## Form **990**

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

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

A I	or the 2016 ca	endar year, or tax year beginning , 2016, and ending		,
В	heck if applicable	C Name of organization AFFORDABLE HOUSING OF METROPOLITAN EDGEWATER, I	NC. D Employ	er identification number
	Address change	Doing business as		381251
	Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telepho	
	Initial return	300 UNDERCLIFF AVENUE	(201	) 943-6000
	Final return/termina			<del></del>
	Amended return	EDGEWATER NJ 07020	G Gross re	ceipts \$ 71,549.
	Application pend		this a group return	
			re all subordinates (	
	Tax-exempt statu	X   501(c)(3)   501(c) ( )   4947(a)(1) or   527	'No,' attach a list. (s	see instructions)
,			Froup exemption nur	<del></del>
<u> </u>	Form of organization		000 <b>M</b> s	tate of legal domicile NJ
Pai	rt I Sumn			
		cribe the organization's mission or most significant activities TO PROVIDE A	AF FORDABLI	E HOUSING
g	FOR FA	MILIES OF LOW TO MODERATE INCOME.		
틸				
5	2 Chook this	box If the organization discontinued its operations or disposed of more than 2		
5		voting members of the governing body (Part VI, line 1a)		• 1
<b>8</b>		independent voting members of the governing body (Part VI, line 1b)		<b>3</b> 3 3 4 3
Activities & Governance		per of individuals employed in calendar year 2016 (Part V, line 2a)		5 0
ا≧		per of volunteers (estimate if necessary)		6 0
밁	7a Total unre	ated business revenue from Part VIII, column (C), line 12		7a 0.
	b Net unrela	ed business taxable income from Form 990-T, line 34		<b>7b</b> 0.
7			Prior Year	Current Year
	8 Contribution	ns and grants (Part VIII, line 1h)		
1	9 Program s	ervice revenue (Part VIII, line 2g)	3,1	29. 68,434.
DOLONG	10 Investmen	Income (Part VIII, column (A), lines 3, 4, and 7d)		21. 14.
:	11 Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,5	43. 3,101.
	12 Total reve	ue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,6	
T	13 Grants an	similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	
ļ	14 Benefits p	nid to or for members (Part IX, column (A), line 4)	-	
1	<del>-</del>	ther compensation, employee benefits (Part IX, column (A), lines 5-10)		
8		al fundraising fees (Part IX, column (A), line 11e)	-	
١				
Expenses		aising expenses (Part IX, column (D), line 25) ► 0.		
-	•	nses (Part IX, column (A), lines 11a-11d, 11f-24e).	52,5	
- 1	18 Total expe	nses. Add lines 13-17 (must equal Part IX, cotumn (A) (line) 25-	52,5	01. 47,834.
	19 Revenue	ess expenses. Subtract line 18 from line 12	-45,8	
8		Bec 2017 C Bec	Inning of Curren	
Balan	20 Total asse	s (Part X, line 16)	1,012,9	
ě	21 Total liabil	ties (Part X, line 26)	13,3	
١	22 Net assets	or fund balances. Subtract line 21 from line 20 C S S S S S S S S S S S S S S S S S S	999,6	78. 1,023,393.
굸	rt		333,0	70. 170237333.
			, kenydeden and hel	ed distance served and
omb	lete Declaration of pr	declare that I have examined this return, including accompanying schedules and statements, and to the best of my parer (other than officer) is based on all information of which preparer has any knowledge	virowiedge si id bei	ier, it is true, correct, and
_			11/10/1	
ì.	<u></u>	nature of officer	Date	·
riy tai		NCEDII CARANO	m+ 7.000+	
ig lei	<b>~</b>   <b>▶</b> ∺	DSEPH CAPANO Mg	mt. Agent	
		pe preparer's name Preparer's signature Date	Chart N	d PTIN
	· ·	1 1/1 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1	ן "נ
Pai		IAM KATCHEN, CPA // // // // // // // // // // // // //	setf-employe	P00321072
	parer Firm's		_	
JS	Only Fim's	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Form's EIN ►	20-8305691
		CLIFFSIDE PARK V NJ 07010	Phone no.	(201) 943-4449
Иау	the IRS discuss	this return with the preparer shown above? (see instructions)		X Yes No
		k Reduction Act Notice, see the separate instructions. TEFA0101	11/16/16	Form 990 (2016)

