*Form **390**

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

Open to Public

A	For the	2017 calendar year, or tax year beginning Jul 1 , 2017, and end	ling Jun	30	,2018
В		applicable C Name of organization ALLIANCE FOR BUILDING COMMUNITIES		Employ	er identification number
$\tilde{\Box}$		change Doing business as		23-20	041406
\vdash	Name cl	Don't Book to the best of the	suite E		ne number
\Box		500 11 117 177 07		(610)439-7007
\vdash	Initial re	1700 - 6		(010	, 103 . 00 .
님		ALI DIMOUNI DE 10101	ء ا	Gross re	eceipts \$ 4,090,214.
		tion pending F Name and address of principal officer			subordinates? Yes No
ш	Applicat				s included? Yes No
					s included > Yes No a list (see instructions)
<u> </u>		mpt status: 501(c)(3)	/ 		
<u>J</u>	Website		H(c) Group ox		
K		organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of form	nation 1970	M State	of legal domicile. PA
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: To			
Activities & Governance	ļ	in developing quality, affordable housing and in cre			
ia.	1	partnerships that stimulate and sustain healthy neig			
Ver	2	Check this box ▶☐ if the organization discontinued its operations or disposed			
ဒ္ဓ	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
- త	4	Number of independent voting members of the governing body (Part VI, line 1)	0)	4	13
ii.	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	26
Ę	6	Total number of volunteers (estimate if necessary)		6	13
Ą	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	.0
	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b	0.
			Prior Year	r	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)	508,	243.	2,954,064.
Revenue	9	Program service revenue (Part VIII, line 2g)	1,042,	303.	1,034,634.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,	364.	101,516.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	410,	000.	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,066,	910.	4,090,214.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	T		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
ý,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	975,	233.	983,944.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			2,250.
je je	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,659.	45316		AND THE PARTY OF T
Щ	17	Other expenses (Part IX, column (A), lines 11a-1[d, 11]-24e)	1,362,	452.	737,753.
	18	Total expenses. Add lines 13-17 (must equal Part IX. column (A), line 25)	2,337,		1,723,947.
	19	Revenue less expenses. Subtract line 18 from line 2	-270,		2,366,267.
- 5		1021 MAY 1 F and 10	Beginning of Curre		End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,196,	286.	8,902,632.
Ass	21		5,053,		4,393,792.
F Se	22	Total liabilities (Part X, line 26)	2,142,		4,508,840.
	art II	Signature Block			
	_	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the	best of r	my knowledge and belief, it is
tru	e, correc	t, and complete Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowled	lge 🙀	<i>.</i>
<u> </u>		DIP.		5/1	./19
aSig	ın	Signature of officer	Date	ب ر د	<u> </u>
> He		BRADLEY FATZINGER, CEO			
		Type or print name and title			
Pa		Print/Type preparer's name Preparer's Agnatures 0. CPA	Date	Charle	PTIN
~Pa	ıd	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	02/16/2019	Check self-em	X
ظ۲	epare	Firm's name SNYDER, DAITZ & COMPANY			23-1436393
Z US	epare se On	Firm's address > 1617 JOHN F. KENNEDY BLVD., SUITE 720, PHILADELPHIA,			15) 563-6141
Z	v the II	RS discuss this return with the preparer shown above? (see instructions)	TT TOTOS FIGURE	(2	X Yes
4=	<u> </u>		REV 09/12/18 PRO		Form 990 (2017)
Thor	rapen	work neutron Act Notice, see the separate instructions. BAA	12 03/12/10 FRU		101111000 (2017)

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To provide innovative leadership
	in developing quality, affordable housing and in creating community
	partnerships that stimulate and sustain healthy neighborhoods where
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,023,677. including grants of \$ 0.) (Revenue \$ 394,150.)
	OPERATION AND RENTAL OF 70 LOW INCOME AND ELDERLY APARTMENTS
	UNDER THE HUD SECTION 8 PROGRAM.
	······································
4b	(Code:) (Expenses \$ 464,260. including grants of \$ 0.) (Revenue \$ 640,484.)
40	(Code: 0.) (Expenses \$ 464,260. including grants of \$ 0.) (Revenue \$ 640,484.)
	DEVELOPMENT AND MANAGEMENT OF LOW INCOME HOUSING PROJECTS
	•••••••••••••••••••••••••••••••••••••••
4c	(Code) (Expenses \$0 , including grants of \$0 , 0 .) (Revenue \$0 ,
	SALE OF LOW INCOME PROPERTY
_	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,487,937.



Part	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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
	complete Schedule D, Part III	8		×
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		×
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		×
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,"			
	complete Schedule D, Part VI	11a	×	
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		×
С	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	11c		×_
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	×	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	×	
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	×	
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	12b		<u></u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>×</u> _
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>×</u>
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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>×</u> _
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	45		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u></u>
.0	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10	 +	<u> </u>
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	V
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u>×</u> _
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		<u>×</u>
	If "Yes," complete Schedule G, Part III	19		×
		.,,		

