITURE	05/07/12	1,616.	790.	SL	5.00	323.	
8 OFFICE FURNITURE	05/07/12	2,898.	1,420.	SL	5.00	580.	
9 OFFICE FURNITURE	05/07/12	3,174.	1,553.	SL	5.00	635.	
10 OFFICE FURNITURE	05/15/12	11,874.	4,452.	SL	7.00	1,696.	
11 OFFICE FURNITURE	05/23/12	6,780.	2,502.	SL	7.00	969.	
12 OFFICE FURNITURE	05/23/12	605.	222.	SL	7.00	86.	
13 OFFICE FURNITURE	06/13/12	537.	196.	SL	7.00	77.	
14 OFFICE FURNITURE	06/20/12	3,174.	1,134.	SL	7.00	453.	
15 OFFICE FURNITURE	06/20/12	11,874.	4,241.	SL	7.00	1,696.	
16 OFFICE FURNITURE	06/20/12	2,898.	1,035.	SL	7.00	414.	
17 OFFICE FURNITURE	06/20/12	200.	71.	SL	7.00	29.	
18 OFFICE FURNITURE	06/20/12	302.	108.	SL	7.00	43.	
19 OFFICE FURNITURE	06/20/12	1,616.	577.	SL	7.00	231.	
20 OFFICE FURNITURE	06/20/12	2,367.	845.	SL	7.00	338.	
21 OFFICE FURNITURE	06/21/12	1,613.	576.	SL	7.00	230.	
22 OFFICE FURNITURE	06/21/12	894.	319.	SL	7.00	128.	
23 OFFICE FURNITURE	06/21/12	16.	6.	SL	7.00	2.	

24	OFFICE FURNITURE					
	06/26/12	95.	35.	SL	7.00	14.
25	OFFICE FURNITURE					
	07/02/12	259.	92.	SL	7.00	37.
26	OFFICE FURNITURE					
	07/02/12	774.	276.	SL	7.00	111.
27	OFFICE FURNITURE					
	07/18/12	300.	106.	SL	7.00	43.
28	OFFICE FURNITURE					
	08/21/12	850.	282.	SL	7.00	121.
29	OFFICE FURNITURE					
	08/27/12	555.	184.	SL	7.00	79.
30	OFFICE FURNITURE					
	08/30/12	300.	100.	SL	7.00	43.
31	OFFICE FURNITURE					
	09/19/12	43.	14.	SL	7.00	6.
32	OFFICE FURNITURE					
	09/20/12	300.	96.	SL	7.00	43.
33	OFFICE FURNITURE					
	10/01/12	300.	96.	SL	7.00	43.
34	OFFICE FURNITURE					
	11/12/12	300.	91.	SL	7.00	43.
35	OFFICE FURNITURE					
	12/10/12	300.	124.	SL	7.00	43.
36	OFFICE FURNITURE					
	04/16/12	4,575.	1,335.	SL	7.00	654.
37	SOFTWARE					
	03/02/12	729.	689.	SL	3.00	41.
38	SOFTWARE					
	03/23/12	102.	93.	SL	3.00	9.
39	COMPUTERS					
	06/01/13	4,939.	1,564.	SL	5.00	988.
40	SOFTWARE					
	06/15/13	4,916.	2,595.	SL	3.00	1,639.
41	OFFICE FURNITURE					
	04/24/14	7,939.	756.	SL	7.00	1,134.
42	COMPUTERS					
	06/04/14	6,385.	745.	SL	5.00	1,277.
43	LEASEHOLD IMPROVEMENTS					
	01/25/14	1,519.	278.	SL	5.00	304.
44	SOFTWARE					
	03/10/14	109.	30.	SL	3.00	36.
45	ALHAMBRA DAVIS - LAND					
	12/04/14	805,950.			.000	0.
46	ALHAMBRA DAVIS - BUILDING					
	12/04/14	25,012,747.	52,277.	SL	40.00	625,319.
47	ALHAMBRA DAVIS - PERSONAL PROPERTY					
	12/04/14	40,679.	339.	SL	10.00	4,068.
51	WATER HEATERS					
	06/04/15	492.		SL	40.00	7.
52	WATER HEATERS					
	08/07/15	518.		SL	40.00	5.
53	WATER HEATERS					
	09/15/15	1,957.		SL	40.00	16.