		ROPOLITAN EDGEWATER, INC.	03-03812	251 Page <b>2</b>
Part	III Statement of Program Service			
	Check if Schedule O contains a response	or note to any line in this Part III .		
1 E	friefly describe the organization's mission			
	TO PROVIDE AFFORDABLE HOUSING			
1	FOR FAMILIES OF LOW TO MODERA	TE INCOME.		
_				
			<del> </del>	
2	old the organization undertake any significant pro	ogram services during the year whic	h were not listed on the prior	_
F	orm 990 or 990-EZ?			Yes X No
ľ	f 'Yes,' describe these new services on Schedule	· O	_	· —
3 [	old the organization cease conducting, or make s	ignificant changes in how it conduc	ts, any program services?	Yes X No
	Yes,' describe these changes on Schedule O.		_	- <del>-</del>
4 5	Describe the organization's program service acco section 501(c)(3) and 501(c)(4) organizations are and revenue, if any, for each program service rep	mplishments for each of its three la required to report the amount of gr	rgest program services, as measured by ants and allocations to others, the total e	expenses expenses,
ė	ind revenue, il any, for each program service rep	oited		
4a(	Code: ) (Expenses \$ 47	,834 including grants of \$	0.)(Revenue \$	71,549.)
	O PROVIDE AFFORDABLE HOUSING	<del></del>		·
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4 b (	Code. ) (Expenses \$	including grants of \$	) (Revenue \$	
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-				
	Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
4 C (	Code:) (Expenses \$	Including grants of \$	) (Revenue 5	
-				
				·
	Other program services (Describe in Schedule O.		) (David viv 2	
		ing grants of \$	) (Revenue \$	)
	Total program service expenses	47,834.		Form 990 (2016)
BAA		TEEA0102 11/16/16		1 01111 330 (2010)

Part IV Checklist of Required Schedules

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

Form 990 (2016) AFFORDABLE HOUSING OF METROPOLITAN EDGEWATER, INC. 03-0381251 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . 20a X b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II . . . . . . 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III . . . . . . . . 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 X 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? . . . . . 24d Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I . . . Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28h Х

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. . . X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N, Part II . . . . . . . 32

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х 

X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . . . . 35b

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х 36 Х

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 

Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . .

Form 990 (2016)

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X

X

28c

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# Form 990 (2016) AFFORDABLE HOUSING OF METROPOLITAN EDGEWATER, INC. 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	· · · · · · · · · · · · · · · · · · ·		لــــــــــــــــــــــــــــــــــــــ
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	* <b> </b>	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gan (gambling) winnings to prize winners?	ning	i c	X
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a	0	X*	2
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	À	1 .30	5. 3
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		a	X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?	er, a	la	х
b If 'Yes,' enter the name of the foreign country: ►	<u> </u>	<b>(E. C.)</b>	13.5
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FE			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		a a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<del></del>	5 b	X
c If Yes,' to line 5a or 5b, did the organization file Form 8886-T?		i c	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	on	S a	x
b If 'Yes' did the organization include with every solicitation an express statement that such contributions or gifts w	ere		<u> </u>
not tax deductible?		5 b	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
services provided to the payor?	<u></u>	7 a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	· · · · · · · · · · · · · · · · · · ·	′ь	ļ <u> </u>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	7	c	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year		$\mathbf{S} = \mathbf{S}$	X.S
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		'e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	· · · · · · ·   <u> </u>	7 f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		g	Х
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		'h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoriation have excess business holdings at any time during the year?		2 2X 22	X
9 Sponsoring organizations maintaining donor advised funds.		Yes 1 - Con-186 to 201	123.55
a Did the sponsoring organization make any taxable distributions under section 4966?		a	X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		ь	X
10 Section 501(c)(7) organizations. Enter			Walle Co
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter.			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a Zanaza	y Ar Zel
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	187		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13	a a	**************************************
Note. See the instructions for additional information the organization must report on Schedule O.		<b>3</b>	慢
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?		la	X
b If Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		b	
BAA TEEA0105 11/16/16	Fo	m 990 (	(2016)

Form	990 (2016) AFFORDABLE HOUSING OF METROPOLITAN EDGEWATER, INC. 03-0381251		F	Page 6
Par ·	d VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	w, an in	d for	
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	,	,	
ь	Enter the number of voting members included in line 1a, above, who are independent 1 b	٠٠٠ (ر ل		ļ., .,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1.	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents		l	]
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6	<u> </u>	X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	_	}	<b> </b>
	members of the governing body?	7 a	ļ	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			١.,
8	stockholders, or persons other than the governing body?	7 b	A. Sec.	X
_	the following <sup>.</sup> i The governing body?	A-3/2	1.00	25 2
		8 a	<del></del>	├
	Each committee with authority to act on behalf of the governing body?	8 b	X	<b>├</b> ──
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	İ	x
500	tion B. Policies (This Section B requests information about policies not required by the Internal Rever		odo	-
360	tion b. Folicies (This Section b requests information about policies not required by the internal Never	ue C	Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		X
	of Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	10 a		<del>  ^-</del> -
L	operations are consistent with the organization's exempt purposes?	10 ь		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11 a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	1	Ed Inil
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	12 b	l	<del>                                     </del>
_	to conflicts?	120		<del> </del>
·	Schedule O how this was done	12c	X	}
13	Did the organization have a written whistleblower policy?	13	<del>  ^</del> -	X
14	Did the organization have a written document retention and destruction policy?	14	<del></del>	X
15	Did the process for determining compensation of the following persons include a review and approval by independent		# 18 4	44183
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			80.00
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
t	olf '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?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► New Jersey			
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) for public inspection. Indicate how you made these available. Check all that apply.	availat	ole	
	Own website			
19		e to		
20	State the name address and telephone number of the nerson who possesses the organization's hooks and records:			

