(Rev January 2020)

Department of the Treasury Internal Revenue Service

2949006508805 Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
_െ4∩
2019
Open to Public
Inspection!

A	For ti	he 2019	calendar year, or tax year beginning 07/01, 2019, a	and ending		06/30, 20 20		
_			C Name of organization AFFORDABLE HOUSING PRESERVATION		D Employer idea	ntification number		
В	Check If	applicable	FOUNDATION 51ST ST Y		20-2209605			
		fress	Doing business as		1			
\vdash	_	nge		Room/suite	E Telephone nur	mber		
-	┥	ne change	2850 S MICHIGAN AVE		()	_		
\vdash	_	al return sireturn/	City or town, state or province, country, and ZIP or foreign postal code		 ` 			
\vdash	tern	ninated ended	•		C C	\$ 82,097		
⊢	retu	πn	CHICAGO, IL 60616		G Gross receipts H(a) is this a grou			
ᆫ		dication ding	F Name and address of principal officer AUBREY SCHWARTZ	m	subordinates?			
			2850 S MICHIGAN AVE, CHICAGO, IL 60616	-111//	H(b) Are all subordi			
<u></u>		xempt sta		527	1	ach a list (see instructions)		
<u>J</u>	Webs	site: 🕨		!	H(c) Group exemp	tion number ▶ 7158		
ĸ	Form	of organ	ization Corporation Trust Association Other	L Year of forma	tion M S	State of legal domicile		
Р	art I	Su	mmary					
	1		describe the organization's mission or most significant activities					
9			STRUCTION AND OPERATION OF HOUSING FACILITIES					
Governance	ļ	HOM	ELESS, ELDERLY & HANDICAPPED OR FOR PERSONS OF	F LOW & MOI	DERATE INC	; 		
/eri	2	Check	this box if the organization discontinued its operations or disposed	of more than 25%	of its net assets			
ő	3	Numbe	er of voting members of the governing body (Part VI, line 1a)		[3 3.		
≪5	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)		[4 3.		
Activities &	5	Total r	number of individuals employed in calendar year 2019 (Part V, line 2a)		[5 0.		
	6		number of volunteers (estimate if necessary)		1	6		
Ä	7a		inrelated business revenue from Part VIII, column (C), line 12			7a 0.		
			related business taxable income from Form 990-T, line 39			7b		
					Prior Year	Current Year		
_	8	Contril	outions and grants (Part VIII, line 1h)		39,98	7. 0.		
2	9		m service revenue (Part VIII, line 2g)		34,60	6. 35,644.		
Revenue	10	-	ment income (Part VIII, column (A), lines 3, 4, and 7d),		43,87	4. 46,506.		
œ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-52	253.		
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		118,41	5. 82,097.		
_	13		and similar amounts paid (Part IX, column (A), lines 1-3)		(0. 0.		
	14		ts paid to or for members (Part IX, column (A), line 4)		. (0. 0.		
	15		es, other compensation, employee benefits (Part IX, column (A), lines 5–10).		(0.		
Se			sional fundraising fees (Part IX, column (A), line 11e)		(0.		
Expenses			undraising expenses (Part IX, column (D), line 25) ▶0			1		
ă	ı				79,668			
	18	Total	voenses Add lines 13-17 (must equal Part IX column (A) June 25)		79,668	3. 0.		
	19	Pavani	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	· · ·	38,747			
28	1.5	- TCVCIII		Begin	ning of Current Ye			
anc	20	Total a	ssets (Part X, line 16)		2,604,392			
Net Assets or Fund Balances	21		abilities (Part X, line 26)	131 ··	497,071			
# F	22		sets or fund balances Subtract line 21 from line 20.	기로! · · ·	2,107,321			
	rt II		nature Block		_,,			
			perjury, I declare that I have examined this return, including accompanying schedules	s and statements, a	nd to the best of r	my knowledge and belief, it is		
true	, corre	ect, and c	complete Declaration of preparer (other than officer) is based on all information of which	preparer has any kn	owledge			
			MMM		12-	15-20		
Sig	n	Si	gnature of officer		Date	000		
Hei			WILLIAM M. SNOW, PRES.					
		- T V	pe or print name and title					
_	l	<u> </u>	ype preparer's name Preparer's signature	Date	Ch	PTIN		
Paid)	1	ORY E NEISTAT	1-101	Check i self-employed	'		
	oarer		LIADAN C ACCOCTAMES IMD	1014/20		5-3097692		
Use	Only	Firm's			0.4	7-853-1234		
NA -:			address >3201 OLD GLENVIEW RD., STE. 250 WILMETTE, IL 60091		Phone no 84			
			scuss this return with the preparer shown above? (see instructions) .			X Yes No		

