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CLIENT'S COPY

FINAL

November 13, 2018

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

AFFORDABLE HOUSING ALLIANCE II, INC:

Enclosed is the organization's 2017 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2018.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

Your payment should be made as instructed below on or before November 15, 2018.

Separately mail California Form FTB 3586 with a check or money order for \$10, payable to Franchise Tax Board.

Mail to:

Franchise Tax Board
PO BOX 942857
Sacramento CA 94257-0531

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

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

Enclose a check or money order for \$150, payable to Attorney General Registry of Charitable Trusts.

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

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

ELLEN WILDE

FINAL

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2017

Prepared For:

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

Prepared By:

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

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2018

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

2017

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

AFFORDABLE HOUSING ALLIANCE II, INC

33-0616121

Name and title of officer
PHILIP WOOD
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>5,921,708.</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, line 3c) | 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 2017 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 to effect 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 on 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 2017 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 2017 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 2017 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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 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 | | D Employer identification number 33-0616121 |
| | Doing business as INTEGRITY HOUSING | | E Telephone number 949-727-3656 |
| | Number and street (or P.O. box if mail is not delivered to street address) 4 VENTURE | Room/suite 295 | G Gross receipts \$ 32,298,027. |
| | City or town, state or province, country, and ZIP or foreign postal code IRVINE, CA 92618 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | F Name and address of principal officer: PHILIP WOOD SAME AS C ABOVE | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |

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

J Website: ▶ **WWW.INTEGRITYHOUSING.ORG**

K Form of organization: Corporation Trust Association 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 2017 (Part V, line 2a) | 5 | 8 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 35,000. | Current Year 37,350. |
| | 9 Program service revenue (Part VIII, line 2g) | 2,311,661. | 3,649,579. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,046. | 2,149,272. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 108,327. | 85,507. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,456,034. | 5,921,708. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 3,513. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,200,710. | 1,359,868. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,050,583. | 3,828,186. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,254,806. | 5,189,454. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -1,798,772. | 732,254. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 28,568,026. | End of Year 2,239,193. |
| | 21 Total liabilities (Part X, line 26) | 30,095,080. | 3,033,993. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | -1,527,054. | -794,800. |

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 | | Date | |
| | PHILIP WOOD, PRESIDENT Type or print name and title | | | |
| Paid Preparer Use Only | Print/Type preparer's name ELLEN WILDE | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed PTIN P01254265 |
| | Firm's name ▶ DAUBY O'CONNOR & ZALESKI, LLC | Firm's EIN ▶ 35-1750664 | Phone no. (317) 848-5700 | |
| | Firm's address ▶ 501 CONGRESSIONAL BLVD #300 CARMEL, IN 46032 | | | |

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 \$ 4,698,178. including grants of \$ 1,400.) (Revenue \$ 5,773,260.) 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 4,698,178.

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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 11? <i>If "Yes," complete Schedule D, Part VI</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 payments 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 a 50% 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? Note. All Form 990 filers are required to complete Schedule O | X | |

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

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who could not be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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.

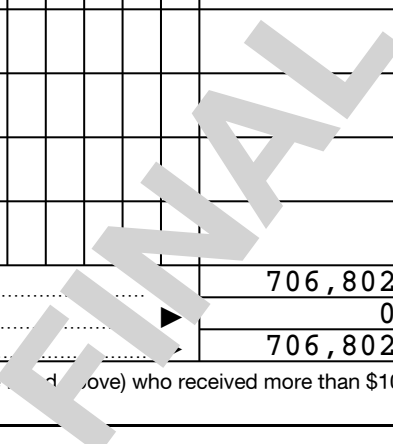
List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 VICE PRESIDENT AND DIRECTOR | 40.00 | X | | X | | | 200,000. | 0. | 7,999. | |
| (2) PHILIP WOOD PRESIDENT AND DIRECTOR | 40.00 | X | | X | | | 185,000. | 0. | 5,550. | |
| (3) SCOTT WHITMORE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (4) KATHLEEN GRAVES DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (5) JOANNA MARTINDALE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (6) TERI WARD DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (7) CHUCK PACKARD DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) DAWN ALLEN SECRETARY/TREASURER & OPER | 40.00 | | | X | | | 46,800. | 0. | 1,404. | |
| (9) GARY PONCE DIRECTOR OF ASSET MGMT. | 40.00 | | | | X | | 125,002. | 0. | 4,999. | |
| (10) MICHAEL DAVIS DIRECTOR OF CAPITAL DEVELO | 40.00 | | | | X | | 150,000. | 0. | 6,000. | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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 | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-total | | | | | | | 706,802. | 0. | 25,952. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 706,802. | 0. | 25,952. | |



2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|--|---|---|----------------------|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 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 | 37,350. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | 37,350. | | | | |
| Program Service Revenue | 2 a DEVELOPMENT FEE | Business Code 531110 | 2,248,321. | 2,248,321. | | | |
| | b RENTAL INCOME | 531110 | 1,401,258. | 1,401,258. | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | 3,649,579. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 25,591. | | | 25,591. | |
| | 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 | | 28,500,000. | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | | 26,376,319. | | | |
| | | c Gain or (loss) | | 2,123,681. | | | |
| | d Net gain or (loss) | | 2,123,681. | 2,123,681. | | | |
| | 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 OTHER REVENUE-MISC. | 531110 | 63,037. | | | 63,037. | | |
| b LAUNDRY & VENDING | 531110 | 14,333. | | | 14,333. | | |
| c TENANT CHARGES | 531110 | 8,137. | | | 8,137. | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 85,507. | | | | | |
| 12 Total revenue. See instructions. | | 5,921,708. | 5,773,260. | 0. | 111,098. | | |