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Form 990 (2016) AFFORDABLE HOUSING OF METR	<u>ሰ</u> ደር ነጥ ነ	M ET	7CE1	ייף איני	C D	TNIC	,		02 02012	Г.1
Parttvill Compensation of Officers, Direct	ors, Tru	ste	es,	Ke	y E	mpl	oy	ees, Highest C	03-03812 ompensated Er	51 Page 1 nployees, and
Independent Contractors  Check if Schedule O contains a response or	note to an	w lin	0 ID	thic	Dari	. \/II				
Section A. Officers, Directors, Trustees, K										· · · · · · · · · · · · · · · · · · ·
1 a Complete this table for all persons required to be liste organization's tax year.	d. Report	comp	oens	atıo	n for	the	cale	endar year ending v	vith or within the	
List all of the organization's current officers, director compensation. Enter -0- in columns (D), (E), and (F) if no	ors, trustee	es (w	heth	er ir	ndivi	duals	s or	organizations), reg	ardless of amount of	
List all of the organization's current key employees	•			•		r defi	initio	on of 'key employee	e '	
<ul> <li>List the organization's five current highest compension received reportable compensation (Box 5 of Form Worganization and any related organizations.</li> </ul>	sated emp -2 and/or l	loye Box 7	es (d 7 of	othe Forr	r tha n 10	n an 199-N	offi NSC	cer, director, truste c) of more than \$10	e, or key employee) 10,000 from the	
<ul> <li>List all of the organization's former officers, key em of reportable compensation from the organization and any</li> </ul>	iployees, a y related o	and h organ	nghe nzati	est c	omp	ensa	ited	employees who re	ceived more than \$1	00,000
<ul> <li>List all of the organization's former directors or truorganization, more than \$10,000 of reportable compensation.</li> </ul>	ustees tha tion from t	t rec he oi	eive rgan	d, ın ızati	the on a	capa ind a	acity ny r	as a former directerelated organization	or or trustee of the is.	
List persons in the following order individual trustees or cemployees, and former such persons	lirectors, ir	nstitu	ition	al tr	uste	es, o	ffice	ers; key employees	; highest compensate	ed
X Check this box if neither the organization nor any rela	ted organi	izatıc	n co	omp	ensa	ted a	any	current officer, dire	ctor, or trustee.	
		l _		(C)						
(A) Name and Title	(B) Average hours	thar	n one s both	box, an o	unles:	eck mo s perso and a ee)	กด	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	-		Key employee	employee		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMES S. TRAGER PRESIDENT	0.00			х				0.	0.	0.
(2) JOHN CANDELMO VICE PRESIDENT	0.00			х				0.	0.	0.
(3) EMANUELA KELLEY SECRETARY	0.00			х				0.		
(4)								0.	0.	0.
(5)			-							
(6)				-			-			
_(7)										

(14)

<u>(9)</u>\_\_\_

(10)

(12)

(13)

Part VII Section A. Unicers, Directors, 11		<u> </u>	Em			es,	and	d Hignest Con	pensated Emp	oyees (conti	inued)
· (A)	(B)	(da	not c	Pos	c) ition more	than c	nne	(D)	(E)	(F)	
Name and title	hours per week	box	, unte	ss pe	rson i	s both or/trusi	an lee)	Reportable	Reportable compensation from	Estimated amount of oth	
	(list any hours for	or director	nstatut	Officer	Key en	Highest	Forme	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related	,
	related organiza - tions below	or director	nstitutional trustee	ľ	nployee	ee compo				organization	
	dotted line)	l ge	stee			Highest compensated employee		!			
<u>(15)</u>							-				
(16)				_					•		<del></del> .
(17)											
(18)											
(19)							_				
(20)									<del></del>		
(21)									<del></del>		
(22)											
(23)											
(24)											
(25)								·		<u> </u>	
1 b Sub-total			<del></del>				<b>-</b>	0.	0.		0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							<b>▶</b> .				
2 Total number of individuals (including but not limited from the organization ►							ive	0 . d more than \$100,0	0. 000 of reportable cor	npensation	0.
nom the organization	-					_			<del></del>	Yes	No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in										. 3	X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	nan \$150,0	200?	If 'Y	es, '	com	plete	Sci	hedule J for			
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or	ompensati	on fro	om a	iny ι	ınrei	ated	org	anization or individ	ual	5	X X X
Section B. Independent Contractors										.1 3 ]	
<ol> <li>Complete this table for your five highest compensate compensation from the organization. Report compe</li> </ol>	ed indepernsation for	the	cale	itrac ndar	tors yea	that r end	rece ling	eived more than \$1 with or within the	00,000 of organization's tax ye	ar.	
(A) Name and business addre	ess							(B) Description of	services	(C) Compensation	1
							4				
							$\dashv$				
							_			27 to 2	
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lim ►	inted f	o th	ose	ııste	d abo	ove)	) who received mor	e than		
BAA	7	EEAO	100	44146	14.6					Farm 000 /2	046