Par	t 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,"			
	complète Schedule A	1	Х	
2	Iş 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 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1 1		
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1 1		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	1		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	1		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1 1	ł	
	complete Schedule D, Part VI	11a		_X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		ŀ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		İ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 1	ĺ	
	Schedule D, Parts XI and XII	12a	\rightarrow	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		İ	.,
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\rightarrow	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			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1 1		v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	,,		х
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	,-,	i	v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	+	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	\dashv	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40	İ	х
٠	If "Yes," complete Schedule G, Part III	19		$\frac{\Lambda}{X}$
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	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	,		х
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		

Par	t IV Checklist of Required Schedules (continued)			
-			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Qid the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a			1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		х
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?		.	
	If "Yes." complete Schedule L. Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
2.1	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	1 1		
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
		27		х
	persons? If "Yes," complete Schedule L, Part III	-		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		- 1	
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X -
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	\longrightarrow	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34	x	
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>x</u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		\dashv	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
••		3/	-+	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u>, </u>	х	
_	19? Note: All Form 990 filers are required to complete Schedule O.	38		
Part			ı	$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V		Yes	N _c
		1527	- 1	No
	Effect the hamber reported in Box 6 of Fermi 1000 Effect of in the appropriate 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	ا المارية	م ان معن	t i
	Enter the number of Forms VV-2G included in line 1a Enter -U- if not applicable	, , ('	: F	* .
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		رتثہ:	• •
	reportable gaming (gambling) winnings to prize winners?	1c	_	

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			\top
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.		1	}
h	of fat least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		\vdash	+-
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	x
	of the organization have differed business gloss income of \$1,000 of more during the year	3b	 	+
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	<u> </u>	\vdash	+-
44	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
L	If "Yes," enter the name of the foreign country			†
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			l
F -		5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		$\frac{1}{x}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "You" to line 50 or 50, did the organization file 50 m 8886 T2	5c		†
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30	$\vdash -$	\vdash
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		x
	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6ь	İ	
-	gifts were not tax deductible?	00		├
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		x
L	and services provided to the payor?	7b		
		"		\vdash
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		х
	required to file Form 8282?			
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	\neg	
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		\neg	
	sponsoring organization have excess business holdings at any time during the year?	8	İ	
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		l
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12		- 1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	. }	- }	
	Section 501(c)(12) organizations. Enter	.	İ	
	Gross income from members or shareholders	İ	İ	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	- 1	
	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	ł	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1,-		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
1	Note: See the instructions for additional information the organization must report on Schedule O.	٠, ١	j	
	Enter the amount of reserves the organization is required to maintain by the states in which	, ,	1	
	the organization is licensed to issue qualified health plans	.		
	Enter the amount of reserves on hand			 _
	The time organization records any payments for march tanning contract at the territory of	14a		<u>_x</u>
	in 100, had a line a contract to to part those payments. In 100, provide an explanation of contract of	14b	\dashv	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or]	
	excess parachute payment(s) during the year?	15	\dashv	<u> </u>
		».·> ÷ •	'	
		16		<u> </u>
<u></u>	If "Yes," complete Form 4720, Schedule O	4.5	·1.	

*Pa	Governance, management, and Disclosure For each "Yes" response to lines 2 through 76 below						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O Check if Schedule O contains a response or note to any line in this Part VI						
		· · · ·	• • • •	Α.			
Sec	tion A. Governing Body and Management		Yes	No			
	Enter the number of voting members of the governing body at the end of the tay year	3	103	+			
1a	Effici the flutiliber of voting members of the governing body at the cita of the tax year	4	İ				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar		}	ľ			
	committee, explain on Schedule O.	3		ļ			
ь	Enter the number of voting members included on line 1a, above, who are independent	4		ŀ			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		x			
	any other officer, director, trustee, or key employee?	2	┼	<u> ^-</u> -			
3	Did the organization delegate control over management duties customarily performed by or under the direct		1	l.			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	 -	X			
4	Did the organization make any significant changes to its governing documents 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?	5	├ ─	X			
6	Did the organization have members or stockholders?	6	<u> </u>	_			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			l.			
	one or more members of the governing body?	7a	<u> </u>	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l					
	stockholders, or persons other than the governing body?	7b	ļ	X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ĺ					
	the year by the following						
а	The governing body?	8a		X			
b	Each committee with authority to act on behalf of the governing body?	8b	├ ──	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		İ				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	Ļ	Х			
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		·			
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?	12b					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done	12c		37			
13	Did the organization have a written whistleblower policy?	13	\vdash	X			
14	Did the organization have a written document retention and destruction policy?	14		X			
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?		-	·			
а	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b		<u>x</u>			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	•	Ì	3			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	ŀ	٠,			
	with a taxable entity during the year?	16a		<u> </u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	.	- 1	; 2 ;			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1				
	organization's exempt status with respect to such arrangements?	16b					
Secti	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ IL,						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	(Sect	tion 50	01(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply						
	X Own website Another's website X Upon request Other (explain on Schedule O)						
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of it							
	and financial statements available to the public during the tax year.						
20	O State the name, address, and telephone number of the person who possesses the organization's books and records ► EAST LAKE MANAGEMENT 2850 S MICHIGAN AVE CHICAGO, IL 60616 312-842-5500						