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
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		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	_23		_ X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	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	-	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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		<u>×</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	complete Schedule N, Part II	32		<u>×</u> _
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
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	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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			
27	related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		<u>×</u> _
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u>×</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4-	5."" "		Yes	No
la	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		-:	ļ.,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			<u> </u>
^ -	reportable gaming (gambling) winnings to prize winners?	1c		×
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		.`	-
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 26			<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	- jhe-		,-,-,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a hank account, securities account, or other financial			
	account)?	4a	<u>.</u>	×
b	If "Yes," enter the name of the foreign country: ▶	-	1,	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	,	1, 0	ŀ
_	(FBAR).			.مــــــــــــــــــــــــــــــــــــ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			}
_	organization solicit any contributions that were not tax deductible as charitable contributions?	_6a	-	×
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	6b		, ,
7	Organizations that may receive deductible contributions under section 170(c).	,,,,	-	,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	حستمسا		
		7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
С	required to file Form 8282?	_		
		7c	. ;	×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		×
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	(4, 1	, 3	• •
•	sponsoring organization have excess business holdings at any time during the year?	8	 -	
9	Sponsoring organizations maintaining donor advised funds.			×
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:			
. о а	Initiation fees and capital contributions included on Part VIII, line 12			,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	·		
11	Section 501(c)(12) organizations. Enter:	٠,		,
а	Gross income from members or shareholders		-	,"
b	Gross income from other sources (Do not net amounts due or paid to other sources		Ŝ1	
	against amounts due or received from them.)	500	å	-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		****
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.	~		
b	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	,	1	p
С	Enter the amount of reserves on hand	13.6	**************************************	ر. او
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	~,	×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S					
Secti	Check if Schedule O contains a response or note to any line in this Part VI	• • • •	···	<u> </u>	×	
<u>occii</u>	on A. Governing Body and Management			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	13	2		*	
р 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relation any other officer, director, trustee, or key employee?		2		×	
3	Did the organization delegate control over management duties customarily performed by or unde supervision of officers, directors, or trustees, or key employees to a management company or other per		3		×	
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was Did the organization become aware during the year of a significant diversion of the organization's Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect one or more members of the governing body?	assets? : or appoint	4 5 6		× × ×	
Ь	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					
8	Did the organization contemporaneously document the meetings held or written actions underta the year by the following:	iken during	7b		×	
а	The governing body?		8a	×		
b	Each committee with authority to act on behalf of the governing body?		8b	×		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<u> </u>	9		×	
Secti	on B. Policies (This Section B requests information about policies not required by the Int	ernai Reveni	je Co	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	. [10a	×		
ь	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt policies.		10b		×	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin		11a		×	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	×		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	ŀ	12b	×		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy describe in Schedule O how this was done	/? If "Yes,"	12c	×		
13	Did the organization have a written whistleblower policy?		13	×		
14 15	Did the organization have a written document retention and destruction policy?	approval by	14	×	+	
а	The organization's CEO, Executive Director, or top management official		15a	×		
b	Other officers or key employees of the organization		15b	×		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a with a taxable entity during the year?		16a		J	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to a participation in joint venture arrangements under applicable federal tax law, and take steps to satisfy organization's exempt status with respect to such arrangements?	feguard the	165			
Secti	on C. Disclosure		16b			
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9 available for public inspection. Indicate how you made these available. Check all that apply.	90-T (Section	501(c)(3)s	only)	
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedul Describe in Schedule O whether (and if so, how) the organization made its governing documents, financial statements available to the public during the tax year.	conflict of inte		•	, and	
20	State the name, address, and telephone number of the person who possesses the organization's telephone number of the person who possesses the organization's telephone number of the person who possesses the organization's telephone number of the person who possesses the organization's telephone number of the person who possesses the organization's telephone number of the person who possesses the organization's telephone number of the person who possesses the organization's telephone number of the person who possesses the organization's telephone number of the person who possesses the organization's telephone number of the person who possesses the organization's telephone number of the person who possesses the organization's telephone number of the person who possesses the organization's telephone number of the person who possesses the organization's telephone number of the person who possesses the organization telephone number of the person who possesses the organization telephone number of the person who possesses the organization telephone number of the person telephone number of the person telephone number of the person who person telephone number of the person telephone number of the person who person telephone number of the person telephone number	ooks and rec	ords:	>		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Officer this box in frenther the organization flo	Turiy rolato	J O. g			C)	<u> </u>				, 01 11 20 100
(A) Name and Title	(B) Average hours per							(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	_	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
) ,										
(1) JOSEPH MEDL	5.00	.,					ļ			_
BOARD CHAIR		×_	Ш			ļ		0.	0.	0.
(2) SANDY COLON VICE CHAIR	3.00	×						0.	0.	0.
(3) ALTA MERCADI	1.00									
SECRETARY		×				<u> </u>		0.	0.	0.
(4) JAMES ROTHERHAM	3.00									
TREASURER & REAL ESTATE CHAIR	ļ	×	Ш			<u> </u>		0.	0.	0.
(5) HEIDI BAER BOARD MEMBER	1.00	×						0.	0.	0.
(6) NITZA ROSARIO GREYSTONE APTS. RESIDENTS REP	1.00	×						0.	0.	0.
(7) JAIMIE RYAN	1.00			-			\vdash	· · ·		· · · · · · · · · · · · · · · · · · ·
BOARD MEMBER	† <u></u>	×						0.	0.	0.
(8) JOSEPH SCHUPP BOARD MEMBER	1.00	×						0	0.	0.
(9) ELIZABETH MARTINEZ NOMINATING COMM. CHAIR	1.00	×						0.	0.	0.
(10) CRAIG EVANS	1.00						-	· · · · · ·		
COMMUNITY RELATIONS CHAIR	† -	×						0.	0.	0.
(11) MIKE GARGER	1.00	_								
HR CHAIR		×						0.	0.	0.
(12) MICHAEL BRADLEY BOARD MEMBER	1.00	×						0.	, 0.	0.
(13) MICHAEL CORSO BOARD MEMBER	1.00	×						0.	0.	0.
(14) BRADLEY FATZINGER	40.00		\vdash		\vdash					
PRESIDENT	40.00			×				83,973.	0.	24,089.