		Check if Schedule O		oonse or note to any li	ne 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	ь	Federated campaigns . Membership dues Fundraising events	1	b c				
tions, Giff r Similar	е	Related organizations . Government grants (contribute All other contributions, gifts, gr	ons) <u>1</u>			13.7		
contribution	g	All other contributions, gifts, gr similar amounts not included a Noncash contributions include Total. Add lines 1a-1f.	d in lines 1a-1f	\$				
one (				Business Code				
ever		<u>DWELING INCOME</u>		111111	68,434.	68,434.	0.	<u> </u>
Program Service Revenue	b c d		 					
ogra		All other program service						
P	g	Total. Add lines 2a-2f			68,434.		X 12 15 X	i
İ	3	Investment income (incluother similar amounts) . Income from investment				14.	0.	0.
	5	Royalties	· · · · · · ·	<u></u> ►				
		Gross rents Less: rental expenses	(i) Real	(ii) Personal				
	-	Rental income or (loss)		<del></del>				
	d	Net rental income or (los	s)					
		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			3	
	C	Less cost or other basis and sales expenses Gain or (loss)					1 .	
as		Net gain or (loss) Gross income from fundr						, ; , , <del>, , , , , , , , , , , , , , , ,</del>
Other Revenue		(not including. \$	on line 1c).	_ a				,
Other		Less: direct expenses .  Net income or (loss) from		b				
		Gross income from gami See Part IV, line 19		<del></del>				
		Less: direct expenses .						
		Net income or (loss) from	•	ities				
		Gross sales of inventory, and allowances						
		Less: cost of goods sold		L				
	-6	Net income or (loss) from Miscellaneous Revenu		Business Code				
	11 a b	<u>LAUNDRY</u>		111111	3,101.	3,101.	0.	0.
	c d	All other revenue						
		Total. Add lines 11a-11d			3,101.			
	12_	Total revenue. See instr	ructions	<b>.</b>	71,549.	71,549.	0.	0.

#### Part IX Statement of Functional Expenses

	t ix   Statement of t unctional Expen		ather areas areas areas	annelete selvere (A)	<del></del>
Sect	tion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a re	sponse or note to any li	ne in this Part IX	complete column (A)	<del></del>
Do 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
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		<del> </del>		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			<del> </del>	
11	Fees for services (non-employees)				
	Management	u.			ı
	Legal				
	: Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17	<del></del>	2 (200 Year 10) x		
	Investment management fees		2000		
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Occupancy			<del></del>	
16	Travel				
17 18	Payments of travel or entertainment expenses for any federal, state, or local				
	public officials				 
19	Conferences, conventions, and meetings Interest		<u> </u>		<del></del>
20	Payments to affiliates		<del></del>		
21 22	Depreciation, depletion, and amortization	1,513.	1 512	0.	
23	Insurance	5,346.	1,513. 5,346.	0.	0.
	Other expenses. Itemize expenses not	3,340.	3,340.	0.	0.
	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 )		10.000		مطأ مخت مستاسات الساء
	GAS	10, 927.	10,927.	0.	0.
	PREAL ESTATE TAXES	8,647.	8,647.	0.	0.
	WATER	9,717.	9,717.	0.	0.
•	= = = = = = = = = = = = = = = = = = =	3,408.	3,408.	0.	0.
	All other expenses	8,276.	8,276.	0.	0.
	Total functional expenses Add lines 1 through 24e	47,834.	47,834.	0.	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				