Form **990** (2019)

Form 990 (2019)				AFFC	DEDABLE HO	JUSING PR	20-22	Page /				
	Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees	and
	Independent Contractors											
Check if Schedul				contains a r	esponse or n	ote to any line	e in this	Part VII				. [

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations See instructions for the order in which to list the persons above

Check this box if neither the organization nor	any related	orga	ınıza	atior	n co	mper	sate	ed any current offic	er, director, or tru	stee
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do box, office or direct	not c unle er an	Pos heck ss pe	C) sition mor erson direc		one an tee)	(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
(1)CLIFFORD ROME DIRECTOR	0.	x						0.	0.	
(2) AUBREY SCHWARTZ	0.	 		 			-			
DIRECTOR	0.	х		x		ļ		0.	0.	C
(3)MARSHALL SNOW	0.									
DIRECTOR	0.	Х		X				0.	0.	(
(4)	-						:			
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990 (2019)

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P	art VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oye	es,	and	Hig	hest Compensat	ed Empl	oyees (continued)
(A) Name and title		(B) Average hours per week (list any hours for	erage Position (do not check more than box, unless person is both officer and a director/trus					an from tee) the		(E) Reportable compensation for related organizations		(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/109	9-MISC)	from the organization and related organizations
											·	
										-		
	Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A				· · ·	• •	A A	0. 0. 0.		0. 0. 0.	0. 0. 0.
2	Total number of individuals (including but not l reportable compensation from the organization		nose I		d ab	ove) who	ге	ceived more than \$	5100,000	of	
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											Yes No
4	For any individual listed on line 1a, is the sorganization and related organizations greindividual	ater than	\$15	0,00	002	lf	"Yes,	," C	omplete Schedule	J for	such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	npens	atio	n f	rom	any	นกา	elated organizatio	n or indiv	idual 1	5 X
Se	ection B. Independent Contractors	<u>-, </u>									 	
1	Complete this table for your five highest components of the organization. Report of year	pensated in ompensation	depe on for	nde the	nt c cal	onti end	ractor ar yea	sth arei	nat received more inding with or withi	than \$100 in the org	0,000 of anization	f 's tax
	(A) Name and business add	ess							(B) Description of ser	vices	Cı	(C) ompensation
	Total number of independent contractors (in	cluding but	t not	lim	ıted	to	those	e lis	ted above) who	received		or the second
_	more than \$100,000 in compensation from the					0.						

Form	990 (2019) AFFORDABLE HO	USING PR	RESERVATION		20-2209	605 Page 9
'Pa	rt VI			-			۲
		Check if Schedule O contains a response of	r note to an				
		,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns				- -	7 () () () () () () () () () (
outions, Gi her Simila	e f	Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above . 1f				;	
Contrib and Oth	g	Noncash contributions included in lines 1a-1f		0.			
		Bu	siness Code			,	The column
ervice Je	2a b	PARTNERSHIP MANAGEMENT FEES 53	1110	35,644.	35,644.		
Program Service Revenue	c d e f g	All other program service revenue		35,644.		,	
	3	Investment income (including dividends, inter other similar amounts)	est, and	46,506.	46,506.		
	4	Income from investment of tax-exempt bond proc		0.			
	5	Royalties		0.			
	6a b	Gross rents 6a Less rental expenses 6b Rental income or (loss) 6c) Personal				2 42 mg
	d	Net rental income or (loss)	▶	-53.	-53.		
nue	7a b	sales of assets other than inventory 7a Less cost or other basis	(ii) Other				
) ve	_	and sales expenses				ه آپ کا ده بله مرسد ،	4 74 19 A
<u>بر</u>	d	Net gain or (loss)	▶	0.			
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line		-			1
		1c) See Part IV June 18 8a	0.			Same a g	المجموع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراج

Gross sales of inventory, 10a Ο. returns and allowances 10a ٥. Ο. **Business Code** Miscellaneous Revenue All other revenue . 96 4. Ο. Total. Add lines 11a-11d Total revenue. See instructions 82,097. 82,097. 12 JSA 9E1051 2 000 2 6W0XV 2873 12/2/2020

0.