	, (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, individual or director	ot ch unles	Pos eck s pe	rson	Highest compensated	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation i related organization (W-2/1099-Mis	from s	(F) Estimated amount of other compensation from the organization and related organizations
(15)							<u> </u>	 		<u> </u>		·
(16)									· <u> </u>			
(17)							-			<u></u>		
						-					_	
	<u></u>											
											_	
(24)												
(25)												
1b c d	Sub-total	VII, Sectio	n A					> > >	83,973. 83,973.		0.	24,089.
2	Total number of individuals (including but reportable compensation from the organi		l to th	ose	list	ed a	above 1	e) w	ho received m	ore than \$10	0,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete the second of the se	ficer, direc Schedule J	for su	ıch i	indi	vidu	ıal					Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1 	50,0	000	? <i>II</i> 	"Yes	s," · ·	complete Sch	edule J for 	such	4 ×
5	Did any person listed on line 1a receive of for services rendered to the organization											5 ×
	on B. Independent Contractors									d manua 4h - m	#100	000 of
1	Complete this table for your five highest of compensation from the organization. Repyear.											
	(A) Name and business add	ress	_						(B) Description of s	ervices	C	(C) ompensation
		·										
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		

Part VIII		Statement of Revenue									
		Check if Schedule C	contains a res	ponse or note t	o any line in this	s Part VIII		🗀			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Grants	1a b	Federated campaigns Membership dues .	1b								
, Gifts, onlar An	d	Fundraising events . Related organizations	s 1d	777,942.							
Contributions, Gifts, Grants and Other Similar Amounts	f	Government grants (con All other contributions, g and similar amounts not ind	ifts, grants,	2,176,122.							
Contri	g h	Noncash contributions including total. Add lines 1a-1	ded in lines 1a-1f \$	•	2,951,061.	MC 17					
		ريا سنسب با مساح		_ Business Code		en gree profesion real statement					
le J	2a	LIH RENTAL INC	OME .	533110	310,105.	310,105.	0.	0.			
Ве	ь	MANAGEMENT FEE		531310	167,179.	167,179.	0.	0.			
<u>:</u>	. c	COUNSELING FEE		531310	84,045.	84,045.	0.	0.			
ē	ď	DEVELOPERS FEE		533110	5,405.	5,405.	0.	0.			
S	e	EMPLOYEE SALARY R		533110	464,260.	464,260.	0.	0.			
Program Service Revenue	f.	All other program ser		000110	3,640.	3,640.	0.	0.			
Ç	g	Total. Add lines 2a-2			1,034,634.						
	3	Investment income and other similar amount income from investment	(including dividounts)	ends, interest,	101,516.	, 0.	0.	101,516.			
	5	Royalties	(i) Real	▶ (ii) Personal							
	6a b c	Gross rents Less: rental expenses Rental incomé or (loss)									
	d .7a	Net rental income or (Gross amount from sales of assets other than inventory	(i) Securities	▶ (ii) Other							
	Ь	Less cost or other basis and sales expenses . Gain or (loss)									
-	d	Net gain or (loss) .									
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte		' `							
ther F	ь	Territoria de la companya de la comp	, · · · · a								
Ο,	C	Net income or (loss) f		levents . ▶							
		Gross income from ga See Part IV, line 19	aming activities.	CVC/IIIG							
	b b	Less: direct expenses Net income or (loss) for	rom gamıng acti	vities ▶							
1		Gross sales of in	es _, a								
	b Less: cost of goods sold b										
, -	Ç	Net income or (loss) f			ANGERICANO DE LA SERVICIO DE LA COMPANSIONE DEL COMPANSIONE DE LA	Lace To Special Control of the Contr	old hat the area of the later than the	MATERIAL STATE AND SECULO SECU			
•	11a	Miscellaneous Fe	levenue	Business Code		Transfer					
	b										
	۵	-									
·	d e	All other revenue . Total. Add lines 11a-						180 88 47 100 10 10 10 10 10 10 10 10 10 10 10 10			
	40	Total rovenue See in			4 090 214	1 034 634	AND THE PROPERTY OF THE PARTY O	101 516			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secuo	on 501(c)(3) and 501(c)(4) organizations must con				
Dono	Check if Schedule O contains a responst include amounts reported on lines 6b, 7b,	(A)		(C)	
8b, 9b	o, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and	(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	108,-062.	.54,031.	54,031	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	200,000			
7	Other salaries and wages	775,046.	697,541.	77,505.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	:	_		
9	Other employee benefits	61,951.	55,756.	6,195.	0.
.10	Payroll taxes	38,885.	34,996.	3,889.	0.
11	Fees for services (non-employees):				
a	Management	10.073		10.073	
b	Legal	18,973. 11,875.	0.	18,973. 11,875.	0.
. c	Lobbying	11,075.		11,073.	<u> </u>
e	Professional fundraising services. See Part IV, line 17	2,250.			2,250.
f	Investment management fees	272001	The state of the s	CONTRACTOR SALES	3/2001
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	10,943.	10,943.	0.	0.
13	Office expenses	48,184.	22,888.	22,887.	2,409.
14	Information technology	14,309.	7,155.	7,154.	0.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		<u></u>		
19	Conferences, conventions, and meetings .	10.11	46 45		
20	Interest	46,115.	46,115.	0.	0.
21	Payments to affiliates	07 440	70 702	0 7/5	<u> </u>
22 23	Depreciation, depletion, and amortization . Insurance	87,448. 75,830.	78,703. 68,247.	8,745. 7,583.	0.
		73,830.	00,247.	/, 363.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	BAD DEBTS ~	10,626.	10,626.	0.	0.
b	VEHICLE	25,202.	25,202.	0.	0.
С	REPAIRS & MAINTENANCE	195,005.	195,005.	, 0.	, 0.
d	REAL ESTATE TAXES	68,108.	68,108.	0.	, O.
е	All other expenses	125,135.	112,621.	12,514.	0.
25	Total functional expenses. Add lines 1 through 24e	1,723,947.	1,487,937.	231,351.	4,659.
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 following SOP 98-2 (ASC 958-720)				
	· · · · · · · · · · · · · · · · · ·	DEV 00/12/18 DEO			Form 990 (2017)