	•	Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A) Beginning of year		(B) End of year
1	1	Cash — non-interest-bearing	111,610.	1	92,673.
Į	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
Ì	4	Accounts receivable, net	5,485.	4	8,207.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
9	· 7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	2,768.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			The state of the s
}	b	Less accumulated depreciation	893,306.	10 c	928,393.
ļ	11	Investments — publicly traded securities		11	
l	12	Investments – other securities See Part IV, line 11		12	
İ	13	Investments — program-related. See Part IV, line 11		13	
1	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,596.	15	2,497.
ŀ	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,012,997.	16	1,034,538.
$\neg$	17	Accounts payable and accrued expenses	10,723.	17	8,648.
	18	Grants payable		18	
	19	Deferred revenue	<u> </u>	19	 
اً	20	Tax-exempt bond liabilities		20	<del> </del>
e,	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	1886 kirik 1880 esi - arabit kumara en trakakan en arabit kumara arabit kumara en arabit ku
Liabilities	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		23	
	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	2,596.	25	2,497.
	26	Total liabilities. Add lines 17 through 25	13,319.	26	11,145.
ای		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
8		lines 27 through 29, and lines 33 and 34.		55	
<u>e</u>	27	Unrestricted net assets	999,678.	27	1,023,393.
Ba	28	Temporarily restricted net assets		28	<del> </del>
힏	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	999,678.	33	1,023,393.
	34	Total liabilities and net assets/fund balances	1,012,997.	34	1,034,538.
BA	A				Form 990 (2016)

Form	990 (2016)	AFFORDABL	E HOUSING OF	METROPO	DLITAN EDG	EWATER, INC.		03-0	381251		Pag	ge 12
Par	t XI Reco	nciliation o	of Net Assets									
	Check	if Schedule O	contains a respoi	nse or not	e to any line i	n this Part XI	<u> </u>		<u></u>	<u></u> .		$\Box$
1	Total revenue	e (must equal f	Part VIII, column (	A), line 12	2)				1	7	1,5	49.
2	Total expense	es (must equa	l Part IX, column (	(A), line 2	5)				2	4	7,8	34.
3	Revenue less	s expenses. Su	ibtract line 2 from	line 1				[	3	2	3,7	15.
4	Net assets or	fund balances	at beginning of y	ear (must	t equal Part X	, line 33, column	n (A))		4	99	9,6	78.
5	Net unrealize	d gains (losse:	s) on investments						5			
6			of facilities						6			
7		•	· · · · · · · · ·					L	7			
8	· ·	-						h	_8			
9	_		s or fund balances	•		=			9			
10			at end of year C						40			0.0
D'4'			nents and Re			• • • • • • • •		• • • • • • • • • • • • • • • • • • • •	10	1,02	3,3	<u>93.</u>
Par												
	Check	if Schedule O	contains a respoi	nse or not	e to any line i	n this Part XII	·····	· · · · · · · ·	• • • • • •	• • • •	• • •	1
			_		Π	<b>.</b> .				Single States   10	Yes	No
1	Accounting m	nethod used to	prepare the Form	1 990	∐ Cash	X Accrual	Other					
	If the organize		its method of acc	ounting fr	om a prior yea	ar or checked 'O	ther,' explain					
2 a	Were the org	anization's fina	incial statements	compiled	or reviewed b	y an independer	nt accountant?.			2 a	Х	
			to indicate whethed basis, or both.	er the fina	_	•	•	reviewed on a				
	Separa	te basis	Consolidated b	asis	Both cons	solidated and se	parate basis					
t	Were the org	anızatıon's fina	incial statements	audited by	y an independ	lent accountant?	?			2 b		X
	basis, consoli	idated basis, o						a separate			4	
	ш.	ite basis	Consolidated t		LI	solidated and se	•			100	2.3	
C	If 'Yes' to line review, or cor	2a or 2b, doe 2b, abe	s the organization financial stateme	have a c	ommittee that election of an	assumes respo independent ac	insibility for overs countant?	sight of the audi	t, 	2 c	х	
	in Schedule C	D.	either its oversigh	-	•	-						
3 a	As a result of Audit Act and	a federal awa I OMB Circular	rd, was the organ A-133?	ization red	quired to unde	ergo an audit or	audits as set fort	h in the Single		3 a		X
k	If 'Yes,' did th	e organization	undergo the requ	ured audit	t or audits? If	the organization	did not undergo	the required au	dit		ŀ	
	or audits, exp	lain why in Sc	hedule O and des	cribe any	steps taken to	o undergo such	audits	<u> </u>	<u></u>	3 b		
BAA										Form 9	990 (2	2016)

BAA

TEEA0112 11/16/16

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization Employer identification number AFFORDABLE HOUSING OF METROPOLITAN EDGEWATER, INC 03-0381251 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross 10 investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. 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. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) is the anization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes (B) (C) (D) (E) Total

Rartill 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.)