0.

Form 990 (2019)

c Net income or (loss) from fundraising events.

activities See Part IV, line 19

Net income or (loss) from gaming activities

from

gaming

ıncome

b Less direct expenses

Part IX Statement of Functional Expenses

36	ction 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a resp		•		
	not include amounts reported on lines 6b, 7b, 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			ويشيه والماسان الماسان الماسان الماسان الماسان الماسان الماسان الماسان الماسان الماسان الماسان الماسان الماسان	
	and domestic governments. See Part IV, line 21	0.			1,
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to foreign			***	5 me No. 1
	organizations, foreign governments, and foreign			A	J. A. C C.
	individuals See Part IV, lines 15 and 16	0.		(×gs.	
4	Benefits paid to or for members	0.		. 1. 4	24 m
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	İ			
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.	····		
8	Pension plan accruals and contributions (include	_			
	section 401(k) and 403(b) employer contributions)	0.			····
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (nonemployees)				
a	Management	0.			
t	Legal	0.			 .
C	Accounting	0.			
	Lobbying	0.		37.2	
	Professional fundraising services See Part IV, line 17,	0.		269 - 174 (
	Investment management fees				.
g	Other (If line 11g amount exceeds 10% of line 25, column	0.			
	(A) amount, list line 11g expenses on Schedule O)	0.	,		
	Advertising and promotion	0.			
	Office expenses	0.			
	Royalties	0.			
	Occupancy	0.			
	Travel	0.			1 - 1-1-
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	0.		The second secon	
24	Other expenses Itemize expenses not covered		*		
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column		· 44		Service of the servic
	(A) amount, list line 24e expenses on Schedule O)			THE BETT WILL STORY AND A SECOND	A TO SALP VOLUME OF THE PARTY
а					
b					
d					
	All other expenses Total functional expenses. Add lines 1 through 24e	0.			
6	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 Infollowing SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

	•	(A) Beginning of year		(B) End of year
1.	Cash - non-interest-bearing	6,929	. 1	6,929
2	Savings and temporary cash investments	0.	. 2	0
3	Pledges and grants receivable, net	0.	-	0
4	Accounts receivable, net	0.	4	Ö
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%		ļ	
	controlled entity or family member of any of these persons	. 0.	5	0
6	Loans and other receivables from other disqualified persons (as defined		1.	1.
•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0
7	Notes and loans receivable, net	0.		0
8	Inventories for sale or use	0.	8	0
9	Prepaid expenses and deferred charges	0.	_	0
-	Land, buildings, and equipment cost or other		, -	
''"	basis. Complete Part VI of Schedule D 10a			
ь	Less accumulated depreciation 10b	0.	1	0
11	Investments - publicly traded securities	0.	700	0
12	Investments - other securities See Part IV, line 11		12	0
13	Investments - program-related See Part IV, line 11		13	0
14	Intangible assets	0.		1 0
15		2,597,463.	-	2,679,560
1	Other assets. See Part IV, line 11	2,604,392.		2,686,489
16	Total assets. Add lines 1 through 15 (must equal line 33)		17	0
17	Accounts payable and accrued expenses			0
18	Grants payable		18 19	0.
19	Deferred revenue			0.
20	Tax-exempt bond liabilities		20 21	0.
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,		~	"2,7) " 10}
	trustee, key employee, creator or founder, substantial contributor, or 35%			0.
	controlled entity or family member of any of these persons		22	0.
23	Secured mortgages and notes payable to unrelated third parties		23	0.
24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X	407 071		407 071
	of Schedule D	497,071.		497,071.
26	Total liabilities. Add lines 17 through 25	497,071.	26	497,071.
	Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.	Pa 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.	10	,,	1 1320 2 20 1
29	Capital stock or trust principal, or current funds	·	29	0.
30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
31	Retained earnings, endowment, accumulated income, or other funds		31	2,189,418.
32	Total net assets or fund balances		32	2,189,418.
		2,604,392.		2,686,489.

the audit, review, or compilation of its financial statements and selection of an independent accountant?....