Part X Balance Sheet

_	artA	Check if Schedule O contains a response or	r note to any line in this Pa	art X		<u> </u>
_		C. CONT. CO. COLOGO O CONTAINS & POSPONSE OF	note to any montane to	(A)	<u> </u>	(B)
_		·		Beginning of year		End of year
	1	Cash-non-interest-bearing		16,184.	1	13,363.
	2	Savings and temporary cash investments		0.	2	1,264,827.
	3	Pledges and grants receivable, net		23,425.	3	29,306.
	4	Accounts receivable, net		139,232.	4	100,059.
	5	Loans and other receivables from current and trustees, key employees, and highest co-Complete Part II of Schedule L		inaminal as the interpretation of the second	5	is a gradually producing and the state of th
S	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Sche	Control of Adaptive Contro	6	The state of the s	
Assets	7	Notes and loans receivable, net		2,484,743.	7	2,574,368.
Ass	8	Inventories for sale or use	1,061,014.	8	1,040,540.	
	9	Prepaid expenses and deferred charges			. 9	31,577.
	9 10a	Land, buildings, and equipment: cost or		23,278.	9	
	IVA	other basis. Complete Part VI of Schedule D	10a 4,523,542.			
	<u></u>	·	10a 4,523,542. 10b 2,554,372.	1,636,741.	10c	1,969,170.
	11	Less: accumulated depreciation	2,334,372.	1,030,741.	11	1,909,170.
	12	Investments—publicly traded securities		12		
	13	Investments—program-related. See Part IV, line		13		
	14	Intangible assets		14	<u></u>	
Ì	15	Other assets. See Part IV, line 11	1,811,669.	15	1,879,422.	
	16	Total assets. Add lines 1 through 15 (must equal		7,196,286.	16	8,902,632.
\dashv	17	Accounts payable and accrued expenses	208,022.	17	113,618.	
ĺ	18	Grants payable	200,022.	18	113,010.	
	19	Deferred revenue	264,891.	19	264,891.	
	20	Tax-exempt bond liabilities		201/0321	20	201/0311
	21	Escrow or custodial account liability. Complete I			21	
_s	22	Loans and other payables to current and for				
Liabilities	22	trustees, key employees, highest compendisqualified persons. Complete Part II of Schedu	sated employees, and		22	Cartiful Cartes Communication
Lia	23	Secured mortgages and notes payable to unrela		2,504,941.	23	2,238,028.
	24	Unsecured notes and loans payable to unrelated	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	payables to related third s 17-24). Complete Part X			
				2,075,859.	25	1,777,255.
	26	Total liabilities. Add lines 17 through 25	 	5,053,713.	26	4,393,792.
ces		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and				
a l	27	Unrestricted net assets		2,142,573.	27	4,508,840.
Ва	28	Temporarily restricted net assets			28	
Net Assets or Fund Balances	29	Permanently restricted net assets			29	
Ö	20				20	
ië	30 ·	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed		·	30 31	
ASS	31 32	Retained earnings, endowment, accumulated inc	•	· · · · · · · · · · · · · · · · · · ·	32	
et.	33	Total net assets or fund balances		2,142,573.	33	4,508,840.
z	34	Total liabilities and net assets/fund balances		7,196,286.	34	8,902,632.
	 	Total nabilities and het assets/fullu balances .	 	1,150,200.	<u> </u>	Form 990 (2017)

					J -
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		90,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,7	23,9	47.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,3	66,2	67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,1	42,5	73.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	-			
		10	4,5	08 , 8	4U.
<u>Part</u>	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	. <u></u> .		
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," expl	aın iı	n		
	Schedule O.				
2a	, , , , , , , , , , , , , , , , , , , ,				<u>×</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compil	ed o	r		
	reviewed on a separate basis, consolidated basis, or both:		ì		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	a la fa		
	separate basis, consolidated basis, or both:		i		
	☐ Separate basis ☐ Both consolidated and separate basis	٠.	. 🎞		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove of the audit, review, or compilation of its financial statements and selection of an independent account				
	·			×	
	If the organization changed either its oversight process or selection process during the tax year, expl Schedule O.	ain ii	1		
2-		uth :-			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?	nun II	- 1	$ $ $_{\times} $	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	· ·	3a	^	
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b	_×	
	134233 additio, oxplain why in concede 3 and describe any stops taxon to dideigo such add			n 990	/2017
			ron	ロフラリ	(2017)

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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.

► 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 23-2041406 ALLIANCE FOR BUILDING COMMUNITIES, INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 name, city, and state: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (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 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives. (1) more than 331/3% 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 331/3% of its support from gross 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.) 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. ď 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

(i) Name of supported organization			(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