54	WATER HEATERS	10/15/15	1,419.	SL	40.00	9.
55	WATER HEATERS	12/07/15	964.	SL	40.00	2.
56	TREES	05/21/15	8,640.	SL	20.00	252.
57	LAUNDRY ROOM RENOVATIONS	03/15/15	2,227.	SL	40.00	46.
58	ROOFING	08/24/15	7,955.	SL	40.00	66.
59	SIGNAGE	06/15/15	858.	SL	40.00	13.
60	SIGNAGE	07/15/15	598.	SL	40.00	7.
61	HVAC	04/15/15	1,600.	SL	40.00	30.
62	HVAC	06/15/15	1,535.	SL	40.00	22.
63	HVAC	07/20/15	1,350.	SL	40.00	14.
64	HVAC	08/31/15	1,350.	SL	40.00	11.
65	DRYWALL	02/06/15	394.	SL	40.00	9.
66	DRYWALL	09/05/15	1,250.	SL	40.00	10.
67	DRYWALL	12/03/15	1,300.	SL	40.00	3.
68	SECURITY SYSTEM	03/19/15	240.	SL	40.00	5.
69	GUTTERS	04/17/15	6,000.	SL	40.00	100.
70	GUTTERS	05/29/15	950.	SL	40.00	14.
71	SECURITY SYSTEM	06/02/15	8,964.	SL	40.00	131.
72	SECURITY SYSTEM	07/16/15	1,357.	SL	40.00	17.
73	SECURITY SYSTEM	12/31/15	1,897.	SL	40.00	0.
74	MAINTENANCE EQUIPMENT	01/31/15	2,203.	SL	10.00	202.
75	FILE CABINETS	03/10/15	743.	SL	10.00	62.
76	FILE CABINETS	07/07/15	231.	SL	10.00	12.
77	CARPET / VINYL FLOORING	03/15/15	3,755.	SL	10.00	313.
78	CARPET / VINYL FLOORING	04/15/15	4,365.	SL	10.00	327.
79	CARPET / VINYL FLOORING	05/22/15	2,234.	SL	10.00	130.
80	CARPET / VINYL FLOORING	07/15/15	2,581.	SL	10.00	129.

81	CARPET / VINYL FLOORING					
	08/15/15	13,967.	SL	10.00	582.	
82	CARPET / VINYL FLOORING					
	09/15/15	18,562.	SL	10.00	619.	
83	CARPET / VINYL FLOORING					
	10/15/15	340.	SL	10.00	9.	
84	APPLIANCES					
	02/24/15	384.	SL	10.00	32.	
85	APPLIANCES					
	03/15/15	653.	SL	10.00	54.	
86	APPLIANCES					
	04/15/15	695.	SL	10.00	52.	
87	APPLIANCES					
	05/15/15	390.	SL	10.00	26.	
88	APPLIANCES					
	08/27/15	5,840.	SL	10.00	195.	
89	APPLIANCES					
	09/04/15	681.	SL	10.00	23.	
90	APPLIANCES					
	10/15/15	1,071.	SL	10.00	27.	
91	APPLIANCES					
	11/10/15	390.	SL	10.00	7.	
TOTAL DEPR TO FORM 3885		26,070,233.	90,282.		648,378.	

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2015 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:
**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Fiscal year - See instructions.**
Calendar year corporations - File and Pay by March 15, 2016.
Calendar year exempt organizations - File and Pay by May 16, 2016

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted on April 18, 2016, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

539035
12-09-15

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2015** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM
3586 (e-file)

1899325 AFFO 33-0616121 000000000000 15 FORM 3
TYB 01-01-2015 TYE 12-31-2015
AFFORDABLE HOUSING ALLIANCE II INC

4 VENTURE NO 295
IRVINE CA 92618

(949) 727-3656

Amount of Payment 10.

TAXABLE YEAR
2015

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name AFFORDABLE HOUSING ALLIANCE II, INC	Identifying number 33-0616121
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Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	2,557,198.00
2	Total gross income (Form 199, line 8)	2	2,557,198.00
3	Total expenses and disbursements (Form 199, line 9)	3	4,194,842.00

Part II Settle Your Account Electronically for Taxable Year 2015

4	<input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	--	-----------	---------------------------------

Part III Banking Information (Have you verified the exempt organization's banking information?)

5	Routing number _____		
6	Account number _____	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%; text-align: center;">PRESIDENT</div> </div>	Date	Title
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address DAUBY O'CONNOR & ZALESKI, LLC 501 CONGRESSIONAL BLVD, STE 300 CARMEL, IN				FEIN 35-1750664 ZIP code 46032

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address DAUBY O'CONNOR & ZALESKI, LLC 501 CONGRESSIONAL BLVD, STE 300 CARMEL, IN			FEIN 35-1750664 ZIP code 46032

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 101511 AFFORDABLE HOUSING ALLIANCE II, INC <small>Name of Organization</small> 4 VENTURE, NO. 295 <small>Address (Number and Street)</small> IRVINE, CA 92618 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1899325</u> Federal Employer I.D. No. <u>33-0616121</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2015 ending 12/31/2015) list:
 Gross annual revenue \$ 2,557,198 . Total assets \$ 29,093,521 .

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 949-727-3656

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

ANJELA PONCE
PRESIDENT
Signature of authorized officer
Printed Name
Title
Date