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

Form 990 (2019)

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Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

	ne of the organization A		E HOUSING	PRESERVATIO	IA			1	COS
	UNDATION 51ST S							20-2209	
								art.) See instruction	s
The	organization is not a	private foun	dation because	eitis (Forlines 1	throu	ıgh 12, c	heck only	one box.)	
1	A church, conver	ntion of chu	rches, or assoc	ation of churche	s desc	cribed in	section '	170(b)(1)(A)(i).	\sim
2	A school describ	ed in sectio	n 170(b)(1)(A)(ii). (Attach Sched	dule E	(Form 9	990 or 99	0-EZ))	1) +
3	A hospital or a c	ooperative l	hospital service	organization des	cribed	ın sectio	on 170(b)(1)(A)(iii).	<i>U</i> ·
4	A medical resea	rch organiza	ation operated i	n conjunction wit	h a ho	spital de	escribed	n section 170(b)(1)(<i>A</i>	N)(iii). Enter the
	hospital's name,	city, and sta	ite.						
5	An organization	operated for	or the benefit o	f a college or u	niversi	ity owne	ed or ope	erated by a governm	ental unit described in
	section 170(b)(1)(A)(iv). (Co	omplete Part II)						
6	A federal, state,	or local gov	ernment or gov	ernmental unit de	escribe	ed in sec	tion 170	(b)(1)(A)(v).	
7									rom the general public
	described in sec	tion 170(b)(1)(A)(vi). (Com	plete Part II)					
8	A community trus				mplet	e Part II))		
9								d in conjunction with a	a land-grant college
	or university or a	non-land-g	rant college of	agriculture (see i	nstruc	tions). E	nter the	name, city, and state of	of the college or
	university								
10	An organization t	that normali	y receives. (1) i	more than 331/3 %	6 of its	suppor	t from co	ontributions, members	hip fees, and gross
	receipts from act	tivities relate	ed to its exempt	t functions - subj	ect to	certain e	exceptior	ns, and (2) no more that is section 511 tax) from	an 331/3% of its
	acquired by the	organization	after June 30,	1975 See section	n 509	(a)(2).	Complete	e Part III)	i businesses
11	An organization of								
12	An organization	organized ai	nd operated exc	clusively for the b	enefit	of, to p	erform th	ne functions of, or to	carry out the purposes
	of one or more p	oublicly sup	ported organiza	itions described i	n sec	tion 509	(a)(1) o	r section 509(a)(2). S	See section 509(a)(3).
	Check the box in	lines 12a th	rough 12d that	describes the typ	e of s	upportin	g organi:	zation and complete li	nes 12e, 12f, and 12g
а	Type I. A supp	orting organ	nization operate	d, supervised, or	contr	olled by	ıts supp	orted organization(s),	typically by giving
	the supported of	organization	(s) the power to	o regularly appoi	nt or e	lect a m	ajority of	f the directors or truste	ees of the
				ete Part IV, Sect					
b								supported organizati	
	control or man	agement of	the supporting	organization ves	ted in	the sam	ne persor	ns that control or mar	nage the supported
				V, Sections A an					
C	Type III function	onally integr	ated. A suppor	ting organization	opera	ated in c	onnectio	n with, and functiona	lly integrated with,
		•	• •	ons) You must c					
d								ection with its suppor	
								oution requirement an	d an attentiveness
				complete Part IV					
е								hat it is a Type I, Type	II, Type III
_				ctionally integrate					[]
T	Enter the number of								
<u>g</u>			(ii) EIN	(iii) Type of organ		(ful to the	organization	(v) Amount of monetary	(vi) Amount of
	(i) Name of supported organ	ilization	(11) E114	(described on line			ur governing	support (see	other support (see
				above (see instruc	tions))	Yes	ment? No	instructions)	instructions)
				<u> </u>		163	NO		
(A)									
									
(B)								- · ·	
(C)						i			
									
(D)									
				 					
(E)									
Tota	ıl		1 1 1		,	13.7			

Schedule A (Form 990 or 990-EZ) 2019

Page 2

Da	rt II Support Schedule for Org	anizationa Da	and in Co	etiona 470/h	V/4 V/A V/iv/)	J 470/h)/4)/A)	(v.:)
	(Complete only if you check Part III. If the organization fa	ed the box on	line 5, 7, or 8	of Part I or if t	he organizatıo	n failed to qua	
50	ction A. Public Support	iii3 to qualify u	rider the tests	noted below, p	neade compie	to rait iii j	
		(5) 2015	(h) 2016	(2) 2017	(4) 2019	(-) 2010	/D Total
Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	80,713.	. 92,697.	81,126.	74,593.	35,644.	364,773.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	80,713.	92,697.	81,126.	74,593.	35,644.	364,773.
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)	The state of the s					0.
6	Public support. Subtract line 5 from line 4	3.5	BRY CO				364,773.
Sec	tion B. Total Support					·	
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	80,713.	92,697.	81,126.	74,593.	35,644.	364,773.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	119,838.	39,047.	41,390.	43,874.	46,506.	290,655.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support Add lines 7 through 10	古名教 型に接	Research St.	(W.A.)		,	655,428.
12	Gross receipts from related activities, etc. (s	see instructions).				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>	<u> </u>				
	tion C. Computation of Public Sup						FF CF
14	Public support percentage for 2019 (li		•			14	55.65%
15	Public support percentage from 2018				-		66.97%
16a	331/3% support test - 2019. If the org	-					F = 1
	box and stop here. The organization qu			-			
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization	•		_			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	•
	Part VI how the organization meets to			-	•		рропеа
h	organization						
D	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organic	_					
	Explain in Part VI how the organization						
	supported organization				_		· —
18	Private foundation. If the organization						
	instructions						▶□