18

Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	<u>'i) </u>
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						
C4	Part III. If the organization fails to	o quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	() 0040	# N 004.4	(-) 0045	(0 0040	4.) 0047	(A T-1-1
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	643,841.	684,608.	603,071.	500 243	2 054 064	5,393,827.
2	Tax revenues levied for the	043,041.	004,000.	003,071.	300,243.	2,334,004.	3,393,627.
~	organization's benefit and either paid	}		•			
	to or expended on its behalf			•			
3	The value of services or facilities	-				<u> </u>	
	furnished by a governmental unit to the				•		
	organization without charge						
4	Total. Add lines 1 through 3	643-,-841	684,-608.	-603,071.	508,243.	2,954,064.	5,393,827.
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 PARTY OF THE PER				The State of the S	2,417,667.
6	Public support. Subtract line 5 from line 4						2,976,160.
	on B. Total Support	Particular Control of the Control of	PARTITION SERVICE CAPERA	Tanana da Santa da S	The state of the s	Berting Telephone	2,370,100.
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	643,841.	684,608.	603,071.			5,393,827.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	100,247.	97,865.	101,221.	106,364.	101,516.	507,213.
9	Net income from unrelated business		,			,	
	activities, whether or not the business is regularly carried on						ĺ
10	Other income. Do not include gain or						<u> </u>
10	loss from the sale of capital assets						Ì
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5,901,040
12	Gross receipts from related activities, etc	. (see instruction	ons)	in in its and in its and its a		12	5,624,271.
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye		
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>Secti</u>	on C. Computation of Public Suppor	<u>_</u>					
14	Public support percentage for 2017 (line		-			14	50.43%
15	Public support percentage from 2016 Scl					15	75.69 %
16a	331/3% support test—2017. If the organ box and stop here. The organization qua						
ь	331/3% support test—2016. If the organi	•	• • •	_			►⊠ nore check
U	this box and stop here. The organization						► □
172	10%-facts-and-circumstances test—2	,	• • •	=			_
110	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization	•		_			▶ 🗆
b	10%-facts-and-circumstances test-2	016. If the orga	anızation dıd n	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza	ation meets th	e "facts-and-o	circumstances'	' test, check t	this box and	stop here.
	Explain in Part VI how the organization r	neets the "fact	ts-and-circums	stances" test.	The organizati	on qualifies as	a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part							
	(Complete only if you checked the						nder Part/II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support	γ	,			·	
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees		İ			/	1
^	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities			1			
	furnished in any activity that is related to the			1			
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		ł	ł 1	1		
	unrelated trade or business under section 513			\\			
4	Tax revenues levied for the			1			
	organization's benefit and either paid to			1			
	or expended on its behalf		1	[i		1	
5	The value of services or facilities						
	furnished by a governmental unit to the				/		
	organization without charge			1]	
6	Total. Add lines 1 through 5			/			
7a	Amounts included on lines 1, 2, and 3				1		
	received from disqualified persons				1	i i	
b	Amounts included on lines 2 and 3				Ti.		
_	received from other than disqualified			/	1		
	persons that exceed the greater of \$5,000			ľ	1		
	or 1% of the amount on line 13 for the year		/	ļ	1.1		
С	Add lines 7a and 7b		/		1		
8	Public support. (Subtract line 7c from		.7		1		
	line 6.)	•	. /	*	١.		
Secti	on B. Total Support		/	L	Ţ,		
	dar year (or fiscal year beginning in)	(a) 2013	/(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	· ,	/	`	1		
10a	Gross income from interest, dividends,	/			<u> </u>		
	payments received on securities loans, rents,				1 \		
	royalties, and income from similar sources .	/			l \		
ь	Unrelated business taxable income (less	1			\		
_	section 511 taxes) from businesses	/			\		1
	acquired after June 30, 1975				\ \		
c	Add lines 10a and 10b	/			. 1		
11	Net income from unrelated business	/				\	
••	activities not included in line 10b, whether	/			}	1	i i
	or not the business is regularly carried on /					\	
12	Other income. Do not include gain or		<u> </u>			\	
12	loss from the sale of capital assets]	\	
	(Explain in Part VI.)				Ì	\ \	
13	Total support. (Add lines 9, 10c, 11,					\	
10	and 12.)					\	
14	First five years. If the Form 990 is for th	e organization	a's first secon	d third fourth	or fifth tax w	ear as a sectiv	n 501/c)/3)
17	organization, check this box and stop hei	_			•	*	
Secti	on C. Computation of Public Suppor					' ' ' '	
15	Public support percentage for 2017 (line 8			3 column (fl)		15	%
16	Public support percentage from 2016 Sch						%
	on D. Computation of Investment Inc			<u>· · · · · · · · · · · · · · · · · · · </u>		10	70
17	Investment income percentage for 2017 (I			v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2016			-			%
	331/3% support tests—2017. If the organi						
19a	17 is not more than 33½%, check this box						
1	331/3% support tests—2016. If the organiz		_			_	_
ь	line 18 is not more than 331/3%, check this b						
20		•	_		•		
20	Private foundation. If the organization did	a not check a	DOX OF THE 14	, 19a, Of 19D, (JUSTON THIS DOX	and see institu	ictions 🕨 🔲

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A ... and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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.

- Did the organization have any supported organization that does not have an IRS determination of s under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supple organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," ar (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6 b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization "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 fo supported organization? If "Yes," describe in Part VI how the organization had such control and discr despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determin under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization to ensure that all support to the foreign supported organization was used exclusively for section 170(c)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If " answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such ac (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the a was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alr designated in the organization's organizing document?
- 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 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class bene by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part V
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contril (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity 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 lir If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). •
- Was the organization controlled directly or indirectly at any time during the tax year by one or 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in v 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 be 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 se 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integri supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 472 determine whether the organization had excess business holdings.)

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	401			
	10b			

Part	Supporting Organizations (continued)			<u> </u>
	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	;	7.	1
· ,	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	
_	below, the governing body of a supported organization?	11a		_
ь	A family member of a person described in (a) above?	11b		<u> </u>
	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		
	on B. Type I Supporting Organizations	1		
	on bi type i dupperung digumzations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Ţ.	103	1
•	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		,	1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		-
2	Did the organization operate for the benefit of any supported organization other than the supported		.,,	1
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			<u> </u> -
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	*		
	supervised, or controlled the supporting organization.	2	استست	لنسسا
Secti	on C. Type II Supporting Organizations			
	on or type in dapper and organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	,	``	···
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		-	
	or management of the supporting organization was vested in the same persons that controlled or managed		-	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			-11
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			. 1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	Ì.,		i .
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		لسنت
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	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		
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		
Secti	on 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 i	nstru	ctions	
-	☐ The organization satisfied the Activities Test. Complete line 2 below.			<i>.</i>
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	eaa ini	etructi	ionel
·	The organization supported a governmental entity, bescribe in 1 art vi now you supported a government entity (, ,,	30000	———
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	. `	· ` .	[]
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	[, •]	-	ř.
	those supported organizations and explain how these activities directly furthered their exempt purposes,]]	1
	how the organization was responsive to those supported organizations, and how the organization determined		·	
	that these activities constituted substantially all of its activities.	2a		
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		· 4	
	activities but for the organization's involvement.	2b]	
3	Parent of Supported Organizations. Answer (a) and (b) below.	1 (1	, -,	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	, ,	15 -	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jan	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		•
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		· ·
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	Y Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)				
Sect	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe		orted	· ·			
	organizations, in excess of income from activity						
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.	<u>.</u>					
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive				
	(provide details in Part VI). See instructions.						
9_	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	r					
	A P P A I I A A I A	(i)	(ii)	(iii)			
50	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017			
			F16-2017	Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017		,				
	(reasonable cause required—explain in Part VI). See						
	Instructions.	T.E. A SING PROPERTY OF THE STATE OF THE STA	ONE NOTES A PROGRESS STATE OF THE CAMPAGE THAT				
_ 3	Excess distributions carryover, if any, to 2017	The same and the s	Programme i varalism				
<u>a</u>	From 2012						
<u>b</u>	From 2013						
U	Pl house			uminingum and a substitution of a substitution o			
e e	From 2016						
_	Total of lines 3a through e						
g	Applied to underdistributions of prior years		THE TAKE A SHEET WAS AND A SHEET WAS				
<u>_</u> _h	Applied to 2017 distributable amount	Control of the contro		BEAUTIFICA AND THE TANKS OF THE PARTY OF THE PARTY.			
i	Carryover from 2012 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	ENGLIS THE PARTY OF STREET AND THE					
4	Distributions for 2017 from						
	Section D, line 7: . \$						
a	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount						
_ с	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.		The State Deposits that the sale of the sa				
6	Remaining underdistributions for 2017. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in			·			
	Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j and 4c:						
-	Breakdown of line 7:						
_8	Excess from 2013	A THE REAL PROPERTY OF THE PARTY					
<u>a</u> b	Excess from 2014	TOTAL STREET, AND THE STREET, AND					
C	Excess from 2015						
d	Excess from 2016						
. <u>. ч</u> е	Excess from 2017	ria tyrosia (diledi) i sirai al'ancidi.					
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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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