Sec	tion A. Public Support						
Cale: begir	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its 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						
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						
Sec	tion B. Total Support		-	-			
Cale begii	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc. (see instru	ctions)			12	
	First five years. If the Form 990 is organization, check this box and s	top here		third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
<u>Sec</u>	tion C. Computation of Pu						
14	Public support percentage for 2010						<u>%</u>
15	Public support percentage from 20					<u> </u>	<u>%</u>
1 <i>6</i> a	33-1/3% support test—2016. If it and stop here. The organization of	ne organization did qualifies as a public	not check the box by supported organ	on line 13, and lin nization	e 14 is 33-1/3% or	more, check this b	ox ▶ []
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization dıd i qualifies as a public	not check a box or cly supported orga	n line 13 or 16a, an nization	d line 15 is 33-1/3	% or more, check to	his box
17a	10%-facts-and-circumstances te or more, and if the organization method organization meets the 'facts-attention' facts and the organization' meets the 'facts-attention' facts and the organization' meets the 'facts-attention' facts and the organization' facts and the organization meets the 'facts-attention' facts and the organization' facts and the organization meets the organization meets and the organization meets and the organization meets are organization meets and the organization meets and the organization meets are organization meets and the organization meets are organization meets and the organization meets are organization meets and the organization meets are organization' facts and the organization meets are organization meets and the organization meets are organization' facts and the organization meets are organization meets are organization meets and the organization meets are organization meets and the organization meets are organization meets and the organization meets are organization meets and the organization meets are organization meets and the organization meets are organization meets and the organization meets are organization meets and the organization meets are organization meets and the organization meets are organization meets and the organization meets are organization meets and the organization meets are organization meets and the organization meets are organization meets and the organization meets are organization meets and the organization meets are organization meets are organization meets are organization meets are organization meets are organization meets are organization meets are organization meets are organization meets are organization meets are organization meets are organization meets are organization meets are organization meets	est—2016. If the orgets the 'facts-and' ind-circumstances'	ganization did not circumstances' tes test. The organiza	check a box on line st, check this box a ation qualifies as a	e 13, 16a, or 16b, a and stop here. Exp publicly supported	and line 14 is 10% blain in Part VI how organization	
	10%-facts-and-circumstances te or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	circumstances' tes t The organization	st, check this box a qualifies as a pub	ind stop here. Exp licly supported org	lain in Part VI how anization	the ▶ □
	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1			
RAA					C-L	odulo A (Form 00	0 000 EZ\ 0046

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 )

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include			_			
2	any 'unusùal grants.')	16,333.	0.	0.	0.	0.	<u>16,333.</u>
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities	ļ					
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	78,064.	62,512.	63,518.	72,719.	_68,434.	345,247.
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						
-	Total. Add lines 1 through 5	94,397.	62,512.	63,518.	72,719.	68,434.	361,580.
7a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons						
þ	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	ļ					
_	Add lines 7a and 7b						
	Public support. (Subtract line	8-211 Tab 4830a	12 WKX 5 CY ( - 1 V 5 K	STEELS INC. ASS.	en de Section de la		
0	7c from line 6)						361,580.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	94,397.	62,512.	63,518.	72,719.	68,434.	361,580.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from						
	similar sources	39.	21.	21.	21.	14.	116.
b	Unrelated business taxable income (less section 511						
	taxes) from businesses						
_	acquired after June 30, 1975 Add lines 10a and 10b		0.1	21			
11	Net income from unrelated business	39.	21.	_21.	21.	14.	116.
• • •	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include	<del></del>		· · - · · · · · · · · · · · · · · · · ·			
	gain or loss from the sale of	[					
	capital assets (Explain in Part VI)				-69,590.		-69,590.
13	Total support. (Add lines 9,						
	10c, 11, and 12.)	94,436.					292,106.
14	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second,	hird, fourth, or fifth	tax year as a sec	tion 501(c)(3)	▶ □
Sec	tion C. Computation of Pu						
15				B, column (f))		15	123.78 %
16	Public support percentage from 20	)15 Schedule A, Pa	art III, line 15			16	147.53 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	<del>,                                    </del>			
17	Investment income percentage for	2016 (line 10c, co	lumn (f) divided by	line 13, column (f	))	17	0.04 %
18	Investment income percentage fro	m 2015 Schedule	A, Part III, line 17		·	18	0.04 %
19a	33-1/3% support tests-2016. If t	he organization did	not check the box	on line 14, and lir	ne 15 is more than	33-1/3%, and line	17
	is not more than 33-1/3%, check the	his box and <b>stop h</b>	ere. The organizat	ion qualifies as a p	oublicly supported	organization	► [X]
D	33-1/3% support tests—2015. If t line 18 is not more than 33-1/3%,	ne organization did check this box and	stop here. The o	on line 14 of line 19 Ganization qualifie	oa, and line 16 IS N s as a publicly sun	nore than 33-1/3%, ported organization	and 1►∏
20	Private foundation. If the organiz					-	
				,			

PartilV& 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- 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)? If 'Yes,' describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
  - 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?
- 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? If 'Yes,' provide detail in Part VI.
- 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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- ga 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))? If 'Yes.' provide detail in Part VI.
- 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? If 'Yes,' provide detail in Part VI.
- 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? If 'Yes,' provide detail in Part VI.
- 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)? If Yes,' answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