'Schedule A (Form 990 or 990-EZ) 2019

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				,		,
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	,					
	received (Do not include any "unusual grants ")						<u></u>
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities					İ	
	furnished in any activity that is related to the			1			
	organization's tax-exempt purpose			1			
3	Gross receipts from activities that are not an		1				
•	unrelated trade or business under section 513 .		ĺ				
4	Tax revenues levied for the			1			
•	organization's benefit and either paid to			1			
	or expended on its behalf		Ì	\			
5	The value of services or facilities			 			
3	furnished by a governmental unit to the	i	i	\			
	, •			\			
_	organization without charge			 			
6	Total. Add lines 1 through 5				\		
7 a	Amounts included on lines 1, 2, and 3]			 \	ł	
_	received from disqualified persons Amounts included on lines 2 and 3				 	 	
Ь	received from other than disqualified				\	}	
	persons that exceed the greater of \$5,000	}		1	\		
	or 1% of the amount on line 13 for the year				\		
C	Add lines 7a and 7b	m bearing within a 14 of				1	
8	Public support. (Subtract line 7c from		7 3 m		\		
	line 6)	THE ALL A	Y, 11 2, 12 1				<u>.</u>
	tion B. Total Support	43,0045	43,0040	(-) 2047	14, 24, 2	(-) 2040	(D.Tatal
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 20\18	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,			l i	\		
	rents, royalties, and income from similar			ļ	\		
	sources						
b	Unrelated business taxable income (less				\		
	section 511 taxes) from businesses					\	
	acquired after June 30, 1975					Λ	
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			i		\	
	(Explain in Part VI)					\	
13	Total support. (Add lines 9, 10c, 11,						
	and 12)					\	
14	First five years. If the Form 990 is f	or the organizat	ion's first, seco	nd, third. fourth	or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and stop here					\	
Sect	ion C. Computation of Public Sup					1	
15	Public support percentage for 2019 (line 8			mn (f))		15	%
16	Public support percentage from 2018 Sche				r	16	%
	ion D. Computation of Investmen						1
	Investment income percentage for 2019 (lin			13. column (fl)		17	\ %
	Investment income percentage for 2013 (in	-	•		ī		\ %
	331/3% support tests - 2019. If the or						
ısa							
	17 is not more than 331/3%, check the						
	33 1/3 % support tests - 2018. If the orga						· · ·
	line 18 is not more than 331/3 %, check						١. 🗀
	Private foundation. If the organization of	not check a	box on line 14	19a, or 19b,			
SA E1221	1000	17.44 55	** 10 7 7		Sı	chedule A (Form 9	1 '
	26w0xv 2873 12/2/2020 3	:1/:44 PM	v 19-7.7F				PAGE 1

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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 Pa	<u>rt V.)</u>		
Sect	tion A. All Supporting Organizations			
			Yes	No
1	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	1	* * * * * * * * * * * * * * * * * * *	
2	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)	2	4 kg	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	٠٠٠,	1
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	3b	شت	ś
С	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	3c	السنط	
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.	4a		r. - '
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.	4b		
С	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	4c	* - * 	
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)	5a		19 Mg 18 18 18 18 18 18 18 18 18 18 18 18 18
b c	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		كف
C				1 1
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	-		41.3
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	1 . 1		, , , , , , , , , , , , , , , , , , ,
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	LX		بمُـ
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		روق ر د ا
8	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)	8		
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))? If "Yes," provide detail in Part VI .	9a	[
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.	9b	_	:
С	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.	9c		
10 a	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	`	,	77.