ALL	IANCE FOR BUILDING COMMUNITIES, INC		23-2041406
Par	t I Organizations Maintaining Donor Adv	vised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	i.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	•	
•	only for charitable purposes and not for the bene-		
	conferring impermissible private benefit?		
Par	Conservation Easements.		Tes [] No
ı aı		"Voe" on Form 000 Part IV line 7	
	Complete if the organization answered		<u> </u>
1	Purpose(s) of conservation easements held by the	• • • • • • • • • • • • • • • • • • • •	
	Preservation of land for public use (e.g., recrea	·	· ·
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
•	Preservation of open space	The state of the s	the transfer of the same of
2	Complete lines 2a through 2d if the organization he	eid a qualified conservation contributi	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			· · · · · · · · · · · · · · · · · · ·
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified h	, ,	
d	Number of conservation easements included in		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg		·
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		· · · · · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easeme	ents.	
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 8	•
1a	If the organization elected, as permitted under SF.	AS 116 (ASC 958), not to report in it	s revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements the	at describes these items.
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar	assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide the following amounts relati	ng to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art,	historical treasures, or other simila	r assets for financial gain, provide the
-	following amounts required to be reported under S		
a	Revenue included on Form 990, Part VIII, line 1 .	, , , , ,	
h	Assets included in Form 990. Part X		• • • · · · · · · · · · · · · · · · · ·

Par								
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and oth	her reco	rds, chec	k any of th	ne follov	ving that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	rams	
ь	Scholarly research							
c	☐ Preservation for future generations		_	_				
4	Provide a description of the organization XIII.	on's collections a	ind expla	ain how th	hey further	the org	anization's exe	mpt purpose in Part
5	During the year, did the organization s	olicit or receive	donation	s of art,	historical t	reasure	s, or other simi	lar
	assets to be sold to raise funds rather the	han to be mainta	ined as p	part of the	e organizat	ion's co	llection?	☐ Yes ☐ No
Par	Escrow and Custodial Arran	gements.		-				
	Complete if the organization a	answered "Yes"	on For	m 990, F	Part IV, lin	e 9, or	reported an a	mount on Form
	990, Part X, line 21.					-		
1a	Is the organization an agent, trustee, or	custodian or othe	er intern	nediary fo	r contribu	tions or	other assets r	not
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Par	t XIII and comple	te the fo	llowing ta	able:			
		·						Amount
C	Beginning balance					10		
d	Additions during the year					1d		
е	Distributions during the year					1e		· · · · · · · · · · · · · · · · · · ·
f	Ending balance					1f		
2a	Did the organization include an amount							v? ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Par							
	V Endowment Funds.	<u> </u>					<u></u>	<u> </u>
	Complete if the organization a	answered "Yes"	on For	m 990, F	art IV. lin	e 10.		
		(a) Current year		or year	(c) Two yea		(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance		_					
b	Contributions							
C	Net investment earnings, gains, and losses							
d	Grants or scholarships	-						
	Other expenditures for facilities and			-				
~	programs							
f	Administrative expenses					_		- -
	End of year balance							
g 2	Provide the estimated percentage of the	a current veer en	d balanc	e (line 1a	column /s	l		<u>.</u>
a	Board designated or quasi-endowment			e (iiile ig	, column (a	i)) Held a		
a k	Permanent endowment	%	- 70					
c	Temporarily restricted endowment ▶	⁷⁰						
G	The percentages on lines 2a, 2b, and 2c		10.04					
3a	Are there endowment funds not in the			zation the	at are held	and ad	ministered for t	he
04	organization by:	possession or an	c organi	zation the	it are ricid	and ad	initializated for t	Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							
k	If "Yes" on line 3a(ii), are the related org							3a(ii)
ь 4	Describe in Part XIII the intended uses of							3b
Part			11 3 61100	Willielli IC	11103.			
raji	Complete if the organization a		on For	m 000 E	Part IV/ line	0110	See Form 000	Part V line 10
					r other basis		Accumulated	
	Description of property	(a) Cost or oth (investme		(ot	ther)	de	preciation	(d) Book value
1a	Land							379,894.
ь	Buildings			3,6	40,792.	2	,103,106.	1,537,686.
¢	Leasehold improvements							
q	Equipment				41,967.		404,297.	37,670.
e	Other				60,889.		46,969.	13,920.
Total.	Add lines 1a through 1e. (Column (d) mu	ist equal Form 99	0, Part)	k, column	(B), line 10	Oc.)		1,969,170.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