		Yes	No
		103	
	1		
	2		
		<b>I.</b>	
	3a		
	3b		
	3c	<b>.</b>	
	30		
	4a		
	4b		
			P
	4c		
	5a		
	¥33		er e
	5b		<del></del>
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	9a		
	9b		
j			
	9c		
	10a		
	10b		
	لتب		

Pä	作詞V器   Supporting Organizations (continued)			
11	.  Has the organization accepted a gift or contribution from any of the following persons?	Marketon	Yes	No
	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?	11a		
	b A family member of a person described in (a) above?	11b	<u> </u>	
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
_	tion B. Type I Supporting Organizations		L	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		7.0
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		2 1/2/54	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		88.W/87.	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u>,                                    </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion 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).			
	The organization satisfied the Activities Test. Complete line 2 below.			
!	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction)	tions).		
2	Actuition Took Amount (a) and (b) holow	1		
	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		Yes	No
	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
ł	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
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>	3a		
ı	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		
BAA	TELEGOIS MORRES Schodule A / Form 90		- I	2046

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	edule A (Form 990 or 990-EZ) 2016 AFFORDABLE HOUSING OF METROPOLITAN E			81251 Page 6
<u> </u>				N Soc
	instructions. All other Type III non-functionally integrated supporting organizations	must co	omplete Sections A through	h E
Sec	tion 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		
Sec	tion B – Minimum Asset Amount		(A) Pnor 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):		77 2 3 A	3.
	Average monthly value of securities	1 a		
	Average monthly cash balances	1 b		
(	Fair market value of other non-exempt-use assets	1 c		
(	Total (add lines 1a, 1b, and 1c)	1 d		
	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		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for pnor 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		

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

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Enter greater of line 2 or line 3.

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2016

Sche	dule A (Form 990 or 990-EZ) 2016 AFFORDABLE HOUSING OF ME	TROPOLITAN EDGEWAT	ER, INC. 03-038	31251 Page <b>7</b>
Par		ipporting Organizat	tions (continued)	
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	15,	
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets		····	
	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 organiza in <b>Part VI</b> ). See instructions	ition is responsive (provide	e details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		,	
Sect	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016			
а	William Control of the Control of th		1. 1. 1.	
b	陈雅· 1、 1835 英 1922 第 7 《基本》。 《 1922 1932 1934 1935 1936 1936 1936 1936 1936 1936 1936 1936	Part of the		
С	From 2013	The second		
d	From 2014			- 55 - 1.34 - 1.35 - 1.
е	From 2015			
f	Total of lines 3a through e			自己是自己生活的
g	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·		in Stranger
h	Applied to 2016 distributable amount	21 / 1 1 / 2 / 2 / E	138	
i	Carryover from 2011 not applied (see instructions)			AU INDUSTRA
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 \$		·	
а	Applied to underdistributions of prior years	, , , , , , , , , , , , , , , , , , , ,		State of the state
b	Applied to 2016 distributable amount	, , , , , ,	, ,	
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7			

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Schedule A (Form 990 or 990-EZ) 2016

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 D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Employer Identification number

	AFFORDABLE HOUSING OF METROPOLITAN EDGEWATER, INC.	03-0381251
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	
	(a) Donor advised funds (b	) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun 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 of charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	nna
Pai	rt 🛚 🖰 Conservation Easements.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	ally important land area
	Protection of natural habitat Preservation of a certified	i historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a collast day of the tax year.	
		Held at the End of the Tax Year
	a Total number of conservation easements	
	b Total acreage restricted by conservation easements	
	c Number of conservation easements on a certified historic structure included in (a)	
	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization tax year.	nzation during the
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 violatio	
	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations.	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)( and section 170(h)(4)(B)(II)?	Yes No
	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state include, if applicable, the text of the footnote to the organization's financial statements that describes the org conservation easements	anization's accounting for
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other S Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	imilar Assets.
1	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheranc in Part XIII, the text of the footnote to its financial statements that describes these items.	nd balance sheet works of e of public service, provide,
	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of following amounts relating to these items:	public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶\$
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, 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	▶\$