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 ... | 1,400. | 1,400. | | |
| 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 | 581,617. | 581,617. | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 146,551. | 146,551. | | |
| 10 Payroll taxes | 75,790. | 75,790. | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 52,550. | | 52,550. | |
| b Legal | 1,725. | | 1,725. | |
| c Accounting | 30,305. | | 30,305. | |
| 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.) | 44. | | 44. | |
| 12 Advertising and promotion | 41,915. | 6,010. | 35,905. | |
| 13 Office expenses | 26,489. | 11,017. | 15,472. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 379,149. | 379,149. | | |
| 17 Travel | 21,467. | 18,136. | 3,331. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 731,388. | 731,388. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 992,321. | 992,321. | | |
| 23 Insurance | 20,243. | 20,243. | | |
| 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 DEVELOPMENT EXPENSE WRI | 1,101,165. | 1,101,165. | | |
| b MANAGEMENT FEE | 228,201. | | 228,201. | |
| c GENERAL & ADMIN. | 103,075. | | 103,075. | |
| d RENT | 78,957. | 78,957. | | |
| e All other expenses | 19,192. | -1,476. | 20,668. | |
| 25 Total functional expenses. Add lines 1 through 24e | 5,189,454. | 4,698,178. | 491,276. | 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 | 243,050. | 1 | 508,893. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 1,060,745. | 4 | 85,299. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | 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 | 1,360,078. | 7 | 1,581,705. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 132. | 9 | 4,132. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 151,759. | | |
| | b Less: accumulated depreciation | 10b 98,503. | 10c | 53,256. |
| | 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 | 360,335. | 13 | 1,894. |
| | 14 Intangible assets | 593,677. | 14 | |
| | 15 Other assets. See Part IV, line 11 | 127,684. | 15 | 4,014. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 28,568,026. | 16 | 2,239,193. | |
| Liabilities | 17 Accounts payable and accrued expenses | | 17 | 0. |
| | 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 | 29,928,040. | 23 | 2,986,538. |
| | 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 | 167,040. | 25 | 47,455. |
| | 26 Total liabilities. Add lines 17 through 25 | 30,095,080. | 26 | 3,033,993. |
| 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 | -1,527,054. | 32 | -794,800. |
| 33 Total net assets or fund balances | -1,527,054. | 33 | -794,800. | |
| 34 Total liabilities and net assets/fund balances | 28,568,026. | 34 | 2,239,193. | |

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 | 5,921,708. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,189,454. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 732,254. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -1,527,054. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 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 | -794,800. |

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No
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:
 Separate basis Consolidated basis Both consolidated and separate _____
- b Were the organization's financial statements audited by an independent accountant? Yes No
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:
 Separate basis Consolidated basis Both consolidated and separate _____
- c 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? Yes No
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Yes No
- b 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 _____

| | Yes | No |
|----|-----|----|
| 1 | | |
| 2a | | X |
| b | X | |
| c | X | |
| 3a | | X |
| 3b | | |

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of...
a Type I. A supporting organization operated, supervised or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 100,000. | | | 35,000. | 37,350. | 172,350. |
| 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. | | | 35,000. | 37,350. | 172,350. |
| 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. | | | | | | 172,350. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-------------|
| 7 Amounts from line 4 | 100,000. | | | 35,000. | 37,350. | 172,350. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 562. | 433. | 1,512. | 1,046. | 25,591. | 29,144. |
| 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 | | | | | | 201,494. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 14,162,627. |

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**

Section C. Computation of Public Support Percentage

| | | |
|--|----|---------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 85.54 % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 96.20 % |

16a 33 1/3% support test - 2017. 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

b 33 1/3% support test - 2016. 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

17a 10% -facts-and-circumstances test - 2017. 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

b 10% -facts-and-circumstances test - 2016. 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

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

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

(Complete only if you checked the box on line 10 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2017. 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 - 2016. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

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? <i>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.</i> | | |
| 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? <i>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.</i> | | |

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the first 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 ever appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

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? <i>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.</i> | | |
| 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? <i>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.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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 (explain in Part VI.) **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 2017 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-2017 | (iii) Distributable Amount for 2017 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

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.)

SCHEDULE A, PART II, LINE 10

MISCELLANEOUS INCOME CONSISTS OF TENANT CHARGES, LAUNDRY AND VENDING CHARGES, AND OTHER INCOME ITEMS FOR SERVICES PROVIDED FOR THE CONVENIENCE OF THE TENANTS.

INCLUDED ON PAGE 9 IN CURRENT YEAR OTHER REVENUE LINE 7C IS A GAIN ON SALE OF DEPRECIABLE ASSETS OF \$2,131,681. THE GAIN IS NOT BEING INCLUDED ON SCHEDULE A, PART II, LINE 10 BECAUSE IT DOES NOT MEET THE DEFINITION OF SUPPORT AS DEFINED IN SECTION 509(D) OF THE INTERNAL REVENUE CODE.

FINAL

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

AFFORDABLE HOUSING ALLIANCE II, INC

33-0616121

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

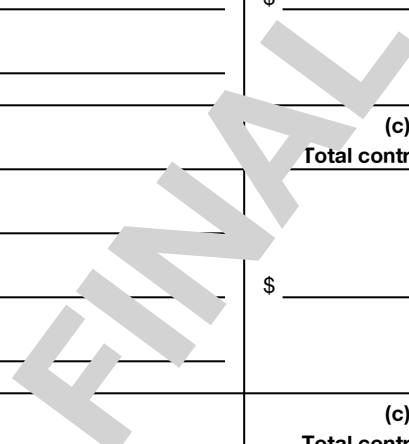
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | CITIGROUP INC. 388 GREENWICH STREET NEW YORK, NY 10013 | \$ 37,350. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |



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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

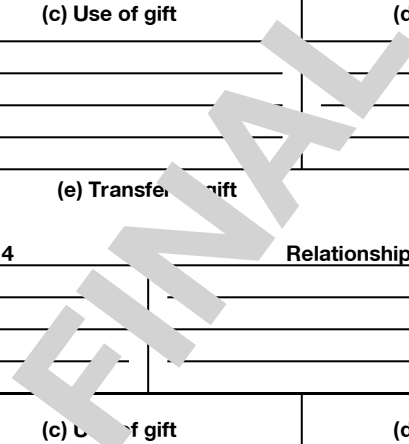
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |

FINAL

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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.