Part VII Investments – Other Securities. Complete if the organization answ	vered "Ves" on For	m 990. Part IV li	ne 11h See Form	990 Part X line 12
(a) Description of security or category (including name of security)	vered res entrem	(b) Book value	(c) Meth	od of valuation of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests		· 	 	
(3) Other				
(A)				
(B)		·	 	
(C)				
(D)				
(E)				
(F)				
(G)			•	<u>-</u>
(H)			A PERSONAL AND A SERVICE PROPERTY.	C. T. W. C. WOLLSON W. C.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶				
Part VIII Investments—Program Related		000 Dort IV III	aa 11a Caa Earm	000 Dart V line 13
Complete if the organization answ (a) Description of investment	rered Yes on For			
(a) Description of Investment		(b) Book value		od of valuation of-year market value
(1)				
(2)				,
_(3)	,		 	· · · · · · · · · · · · · · · · · · ·
(4)				
(6)				
_(7)				
_(8)		<u> </u>	 	
(9) Tatal (Column A) must social Form (00) Part V and (D) line 12)			Paragraphical Paragraphic	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets.			Joseph Control Control	
Complete if the organization answ	vered "Ves" on Form	n 990 Part IV lie	ne 11d See Form	990 Part Y line 15
	Description		10 110. 000 1 0111	(b) Book value
(1) SECURITY DEPOSITS				32,226.
(2) INVESTMENT IN LIHTC PARTNERSHIPS	<u> </u>			1,636,698.
(3) DUE FROM RELATED PARTIES				200,720.
(4) RESERVE FOR REPLACEMENTS				4,946.
(5) LOAN COSTS - NET AMORTIZATION				4,832.
(6)				
(9) Total. (Column (b) must equal Form 990, Part X, co	1 /D) line 15)			1 000 100
Part X Other Liabilities.	i. (b) iiile 15.)	· · · · · ·	· · · · · •	1,879,422.
Complete if the organization answ	ered "Ves" on Forr	m 990 Part IV lu	ne 11e or 11f See	Form 990 Part Y
line 25.	, cica res on ron	11 550, 1 art 14, 111	10 116 01 111. 000	Tomi 550, Fart X,
1. (a) Description of liability	(b) Book value		A CONTROL OF THE STATE OF THE S	
(1) Federal income taxes	· · · · · · · · · · · · · · · · · · ·			
(2) SECURITY DEPOSITS	28,6	33.		
(3) DUE TO RELATED PARTIES	1,600,7			
(4) PREPAID RENT	7,4	The second secon		
(5) DUE TO HUD	140,5	18.		
(6)				
(7)				
(8)			Out of Color Color Color Color	ing minimalantically the state of the state

1,777,255

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

BAA

Part	Reconciliation of Revenue per Audited Financial State		Returr	١.
	Complete if the organization answered "Yes" on Form 990			·····
1	Total revenue, gains, and other support per audited financial statement	s	1	_3,625,954.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
þ	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	<u>3,625,954.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			161 060
c	Add lines 4a and 4b		4c	464,260.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, III		5	4,090,214.
Part			er Kett	ırn.
	Complete if the organization answered "Yes" on Form 990		 _	
1	Total expenses and losses per audited financial statements	· · · · · · · · · ·	1	1,259,687.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
а	Donated services and use of facilities		_	
р	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)	<u> </u>		
e	Add lines 2a through 2d		2e	1 050 607
3	Subtract line 2e from line 1		3	1,259,687.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIII.)	` <u> </u>		464,260.
с 5	Add lines 4a and 4b		4c	1,723,947.
	XIII Supplemental Information.		1 2 1	1,725,947.
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and 4: Part IV lines 1h and 2	h: Part V	line 4: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa			
•				
			·	
Pt X	I, Line 4b: SALARY AND BENEFIT REIMBURSEMENT			
Pt X	II, Line 4b: SALARY AND BENEFIT REIMBURSEMENT			
	***************************************	*		
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		~		
		~		

REV 09/12/18 PRO

Schedule D (Fo	rm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
}		
·	***************************************	
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	•	***************************************
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization	Employer identification number
ALLIANCE FOR BUILDING COMMUNITIES, INC	23-2041406
Pt VI, Line 10b: ALL AFFILIATES ARE MANAGED BY ALLIANCE FOR BUILD	ING COMMUNITIES,
INC.	
Pt VI, Line 11b: THE BOARD OF DIRECTORS HAS DELEGATED REPONSIBLIT	
THE FORM 990 TO THE EXECUTIVE COMMITTEE. THE 990 IS DISTRIBUTED TO	
15 DAYS DRIOD TO FILING	
13 DATS FRIOR TO FIBING.	
Pt VI, Line 12c: ALL BOARD MEMBERS & EMPLOYEES ARE REVIEWED AND MO	ONITORED ON
AN ANNUAL BASIS - DUE TO THE LIMITED NUMBER OF STAFF THESE ACTIVITY	TIES CAN CURRENTLY
BE MONITORED & EVALUATED ON A SPECIFIC CASE BY CASE BASIS.	
Pt VI, Line 15a: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTOR	S IS CHARGED
WITH THE RESPONSIBILITY OF APPROVING COMPENSATION OF KEY EMPLOYEES	S. THE COMMITTEE
REVIEWS DATA ON THE COMPENSATION OF OTHER COMPARABLE POSITIONS IN	SIMILAR NONPROFIT
ORGANIZATION.	
Pt VI, Line 15b: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTOR	
WITH THE RESPONSIBILITY OF APPROVING COMPENSATION OF KEY EMPLOYEES	S. THE COMMITTEE
REVIEWS DATA ON THE COMPENSATION OF OTHER COMPARABLE POSITIONS IN	SIMILAR NONPROFIT
ORGANIZATION.	
Pt VI, Line 19: ALL REQUIRED PUBLIC NOTICES ARE MADE IN LOCAL NEWS	
ALL RECORDS ARE ON SITE AND AVAILABLE FOR REVIEW.	
Pt IX, Line 24e:	
Description: UTILITIES	
·	
Total: \$125,135	
Program services: \$112,621	
Management and general: \$12,514	
Fundraising: \$0	
	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