Schedule D (1 01111 990) 2010 ATTORDADI					-0301231		raye z
Part III Organizations Maintainir	g Collection	s of Art, Histo	orical Treasures,	or Other Simila	r Assets (c	ontınu	ed)
Using the organization's acquisition, actiems (check all that apply)		-		-			
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e Other					
c Preservation for future generations	į						
Provide a description of the organization     Part XIII	n's collections an	d explain how the	ey further the organizat	ion's exempt purpos	se in		
5 During the year, did the organization so to be sold to raise funds rather than to	olicit or receive do be maintained as	nations of art, his part of the organ	storical treasures, or ot ization's collection?	her similar assets	· · · Tyes		No
Part IV	rrangements. unt on Form 9	Complete if the Poor Part X, line	ne organization an e 21.	swered 'Yes' on	Form 990, F	<sup>2</sup> art IV	,
1 a Is the organization an agent, trustee, c on Form 990, Part X?	ustodian or other	intermediary for o	contributions or other a	ssets not included	∏Yes		 ∏No
b If 'Yes,' explain the arrangement in Par						L.	
Dir ree, explain the analigement in rai	.,				Amount		
c Beginning balance				1c	, , , , , ,		
d Additions during the year						·····	
e Distributions during the year					<del></del>	<del></del>	
f Ending balance							
2 a Did the organization include an amoun					Vos	—	No
b If 'Yes,' explain the arrangement in Par						<u> </u>	
Part V. Endowment Funds. Com	nlete if the ord	anization ans	wered 'Yes' on For	rm 990 Part IV	line 10		
	(a) Current year	(b) Prior year				our years	hack
1 a Beginning of year balance	(a) Current year	(b) i lioi year	(c) Two years be	(a) Three year	JUGEN (C) 1	our years	Dack
b Contributions		<u> </u>					
	•	<del> </del>					
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs	<u>-</u>						
f Administrative expenses							
g End of year balance		<u> </u>			<u> </u>		
2 Provide the estimated percentage of the	e current year en	d balance (line 1g	g, column (a)) held as:				
a Board designated or quasi-endowment	. ▶	<del></del>					
b Permanent endowment ►	<del></del>	<del></del>					
c Temporanly restricted endowment ►		8					
The percentages on lines 2a, 2b, and 2	c should equal 1	<del>00</del> %.					
3 a Are there endowment funds not in the organization by.	possession of the	organization that	are held and administ	ered for the	Γ	Yes	No
(i) unrelated organizations					3a(i)		<del></del>
(ii) related organizations							<del> </del>
b If 'Yes' on line 3a(ii), are the related org							<del>                                     </del>
							L
		on a chaowine it	unus.				
Land, Buildings, and Equation Complete if the organization	•	Yes' on Form 9	990, Part IV, line 1	1a. See Form 9	90, Part X, li	ne 10.	
Description of property	(ir	t or other basis evestment)	(b) Cost or other basis (other)	(c) Accumulate depreciation		Book va	lue
1 a Land		284,500.				284,	500.
<b>b</b> Buildings		648,412.		4,5	19.		893.
c Leasehold improvements							
d Equipment							
e Other							
Total. Add lines 1a through 1e. (Column (d)		990, Part X. colui	mn (B), line 10c.)		▶	928	393.
BAA	,				Schedule D (F		

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Part VII Investments - Other Securities.	V. J. F. 200 I	2 4 1 4 4 5 5 6 6 6 6	
Complete if the organization answered	(b) Book value	1	
(a) Description of security or category (including name of security)  (1) Financial derivatives	(b) Book value	(c) Method of valuation Cost or end-of	-year market value
(1) Financial derivatives			<del></del>
(3) Other			
(A)			<del></del>
(B)			<del></del>
(C)			
(D)			
(E)			
(F)			
(G)	<del></del>		
(H) (I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) >		1. 9. 4	
Part VIII Investments - Program Related.	<u>.                                    </u>		The first of the control of the cont
Complete if the organization answered '			
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-c	f-year market value
(1)			
(2)			<del></del>
(3)	<del> </del>		<del></del>
(5)			<del></del>
(6)			<del></del>
(7)			
(8)			
(9)			
(10)			REPORTS CARRY COM
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX  Other Assets.			A COLUMN CONTROL OF THE PARTY O
Complete if the organization answered "	Yes on Form 990, F	Part IV, line 11d. See Form 990, F	'art X, line 15. (b) Book value
(1) TENANT SECURITY DEPOSIT	Scription		2,497
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) I	ine 15.)		2,497
Part X   Other Liabilities.   Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) TENANT SECURITY DEPOSITS (3)	2,49	1 <del>7.</del>	
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
(11)	<del> </del>		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. 2,49	7.	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot			lity for uncertain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote $$			. <i> .</i>
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	<del></del>
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	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	3 * . *	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	13:4	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	15.5%	
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5	
art XIII 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	<del></del>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	237	
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII )	-	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.	2.24	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	2.4	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
art XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V,	nalinformation	
ne 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 additio	nai information.	

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
AFFORDABLE HOUSING	G OF METROPOLITAN EDGEWATER, INC. 03-0381251
Pt VI, Line 3	THE MANAGEMENT COMPANY IS OVERSEEN BY THE BOARD OF THE ORGANIZATION
	THE ORGANIZATION BOARD REVIEWS THE 990 AND OTHER TAX FILINGS BEFORE
Pt VI, Line 11b	FILING
	THE BOARD REVIEWS THE CONFLICT OF INTEREST POLICY ON A PERIODIC BASIS
Pt VI. Line 12c	AND ENSURES ADHERENCE TO ITS POLICIES AND PROCEDURES.