Table with 2 columns: Revenue, Assets. Rows include: 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. 1b 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.

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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? <input type="checkbox"/> | 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 | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 151,759. | 98,503. | 53,256. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 53,256. |

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) DEFICIENCY IN INVESTMENT IN MAROON | |
| (3) CREEK APARTMENTS | 45,705. |
| (4) DEFICIENCY IN INVESTMENT IN FORT | |
| (5) COLLINS SENIOR HOUSING | 1,593. |
| (6) DEFICIENCY IN INVESTMENT IN | |
| (7) ELIZABETH STREET HOUSING | 17. |
| (8) DEFICIENCY IN INVESTMENT IN | |
| (9) ANAHEIM SENIOR II LP | 80. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 47,455. |

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 | 6,264,340. |
| 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 | 2,531,958. | |
| e | Add lines 2a through 2d | | 2e | 2,531,958. |
| 3 | Subtract line 2e from line 1 | | 3 | 3,732,382. |
| 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 | 2,189,326. | |
| c | Add lines 4a and 4b | | 4c | 2,189,326. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 5,921,708. |

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 | 7,025,985. |
| 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 | 2,903,919. | |
| e | Add lines 2a through 2d | | 2e | 2,903,919. |
| 3 | Subtract line 2e from line 1 | | 3 | 4,122,066. |
| 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 | 1,067,388. | |
| c | Add lines 4a and 4b | | 4c | 1,067,388. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 5,189,454. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3 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, 2017 AND 2016, 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 YEARS ENDED DECEMBER 31, 2017 AND
 2016. 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 | 369,002. |
| REVENUE REPORTED ON FORT COLLINS' TAX RETURN | 575,979. |
| REVENUE REPORTED ON IHMDI DUDLEY POMONA'S TAX RETURN | 524,291. |
| REVENUE REPORTED ON MAROON CREEK APARTMENTS' TAX RETURN | 437,013. |

Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

REVENUE REPORTED ON VENTURA RIVERSIDE APARTMENTS' TAX

| | |
|--------|-----|
| RETURN | 29. |
|--------|-----|

| | |
|--|----------|
| BOOK TO TAX DIFFERENCE DUE TO GAIN ON SALE OF ALHAMBRA | 625,644. |
|--|----------|

| | |
|---------------------------------------|------------|
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 2,531,958. |
|---------------------------------------|------------|

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|----------|
| INTERCOMPANY ACTIVITIES ELIMINATED ON TAX RETURN | 465,277. |
|--|----------|

| | |
|---------------------------------------|------------|
| BOOK/TAX DIFFERENCE DUE TO CASH BASIS | 1,521,759. |
|---------------------------------------|------------|

| | |
|--|----------|
| ALHAMBRA DAVIS' ACTIVITY ON AHA II'S BOOKS | 202,290. |
|--|----------|

| | |
|---------------------------------------|------------|
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 2,189,326. |
|---------------------------------------|------------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|----------|
| EXPENSES REPORTED ON ELIZABETH STREET'S TAX RETURN | 378,540. |
|--|----------|

| | |
|---|----------|
| EXPENSES REPORTED ON FORT COLLINS' TAX RETURN | 528,534. |
|---|----------|

| | |
|--|------------|
| EXPENSES REPORTED ON IHMDI DUDLY POMONA'S TAX RETURN | 1,412,197. |
|--|------------|

| | |
|--|----------|
| EXPENSES REPORTED ON MAROON CREEK APARTMENTS' TAX RETURN | 584,648. |
|--|----------|

| | |
|--|------------|
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 2,903,919. |
|--|------------|

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---|----------|
| BOOK/TAX DIFFERENCE IN DEPRECIATION EXPENSE | 396,315. |
|---|----------|

| | |
|---|----------|
| BOOK/TAX DIFFERENCE IN AMORTIZATION EXPENSE | 578,605. |
|---|----------|

| | |
|--|---------|
| INTERCOMPANY ACTIVITIES ELIMINATED ON FINANCIAL STATEMENTS | 57,491. |
|--|---------|

| | |
|---|--------|
| BOOK/TAX DIFFERENCE IN LOSSES FROM NONCONTROLLING INTERESTS | 2,049. |
|---|--------|

| | |
|--|---------|
| BOOK TO TAX DIFFERENCE DUE TO CASH BASIS | 32,928. |
|--|---------|

| | |
|--|------------|
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | 1,067,388. |
|--|------------|

Part XIII Supplemental Information *(continued)*

Part X Other Liabilities. See Form 990, Part X, line 25.

| (a) Description of liability | (b) Amount |
|---|------------|
| DEFICIENCY IN INVESTMENT IN EL RANCHO AFFORDABLE HOUSING | 28. |
| DEFICIENCY IN INVESTMENT IN IH GUEST HOUSE SANTA ANNA LLC | 32. |

FINAL

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

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

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 (such as, 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 on 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 of 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 deferred 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" on 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 nonfixed 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" on 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 | | |

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Schedule J (Form 990) 2017

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 aren't 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 VICE PRESIDENT AND DIRECTOR | (i) | 200,000. | 0. | 0. | 0. | 7,999. | 207,999. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) PHILIP WOOD PRESIDENT AND DIRECTO | (i) | 185,000. | 0. | 0. | 0. | 5,550. | 190,550. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) MICHAEL DAVIS DIRECTOR OF CAPITAL DEVELO | (i) | 150,000. | 0. | 0. | 0. | 6,000. | 156,000. | 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) | | | | | | | |

FINAL

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FINAL

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.