ALLIANCE FOR BUILDING COMMUNITIES, INC

Partl

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

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

Open to Public

OMB No 1545-0047

Employer identification number

23-204140-6

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	e (state untry)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	gui
(1)							
(5)					,		
(6)							
(4)							
(5)							
(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.	complete if the organiz tax year.	ation answered	"Yes" on	Form 990, Part	IV, line 34, bec	ause it had	
(a) Name, address, and EIN of related organization	(b) (c) (c) Primary activity or foreign country)		(d) Exempt Code section	(e) Publ c charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13)
						Yes	<u>و</u>
(1) LIVINGSTON MANOR SENIOR APARTMENTS, INC 51-0443232 532 W. WALNUT ALLENTOWN PA 18101 SENIOF	SENIOR HOUSING PA	501 (C) (3)	(3)	, 6	NONE		×
(2) EAGLE VALLEY SENIOR ASSOCIATES, INC 23-3005946 532 W. WALNUT ALLENTOWN PA 18101 SENIOR	HOUSING PA	501 (C) (3)) (3)	6	NONE		×
EY HOUSING DEV CORP 23-2071963 ALLENTOWN PA 18101	LOW-INCOME HOUSING PA	501 (C) (3)	(3)	6	NONE		×
(4)							
(9)							
(9)							
(2)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA	REV 09/12/18 PRO				Schedule	Schedule R (Form 990) 2017	2017

(i) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2017 (k) Percentage ownership ŝ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes × × × × × General or ŝ managing partner? (h) Percentage 00. 100.00 100.00 100.00 ownership 100.00 Yes 32 amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) 654. end-of-year assets -49. 674,906. 130,240. 439,642 (g) Share of (b) (h) Share of end-of- Disproportionate ŝ a'locations? (f) Share of total -9. -325. -14. -20. Yes -24. income year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income Ö Ö Ö Ö Ö (d) Direct controlling tax under sections 512-514) (e)
Predominant
income (related, excluded from N/A N/A N/A N/A unrelated, N/A REV 09/12/18 PRO (c)
Legal domicile
(state or foreign country) (d) Direct controlling 532 W. WALNUT ST ALLENTOWN PA 18101 LOW-INCOME HOUSING PA LOW-INCOME HOUSING PA LOW-INCOME HOUSING PA LOW-INCOME HOUSING PA WALNUT ST ALLENTOWN PA 18101 LOW-INCOME HOUSING PA Primary activity (c) Legal domicile (state or foreign country) Primary activity PA 18101 WALNUT ST ALLENTOWN PA 18101 532 W. WALNUT ST ALLENTOWN PA 18101 (4) GREYSTONE APARTMENTS INC 26-1783516 (5) 420 EAST BROAD, INC 27-1928647 TAMAQUA HI-RISE 23-3044917 (3) KNITTING MILL INC 26-0219065 (a) Name, address, and EIN of related organization HAZLE INC 20-2271439 532 W. WALNUT ST ALLENTOWN (a) Name, address, and EIN of related organization (1) ABC (2) 401 Part III Part IV 532 W. 532 W. 2 ල € 3 9 E 9 E Ξ

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2017 Part V Transacti

Note: Complete line 1 if any entity is listed in Parte II III or IV of this schedule				Yes	S.
	or more related ordar	izations listed in Parts			
			12		×
Ciff great or centel contribution to related organization(s)					×
					: >
c Girt, grant, or capital contribution from related organization(s)			·	1	,
d Loans or loan guarantees to or for related organization(s)			10	×	
e Loans or loan guarantees by related organization(s)					1
				Į	
f Dividends from related organization(s)					×
a Sale of assets to related organization(s)					×
					×
	•				×
i Lease of facilities, equipment, or other assets to related organization(s)			-		×
					i.
k Lease of facilities. equipment, or other assets from related organization(s)					×
Performance of services or membership or fundraising solicitati			-	×	
m Performance of services or membership or fundraising solicitations by related organization(s)					×
Sharing of facilities, equipment, mailing lists, or other assets wif					×
			10	×	
p Reimbursement paid to related organization(s) for expenses					×
d Reimbursement paid by related organization(s) for expenses					×
r Other transfer of cash or property to related organization(s)			1r		×
s Other transfer of cash or property from related organization(s)					×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	complete this line, ıncl	uding covered relation	ships and transaction thre	reshol	ds.
(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved	unt Invo	lved
(1) LIVINGSTON MANOR SENIOR APARTMENTS, INC	۵	22,049.	ACCRUAL		
(2) L.IVINGSTON MANOR SENIOR APARTMENTS, INC	I	19,816.	ACCRUAL		
		,			
(3) LIVINGSTON MANOR SENIOR APARTMENTS, INC	0	128,905.	ACCRUAL		
(4) EAGLE VALLEY SENIOR ASSOCIATES, INC	D	153,417.	ACCRUAL		
(5) EAGLE VALLEY SENIOR ASSOCIATES, INC	ī	, 11,492.	ACCRUAL		
(6) See Statement		1,998,128.		•	
BAA REV 09/12/18 PRO		:	Schedule R (Form 990) 2017	rm 990) 2017

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

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	(d) Predominant income (related,	(e) Are all partners section	(f) Share of total income	ka	(h) Disproportionate a:locations?		(J) General or managing	(k) Percentage ownership
		country)	unrelated, excluded from tax under sections 512—514)		•	assets	No.	(Form 1065)	painier /	
(1)				X NO			Tes No		S S S S S S S S S S S S S S S S S S S	
101										
(2)										
(3)				_						
(4)										
(5)				•						
(9)	ļ									
(7)										
(8)										
(6)										
(10)										
(11)										
(12)					į					
(13)							-			
(14)										
(15)										
(16)										
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Part VII	Supplemental Information. Provide additional information for responses	to questions on Schedule R. See instructions.
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REV 09/12/18 PRO

Page 5

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

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