10b Schedule A (Form 990 or 990-EZ) 2019

10a

determine whether the organization had excess business holdings)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izati	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov 20, 1970 (explain	ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organiz			
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	<u> </u>	
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)
Aggregate fair market value of all non-exempt-use assets (see			iiqu.
instructions for short tax year or assets held for part of year)	_	THE STATE OF THE PARTY OF	34
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	1		
factors (explain in detail in Part VI)		The state of the s	N. N.
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			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	· 自己 # 10	
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	1.734.3	
5 Income tax imposed in prior year	5	training to	·
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions).	6	Oracle.	
7 Check here if the current year is the organization's first as a non-functionally	ınteç	grated Type III supporting o	rganization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 5 · Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. Distributable amount for 2019 from Section C, line 6 . 9 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI) See instructions. Excess distributions carryover, if any, to 2019 From 2014 а From 2015 **三、江湖湖南海湾**湖南海河南北京 b From 2016 THE BEST OF THE STATE OF THE ST From 2017 d From 2018 THE SHAPE STATES Total of lines 3a through e Applied to underdistributions of prior years g Applied to 2019 distributable amount h Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f 到20世紀20世紀20世紀 Distributions for 2019 from Section D, line 7 Applied to underdistributions of prior years Applied to 2019 distributable amount Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3 and 4c Breakdown of line 7 Excess from 2015.... Excess from 2016.... Excess from 2017.... Excess from 2018. . . . Excess from 2019....

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; P 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)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization AFFORDABLE HOUSING PRESERVATION 20-2209605 FOUNDATION 51ST ST Y Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 7/25/06, and not on a 24 historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ _ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 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. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (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, provide the following amounts required to be reported under FASB ASC 958 relating to these items Assets included in Form 990, Part X. . . . Schedule D (Form 990) 2019

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

Schedule D (Form 990) 2019 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition а Loan or exchange program h Scholarly research Other Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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? 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIII and complete the following table Amount d Additions during the year................ | 1d 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (c) Two years back (b) Prior year (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 Administrative expenses g End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasiendowment ▶ **b** Permanent endowment ▶_ Term 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 Yes No organization by 3a(i) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?......... Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis Description of property (b) Cost or other basis (c) Accumulated (d) Book value (investment) depreciation 1a Land.......... b Buildings c Leasehold improvements......

Schedule D (Form 990) 2019

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

•	Page	

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990	Part IV line 11h See Form 990) Part Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of valua	ation
	(including name of security)		Cost or end-of-year mar	ket value
	al derivatives			
	held equity interests			
(3) Other_ (A)				······································
(B)				
(C)				
(D)				·
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12) .			
Part VIII				-
	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 valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)			· · · · · · · · · · · · · · · · · · ·	
(9)				
	(b) must equal Form 990, Part X, col (B) line 13) .			A. Street Control
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11d. See Form 990,	Part X, line 15.
		scription		(b) Book value
	STMENT IN AHPF 51ST			1 104 747
	REET Y, LP			1,184,747
	UED INTEREST RECEIVABLE RECEIVABLE-AHPF 51ST ST Y			421,602
				400,000 390,445
	NCE TO AHPF 51ST Y, LP PROPERTY			282,766
1-/	EKOF BKI I			202,700
(7) (8)				
(9)				
	ımn (b) must equal Form 990, Part X, col (B) lii	ne 15)		2,679,560
Part X	Other Liabilities.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11e or 11f. See Forr	m 990, Part X,
	line 25.			
1.	(a) Descript	ion of liability		(b) Book value
(1) Federa	al income taxes			
<u> </u>	TO RELATED AFFORDABLE HSG	. <u></u>		
`	ESERVATION FOUNDATION			280,622
	TO AFFORDABLE HSG CHAPTER			51,455
<u> </u>	FO ELMDC	<u> </u>		164,994.
<u>(6)</u>				
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)	n (h) must equal Form 2000, Port V and (D) time 2001	<u> </u>	-	497,071.
	n (b) must equal Form 990, Part X, col (B) line 25).			
	uncertain tax positions. In Part XIII, provide the telliability for uncertain tax positions under FASB A			
JSA	The state of the s			nedule D (Form 990) 2019
E1270 1 000			00.	1. cim ocoj 2013

Schedu	nie D (Form 990) 2019	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	. 4
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	
	Net unrealized gains (losses) on investments	[.;]
	Donated services and use of facilities	
b	Donated Services and use of lacindes	1.33
C	Recoveries of prior year grants	1 1
d	Other (Describe in Part XIII)	1 2e
	Add lines 2a through 2d	3
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	127
a	Investment expenses not included on Form 990, Part VIII, line 7b	1 1:1
b	Other (Describe in Part XIII)	4c
С 5	Add lines 4a and 4b	5
Part		
гагі	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	11 11.
1	Total expenses and losses per audited financial statements	1 1 1 1 1 1 1 1 1 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	
а	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	2e
3	Subtract line 2e from line 1	3 * AT \$5
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
_	Add lines 4a and 4b	4c 5
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u> </u>
Provide	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, P	art V line 4: Part X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	
		 _
		
	······································	
		
		
	· · · · · · · · · · · · · · · · · · ·	
		
		O-1-11 D/E- 000:0010

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

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.