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

OMB No. 1545-0047

2017

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

GARY PONCE, DIRECTOR OF ASSET MANAGEMENT, AND ANJELA PONCE, VICE 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 11B:

THE FORM 990 IS REVIEWED BY ANJELA PONCE AND THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. 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 |
|--|---|

WEBSITE.

FORM 990, PART XII, QUESTION 2C:

THE BOARD OF DIRECTORS HAS AN AUDIT COMMITTEE THAT REVIEWS THE AUDIT
PROCESS INCLUSIVE OF THE DRAFT AUDITS. WHEN THE AUDIT IS UP FOR BID,
THE AUDIT COMMITTEE RECOMMENDS TO THE BOARD WHETHER OR NOT THE EXISTING
AUDITING FIRM SHOULD BE RETAINED OR REPLACED.

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.

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

OMB No. 1545-0047

2017

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 ALHAMBRA DAVIS LLC - 47-2139782 4 VENTURE, SUITE 295 IRVINE, CA 92618 | TO PROVIDE AFFORDABLE HOUSING FOR LOW-INCOME PERSONS | CALIFORNIA | 1,297,581. | 0. | AFFORDABLE HOUSING ALLIANCE II, INC. |
| IH GUEST HOUSE SANTA ANA LLC - 81-3829576 4 VENTURE, SUITE 295 IRVINE, CA 92618 | TO PROVIDE AFFORDABLE HOUSING FOR LOW-INCOME PERSONS | CALIFORNIA | -32. | 1,636,605. | AFFORDABLE HOUSING ALLIANCE II, INC. |
| IH NEWPORT VETERANS NEWPORT BEACH LLC - 81-3856298, 4 VENTURE, SUITE 295, IRVINE, CA 92618 | TO PROVIDE AFFORDABLE HOUSING FOR LOW-INCOME PERSONS | CALIFORNIA | | | AFFORDABLE HOUSING ALLIANCE II, INC. |
| IH ROCKY HILL VACAVILLE LLC - 81-3869208 4 VENTURE, SUITE 295 IRVINE, CA 92618 | TO PROVIDE AFFORDABLE HOUSING FOR LOW-INCOME PERSONS | CALIFORNIA | | 5,805,633. | 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 |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

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 | 5. | 5. | | 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 | -2,020. | 21,241. | | 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 | -16. | 56,334. | | X | N/A | X | | |

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 |
| IH ORTIZ SANTA ROSA, LLC - 47-5122479 4 VENTURE, SUITE 295 IRVINE, CA 92618 | TO PROVIDE AFFORDABLE HOUSING | CA | AFFORDABLE HOUSING ALLIANCE II, | C CORP | | | 100% | | X |
| IH DUDLEY POMONA LLC - 47-4867138 4 VENTURE, SUITE 295 IRVINE, CA 92618 | TO PROVIDE AFFORDABLE HOUSING FOR LOW-INCOME PERSONS | CA | AFFORDABLE HOUSING ALLIANCE II, | C CORP | | | 100% | | X |
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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. | 3,350. | | X | N/A | X | | |
| EL RANCHO AFFORDABLE HOUSING, LP AN ARIZONA LIMITED PARTNERSHIP - 46-2634337, 719 E. MAIN STREET, MESA, AZ | RESIDENTIAL RENTAL | CA | N/A | RELATED | -19. | 26,102. | | X | N/A | X | | |
| IHMDI DUDLEY POMONA LP - 47-5034058, 4 VENTURE, SUITE 295, IRVINE, CA 92618 | RESIDENTIAL RENTAL | CA | N/A | RELATED | 0. | 0. | | X | N/A | X | | .01% |
| ORTIZ PLAZA LP 4 VENTURE, SUITE 295 IRVINE, CA 92618 | RESIDENTIAL RENTAL | CA | N/A | RELATED | 0. | 0. | | X | N/A | X | | |
| TROWER HOUSING PARTNERS LP - 47-2416366, 3416 VIA OPORTO, SUITE 301, NEWPORT BEACH, CA 92663 | RESIDENTIAL RENTAL | CA | N/A | RELATED | 0. | 5,805,583. | | X | N/A | X | | |
| GUEST HOUSE LP - 81-0823728 3416 VIA OPORTO, SUITE 301 NEWPORT BEACH, CA 92663 | RESIDENTIAL RENTAL | CA | N/A | RELATED | -32. | 1,636,605. | | X | N/A | X | | |
| NEWPORT VETERANS APARTMENTS LP - 81-3403702, 3416 VIA OPORTO, SUITE 301, NEWPORT BEACH, CA 92663 | RESIDENTIAL RENTAL | CA | N/A | RELATED | 0. | 0. | | X | N/A | X | | |
| MEADOWS HOLLY PARTNERS LP - 80-5383227, 3416 VIA OPORTO, SUITE 301, NEWPORT BEACH, CA 92663 | RESIDENTIAL RENTAL | CA | N/A | RELATED | 0. | 0. | | X | N/A | X | | |
| OP MACE RANCH LP - 82-1839806 12277 SOARING WAY, SUITE 205 TRUCKEE, CA 96161 | RESIDENTIAL RENTAL | CA | N/A | RELATED | 0. | 0. | | X | N/A | X | | |

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.

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?

| | Yes | No |
|--|-----|----|
| 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) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) <small>Are all partners sec. 501(c)(3) orgs.?</small> | | (f) Share of total income | (g) Share of end-of-year assets | (h) <small>Dispropor- tionate allocations?</small> | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) <small>General or managing partner?</small> | | (k) Percentage ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|---|----|---|--|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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FINAL

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

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

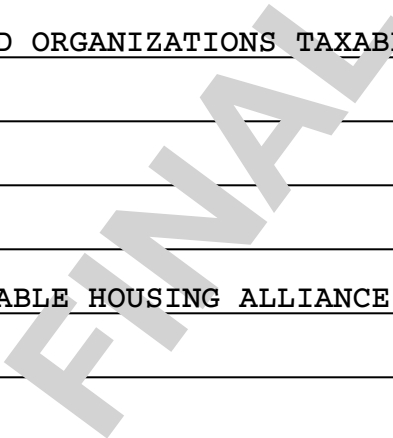
IH ORTIZ SANTA ROSA, LLC

DIRECT CONTROLLING ENTITY: AFFORDABLE HOUSING ALLIANCE II, INC

NAME OF RELATED ORGANIZATION:

IH DUDLEY POMONA LLC

DIRECT CONTROLLING ENTITY: AFFORDABLE HOUSING ALLIANCE II, INC.



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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| | OTHER | | | | | | | | | | | | | | |
| 1 | OFFICE FURNITURE | 08/10/05 | SL | 5.00 | | 16 | 1,397. | | | | 1,397. | 1,397. | | 0. | 1,397. |
| 2 | OFFICE FURNITURE | 04/08/10 | SL | 3.00 | | 16 | 4,716. | | | | 4,716. | 4,651. | | 0. | 4,651. |
| 3 | OFFICE FURNITURE | 02/10/12 | SL | 5.00 | | 16 | 474. | | | | 474. | 438. | | 36. | 474. |
| 4 | OFFICE FURNITURE | 02/14/12 | SL | 5.00 | | 16 | 2,540. | | | | 2,540. | 2,350. | | 190. | 2,540. |
| 5 | OFFICE FURNITURE | 02/27/12 | SL | 5.00 | | 16 | 502. | | | | 502. | 461. | | 41. | 502. |
| 6 | OFFICE FURNITURE | 05/07/12 | SL | 5.00 | | 16 | 301. | | | | 301. | 268. | | 33. | 301. |
| 7 | OFFICE FURNITURE | 05/07/12 | SL | 5.00 | | 16 | 1,616. | | | | 1,616. | 1,437. | | 179. | 1,616. |
| 8 | OFFICE FURNITURE | 05/07/12 | SL | 5.00 | | 16 | 2,898. | | | | 2,898. | 2,579. | | 319. | 2,898. |
| 9 | OFFICE FURNITURE | 05/07/12 | SL | 5.00 | | 16 | 3,174. | | | | 3,174. | 2,822. | | 352. | 3,174. |
| 10 | OFFICE FURNITURE | 05/15/12 | SL | 7.00 | | 16 | 11,874. | | | | 11,874. | 7,845. | | 1,696. | 9,541. |
| 11 | OFFICE FURNITURE | 05/23/12 | SL | 7.00 | | 16 | 6,780. | | | | 6,780. | 4,439. | | 969. | 5,408. |
| 12 | OFFICE FURNITURE | 05/23/12 | SL | 7.00 | | 16 | 605. | | | | 605. | 395. | | 86. | 481. |
| 13 | OFFICE FURNITURE | 06/13/12 | SL | 7.00 | | 16 | 537. | | | | 537. | 349. | | 77. | 426. |
| 14 | OFFICE FURNITURE | 06/20/12 | SL | 7.00 | | 16 | 3,174. | | | | 3,174. | 2,040. | | 453. | 2,493. |
| 15 | OFFICE FURNITURE | 06/20/12 | SL | 7.00 | | 16 | 11,874. | | | | 11,874. | 7,633. | | 1,696. | 9,329. |
| 16 | OFFICE FURNITURE | 06/20/12 | SL | 7.00 | | 16 | 2,898. | | | | 2,898. | 1,863. | | 414. | 2,277. |
| 17 | OFFICE FURNITURE | 06/20/12 | SL | 7.00 | | 16 | 200. | | | | 200. | 129. | | 29. | 158. |

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 18 | OFFICE FURNITURE | 06/20/12 | SL | 7.00 | | 16 | 302. | | | | 302. | 194. | | 43. | 237. |
| 19 | OFFICE FURNITURE | 06/20/12 | SL | 7.00 | | 16 | 1,616. | | | | 1,616. | 1,039. | | 231. | 1,270. |
| 20 | OFFICE FURNITURE | 06/20/12 | SL | 7.00 | | 16 | 2,367. | | | | 2,367. | 1,522. | | 338. | 1,860. |
| 21 | OFFICE FURNITURE | 06/21/12 | SL | 7.00 | | 16 | 1,613. | | | | 1,613. | 1,037. | | 230. | 1,267. |
| 22 | OFFICE FURNITURE | 06/21/12 | SL | 7.00 | | 16 | 894. | | | | 894. | 575. | | 128. | 703. |
| 23 | OFFICE FURNITURE | 06/21/12 | SL | 7.00 | | 16 | 16. | | | | 16. | 10. | | 2. | 12. |
| 24 | OFFICE FURNITURE | 06/26/12 | SL | 7.00 | | 16 | 95. | | | | 95. | 62. | | 14. | 76. |
| 25 | OFFICE FURNITURE | 07/02/12 | SL | 7.00 | | 16 | 259. | | | | 259. | 166. | | 37. | 203. |
| 26 | OFFICE FURNITURE | 07/02/12 | SL | 7.00 | | 16 | 774. | | | | 774. | 498. | | 111. | 609. |
| 27 | OFFICE FURNITURE | 07/18/12 | SL | 7.00 | | 16 | 300. | | | | 300. | 192. | | 43. | 235. |
| 28 | OFFICE FURNITURE | 08/21/12 | SL | 7.00 | | 16 | 850. | | | | 850. | 525. | | 121. | 646. |
| 29 | OFFICE FURNITURE | 08/27/12 | SL | 7.00 | | 16 | 555. | | | | 555. | 343. | | 79. | 422. |
| 30 | OFFICE FURNITURE | 08/30/12 | SL | 7.00 | | 16 | 300. | | | | 300. | 186. | | 43. | 229. |
| 31 | OFFICE FURNITURE | 09/19/12 | SL | 7.00 | | 16 | 43. | | | | 43. | 26. | | 6. | 32. |
| 32 | OFFICE FURNITURE | 09/20/12 | SL | 7.00 | | 16 | 300. | | | | 300. | 182. | | 43. | 225. |
| 33 | OFFICE FURNITURE | 10/01/12 | SL | 7.00 | | 16 | 300. | | | | 300. | 182. | | 43. | 225. |
| 34 | OFFICE FURNITURE | 11/12/12 | SL | 7.00 | | 16 | 300. | | | | 300. | 177. | | 43. | 220. |
| 35 | OFFICE FURNITURE | 12/10/12 | SL | 7.00 | | 16 | 300. | | | | 300. | 210. | | 43. | 253. |