AFFORDABLE HOUSING PRESERVATION

Name of the organization FOUNDATION 51ST ST Y Employer identification number

20-2209605

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

THE ORGANIZATION REVIEWS THE INFORMATION CONTAINED IN THE 990 AND INQUIRE OF THE PREPARER IF THEY HAVE ANY QUESTIONS.

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

THE ORGANIZATION MAKES ITS FORM 990 AND FORM 1023 AVAILABLE THROUGH ITS WEBSITE AND UPON REQUEST.

20-2209605

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.

OMB No 1545-0047

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

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

Name of the organization AFFORDABLE HOUSING PRESERVATION FOUNDATION 51ST Y

Name of the organization Department of the Treasury Internal Revenue Service

Part

SCHEDULE R (Form 990)

Employer identification number

20-2209605

i	(a) Name, address, and EiN (if applicable) of disregarded entity	ı.	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(4)							
(2)							
(9)							
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.	omplete if the orga	anization answe	ered "Yes" on Fo	ım 990, Part IV,	line 34, because	it had
	(a)	Q	(5)	(p)	(6)	6	(3)

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicle (state or foreign country)	(d) Exempl Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13)
							Yes	2
(1) AFFORDABLE HOUSING PRESERVATION FOUND. 74.	74-2308721							
2850 S. MICHIGAN AVENUE CHICAGO, IL 60616	0616	LOW INC HSG	II	501(C)(3)	7	N/A		×
(2) AFFORDABLE HSG PRESERVATION FOUND II CH 84.	84-1173585							
2850 S. MICHIGAN AVENUE CHICAGO, IL 60616	0616	LOW INC HSG	II	501(C)(3)	7	N/A		×
(3) AFFORDABLE HSG PRESERVATION FOUND III CH 84.	84-1173586							
2850 S. MICHIGAN AVENUE CHICAGO, IL 60616	0616	LOW INC HSG	IL	501(C)(3)	7	N/A		×
(4) AFFORDABLE HSG PRES. FOUND CHAP II AHPF IN	INACTIVE							
2255 S. WABASH AVENUE CHICAGO, IL 60616	0616	INACTIVE	II	501(C)(3)	7	N/A		×
(5) AFFORDABLE/WEST END FOUNDATION IN	INACTIVE							
2850 S. MICHIGAN AVENUE CHICAGO, IL 60616	0616	INACTIVE	IL	501(C)(3)	7	N/A		×
(9)								
(2)								
								1
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 9	90.				Schedule R (Form 990) 2019	(Form 990	2019
₽ <u>Z</u>							•	

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Schedule R (Form 990) 2019

Percentage Section Section Section ownership controlled entity? Page 2 Yes Percentage ownership 3 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Yes No Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, General or managing partner? (g) Share of end-of-year assets amount in box 20 of Schedule K-1 (i) Code V - UBI (Form 1065) (f) Share of total (h) Disproportorate silocatore? Š income Yes (g) Share of end-of-(e)
Type of entity
(C corp, S corp, or trust) year assets (f) Share of total (d) Direct controlling Income because it had one or more related organizations treated as a partnership during the tax year entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicite (state or foreign country) (b) Primary activity (d) Direct controlling X/A (c) Legal domicile (state or foreign country) 1 (a)Name, address, and EIN of related organization Primary activity 2850 S. MICHIGAN AVENUE CHICAG LOW INC HSG (1) AHPF 51ST STREET Y, LP 20-3964 (a) Name, address, and EIN of related organization Part III Part IV 9 3 3 3 2 ପ୍ର 9 4 (5) 9 8 Ξ

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Schedule R (Form 990) 2019

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

Page 3

Part V

Schedule R (Form 990) 2019 $\times | \times$ Yes No (d) Method of determining PAGE 29 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 73 Purchase of assets from related organization(s)................... Amount involved 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? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity............ Transaction type (a-s) Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Sharing of paid employees with related organization(s) V 19-7.7E Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property from related organization(s). Name of related organization 3:17:44 PM Dividends from related organization(s) 9E1309 1 000 2 6WOXV 2873 12/2/2020 Ε s <u>α</u> σ **=** 0 7 ¥ Φ ပ **n** -**4** (9) Ξ 3 <u>@</u> 3

20-2209605

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	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocators?	(I) Code V - UBI amount in box 20 of Schedule K-1	(J) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes	No (Form 1065)	Yes	
(1)										
(2)										
(3)										
(4)				-						
(5)										
(9)										
(7)										
(8)				:						
(6)				;						
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Part VII

Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.