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|---------------------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 36 | OFFICE FURNITURE | 04/16/12 | SL | 7.00 | | 16 | 4,575. | | | | 4,575. | 2,642. | | 654. | 3,296. |
| 37 | SOFTWARE | 03/02/12 | SL | 3.00 | | 16 | 729. | | | | 729. | 729. | | 0. | 729. |
| 38 | SOFTWARE | 03/23/12 | SL | 3.00 | | 16 | 102. | | | | 102. | 102. | | 0. | 102. |
| 39 | COMPUTERS | 06/01/13 | SL | 5.00 | | 16 | 4,939. | | | | 4,939. | 3,540. | | 988. | 4,528. |
| 40 | SOFTWARE | 06/15/13 | SL | 3.00 | | 16 | 4,916. | | | | 4,916. | 4,916. | | 0. | 4,916. |
| 41 | OFFICE FURNITURE | 04/24/14 | SL | 7.00 | | 16 | 7,939. | | | | 7,939. | 3,024. | | 1,134. | 4,158. |
| 42 | COMPUTERS | 06/04/14 | SL | 5.00 | | 16 | 6,385. | | | | 6,385. | 3,299. | | 1,277. | 4,576. |
| 43 | LEASEHOLD IMPROVEMENTS | 01/25/14 | SL | 5.00 | | 16 | 1,519. | | | | 1,519. | 886. | | 304. | 1,190. |
| 44 | SOFTWARE | 03/10/14 | SL | 3.00 | | 16 | 109. | | | | 109. | 103. | | 6. | 109. |
| 45 | (D)ALHAMBRA DAVIS - LAND | 12/04/14 | L | .000 | | | 805,950. | | | | 805,950. | | | 0. | |
| 46 | (D)ALHAMBRA DAVIS - BUILDING | 12/04/14 | SL | 40.00 | | 16 | 25012747. | | | | 25012747. | 1,302,914. | | 364,769. | 1,667,683. |
| 47 | (D)ALHAMBRA DAVIS - PERSONAL PROPERTY | 12/04/14 | SL | 10.00 | | 16 | 40,679. | | | | 40,679. | 8,475. | | 2,373. | 10,848. |
| 48 | ALHAMBRA DAVIS - INTEREST RATE CAP | 12/04/14 | 197 | 60M | | HY43 | 35,000. | | | | 35,000. | 14,583. | | 20,417. | 35,000. |
| 49 | ALHAMBRA DAVIS - LOAN FEES | 12/04/14 | 461 | 120M | | HY43 | 189,905. | | | | 189,905. | 39,564. | | 150,341. | 189,905. |
| 50 | ALHAMBRA DAVIS - LOAN FEES | 12/04/14 | 461 | 480M | | HY43 | 446,156. | | | | 446,156. | 23,237. | | 422,919. | 446,156. |
| 51 | (D)WATER HEATERS | 06/04/15 | SL | 40.00 | | 16 | 492. | | | | 492. | 19. | | 7. | 26. |
| 52 | (D)WATER HEATERS | 08/07/15 | SL | 40.00 | | 16 | 518. | | | | 518. | 18. | | 8. | 26. |
| 53 | (D)WATER HEATERS | 09/15/15 | SL | 40.00 | | 16 | 1,957. | | | | 1,957. | 65. | | 29. | 94. |

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-----------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 54 | (D)WATER HEATERS | 10/15/15 | SL | 40.00 | | 16 | 1,419. | | | | 1,419. | 44. | | 21. | 65. |
| 55 | (D)WATER HEATERS | 12/07/15 | SL | 40.00 | | 16 | 964. | | | | 964. | 26. | | 14. | 40. |
| 56 | (D)TREES | 05/21/15 | SL | 20.00 | | 16 | 8,640. | | | | 8,640. | 684. | | 252. | 936. |
| 57 | (D)LAUNDRY ROOM RENOVATIONS | 03/15/15 | SL | 40.00 | | 16 | 2,227. | | | | 2,227. | 102. | | 32. | 134. |
| 58 | (D)ROOFING | 08/24/15 | SL | 40.00 | | 16 | 7,955. | | | | 7,955. | 265. | | 116. | 381. |
| 59 | (D)SIGNAGE | 06/15/15 | SL | 40.00 | | 16 | 858. | | | | 858. | 34. | | 13. | 47. |
| 60 | (D)SIGNAGE | 07/15/15 | SL | 40.00 | | 16 | 598. | | | | 598. | 22. | | 9. | 31. |
| 61 | (D)HVAC | 04/15/15 | SL | 40.00 | | 16 | 1,600. | | | | 1,600. | 70. | | 23. | 93. |
| 62 | (D)HVAC | 06/15/15 | SL | 40.00 | | 16 | 1,535. | | | | 1,535. | 61. | | 22. | 83. |
| 63 | (D)HVAC | 07/20/15 | SL | 40.00 | | 16 | 1,350. | | | | 1,350. | 48. | | 20. | 68. |
| 64 | (D)HVAC | 08/31/15 | SL | 40.00 | | 16 | 1,350. | | | | 1,350. | 45. | | 20. | 65. |
| 65 | (D)DRYWALL | 02/06/15 | SL | 40.00 | | 16 | 394. | | | | 394. | 19. | | 6. | 25. |
| 66 | (D)DRYWALL | 09/05/15 | SL | 40.00 | | 16 | 1,250. | | | | 1,250. | 42. | | 18. | 60. |
| 67 | (D)DRYWALL | 12/03/15 | SL | 40.00 | | 16 | 1,300. | | | | 1,300. | 35. | | 19. | 54. |
| 68 | (D)SECURITY SYSTEM | 03/19/15 | SL | 40.00 | | 16 | 240. | | | | 240. | 11. | | 4. | 15. |
| 69 | (D)GUTTERS | 04/17/15 | SL | 40.00 | | 16 | 6,000. | | | | 6,000. | 250. | | 88. | 338. |
| 70 | (D)GUTTERS | 05/29/15 | SL | 40.00 | | 16 | 950. | | | | 950. | 38. | | 14. | 52. |
| 71 | (D)SECURITY SYSTEM | 06/02/15 | SL | 40.00 | | 16 | 8,964. | | | | 8,964. | 355. | | 131. | 486. |

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| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|----------------------------|---------------|--------|-------|------------------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 72 | (D)SECURITY SYSTEM | 07/16/15 | SL | 40.00 | | 16 | 1,357. | | | | 1,357. | 51. | | 20. | 71. |
| 73 | (D)SECURITY SYSTEM | 12/31/15 | SL | 40.00 | | 16 | 1,897. | | | | 1,897. | 47. | | 28. | 75. |
| 74 | (D)MAINTENANCE EQUIPMENT | 01/31/15 | SL | 10.00 | | 16 | 2,203. | | | | 2,203. | 422. | | 129. | 551. |
| 75 | (D)FILE CABINETS | 03/10/15 | SL | 10.00 | | 16 | 743. | | | | 743. | 136. | | 43. | 179. |
| 76 | (D)FILE CABINETS | 07/07/15 | SL | 10.00 | | 16 | 231. | | | | 231. | 35. | | 14. | 49. |
| 77 | (D)CARPET / VINYL FLOORING | 03/15/15 | SL | 10.00 | | 16 | 3,755. | | | | 3,755. | 688. | | 219. | 907. |
| 78 | (D)CARPET / VINYL FLOORING | 04/15/15 | SL | 10.00 | | 16 | 4,365. | | | | 4,365. | 764. | | 255. | 1,019. |
| 79 | (D)CARPET / VINYL FLOORING | 05/22/15 | SL | 10.00 | | 16 | 2,234. | | | | 2,234. | 354. | | 130. | 484. |
| 80 | (D)CARPET / VINYL FLOORING | 07/15/15 | SL | 10.00 | | 16 | 2,581. | | | | 2,581. | 387. | | 151. | 538. |
| 81 | (D)CARPET / VINYL FLOORING | 08/15/15 | SL | 10.00 | | 16 | 13,967. | | | | 13,967. | 1,979. | | 815. | 2,794. |
| 82 | (D)CARPET / VINYL FLOORING | 09/15/15 | SL | 10.00 | | 16 | 18,562. | | | | 18,562. | 2,475. | | 1,083. | 3,558. |
| 83 | (D)CARPET / VINYL FLOORING | 10/15/15 | SL | 10.00 | | 16 | 340. | | | | 340. | 43. | | 20. | 63. |
| 84 | (D)APPLIANCES | 02/24/15 | SL | 10.00 | | 16 | 384. | | | | 384. | 70. | | 22. | 92. |
| 85 | (D)APPLIANCES | 03/15/15 | SL | 10.00 | | 16 | 653. | | | | 653. | 120. | | 38. | 158. |
| 86 | (D)APPLIANCES | 04/15/15 | SL | 10.00 | | 16 | 695. | | | | 695. | 122. | | 41. | 163. |
| 87 | (D)APPLIANCES | 05/15/15 | SL | 10.00 | | 16 | 390. | | | | 390. | 65. | | 23. | 88. |
| 88 | (D)APPLIANCES | 08/27/15 | SL | 10.00 | | 16 | 5,840. | | | | 5,840. | 779. | | 341. | 1,120. |
| 89 | (D)APPLIANCES | 09/04/15 | SL | 10.00 | | 16 | 681. | | | | 681. | 91. | | 40. | 131. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|----------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 90 | (D)APPLIANCES | 10/15/15 | SL | 10.00 | | 16 | 1,071. | | | | 1,071. | 134. | | 62. | 196. |
| 91 | (D)APPLIANCES | 11/10/15 | SL | 10.00 | | 16 | 390. | | | | 390. | 46. | | 23. | 69. |
| 92 | MOTOR VEHICLE | 02/28/16 | SL | 5.00 | | 16 | 47,500. | | | | 47,500. | 7,917. | | 9,500. | 17,417. |
| 93 | LAPTOPS | 06/30/16 | SL | 5.00 | | 16 | 3,119. | | | | 3,119. | 312. | | 624. | 936. |
| 94 | (D)FLOORING | 01/28/16 | SL | 10.00 | | 16 | 10,413. | | | | 10,413. | 955. | | 607. | 1,562. |
| 95 | (D)APPLIANCES | 02/18/16 | SL | 10.00 | | 16 | 3,568. | | | | 3,568. | 297. | | 208. | 505. |
| 96 | (D)FLOORING | 05/23/16 | SL | 10.00 | | 16 | 9,507. | | | | 9,507. | 555. | | 555. | 1,110. |
| 97 | (D)APPLIANCES | 04/30/16 | SL | 10.00 | | 16 | 1,576. | | | | 1,576. | 105. | | 92. | 197. |
| 98 | (D)FLOORING | 08/27/16 | SL | 10.00 | | 16 | 29,747. | | | | 29,747. | 992. | | 1,735. | 2,727. |
| 99 | (D)APPLIANCES | 07/27/16 | SL | 10.00 | | 16 | 5,170. | | | | 5,170. | 215. | | 302. | 517. |
| 100 | (D)FLOORING | 10/11/16 | SL | 10.00 | | 16 | 1,676. | | | | 1,676. | 42. | | 98. | 140. |
| 101 | (D)BUILDING PLUMBING | 02/01/16 | SL | 40.00 | | 16 | 725. | | | | 725. | 17. | | 11. | 28. |
| 102 | (D)WATER HEATER | 02/02/16 | SL | 40.00 | | 16 | 2,887. | | | | 2,887. | 66. | | 42. | 108. |
| 103 | (D)WATER HEATER | 03/23/16 | SL | 40.00 | | 16 | 462. | | | | 462. | 9. | | 7. | 16. |
| 104 | (D)WATER HEATER | 05/17/16 | SL | 40.00 | | 16 | 489. | | | | 489. | 7. | | 7. | 14. |
| 105 | (D)WATER HEATER | 06/08/16 | SL | 40.00 | | 16 | 498. | | | | 498. | 7. | | 7. | 14. |
| 106 | (D)WATER HEATER | 12/14/16 | SL | 40.00 | | 16 | 510. | | | | 510. | 1. | | 7. | 8. |
| 107 | (D)LANDSCAPING | 04/28/16 | SL | 20.00 | | 16 | 5,865. | | | | 5,865. | 196. | | 171. | 367. |

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|---------------|--------|-------|------------------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 108 | (D)WATER HEATER | 02/24/16 | SL | 40.00 | | 16 | 4,391. | | | | 4,391. | 91. | | 64. | 155. |
| 109 | (D)MAINTENANCE EQUIPMENT | 03/16/16 | SL | 10.00 | | 16 | 712. | | | | 712. | 59. | | 42. | 101. |
| 110 | (D)SMOKE ALARMS | 05/24/16 | SL | 40.00 | | 16 | 959. | | | | 959. | 14. | | 14. | 28. |
| 111 | (D)LAUNDRY ROOM | 06/23/16 | SL | 40.00 | | 16 | 2,840. | | | | 2,840. | 36. | | 41. | 77. |
| 112 | (D)BUILDING IMPROVEMENTS | 07/31/16 | SL | 40.00 | | 16 | 3,980. | | | | 3,980. | 41. | | 58. | 99. |
| 113 | (D)BUILDING PLUMBING | 02/25/16 | SL | 40.00 | | 16 | 1,211. | | | | 1,211. | 25. | | 18. | 43. |
| 114 | (D)BUILDING PLUMBING | 03/23/16 | SL | 40.00 | | 16 | 1,637. | | | | 1,637. | 31. | | 24. | 55. |
| 115 | (D)BUILDING IMPROVEMENTS | 04/20/16 | SL | 40.00 | | 16 | 3,340. | | | | 3,340. | 56. | | 49. | 105. |
| 116 | (D)BUILDING IMPROVEMENTS | 05/03/16 | SL | 40.00 | | 16 | 1,550. | | | | 1,550. | 26. | | 23. | 49. |
| 117 | (D)BUILDING FIRE PROTECTION | 05/17/16 | SL | 40.00 | | 16 | 5,560. | | | | 5,560. | 81. | | 81. | 162. |
| 118 | (D)IMPROVEMENTS | 12/22/16 | SL | 40.00 | | 16 | 520. | | | | 520. | | | 8. | 8. |
| 119 | (D)HVAC | 01/05/16 | SL | 40.00 | | 16 | 235. | | | | 235. | 6. | | 3. | 9. |
| 120 | (D)HVAC | 07/31/16 | SL | 40.00 | | 16 | 1,650. | | | | 1,650. | 17. | | 24. | 41. |
| 121 | COMPUTERS | 09/18/17 | SL | 5.00 | | 16 | 3,183. | | | | 3,183. | | | 159. | 159. |
| 122 | (D)HVAC | 09/30/16 | SL | 40.00 | | 16 | 1,400. | | | | 1,400. | 9. | | 20. | 29. |
| 123 | (D)WATER HEATER | 10/06/16 | SL | 40.00 | | 16 | 493. | | | | 493. | 3. | | 7. | 10. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | | 26898667. | | | | 26898667. | 1,479,485. | | 992,321. | 2,471,806. |
| | * GRAND TOTAL 990 PAGE 10 DEPR & AMORT | | | | | | 26898667. | | | | 26898667. | 1,479,485. | | 992,321. | 2,471,806. |

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| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-------------------------------------|---------------|--------|------|------------------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| | CURRENT YEAR ACTIVITY | | | | | | | | | | | | | | |
| | BEGINNING BALANCE | | | | | | 26895484. | | | 0. | 26895484. | 1,479,485. | | | 2,471,647. |
| | ACQUISITIONS | | | | | | 3,183. | | | 0. | 3,183. | 0. | | | 159. |
| | DISPOSITIONS | | | | | | 26075847. | | | 0. | 26075847. | 1,326,409. | | | 1,702,239. |
| | ENDING BALANCE | | | | | | 822,820. | | | 0. | 822,820. | 153,076. | | | 769,567. |
| | ENDING ACCUM DEPR LESS DISPOSITIONS | | | | | | | | | | | 769,567. | | | |
| | ENDING BOOK VALUE | | | | | | | | | | | 53,253. | | | |
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