Return of Organization Exempt From Income Tax Uniter 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. Internal Revenue Serv A For the 2017 calendar year, or tax year beginning and ending C Name of organization Check if applicable Address change FAIRHAVEN APARTMENTS,]Name |change Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ 455 ST. CLAIR STREET termin ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ LAWRENCEBURG, IN 47025-1768 Applica-F Name and address of principal officer: SHERRI HORN pending

Inspection D Employer identification number 23-7333862 E Telephone number 812-537-5880 H(a) is this a group return JYes LX No for subordinates? 455 ST. CLAIR STREET, LAWRENCEBURG, H(b) Are all subordinates included? IN Tax-exempt status ____ 501(c)(3) ____ 501(c) (If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ Form of organization: X Corporation Trust Association Other > Year of formation: 1974 M State of legal domicile: IN Part I Summary Briefly describe the organization's mission or most significant activities TO PROVIDE AFFORDABLE RENTAL Activities & Governance HOUSING ARRANGEMENTS FOR LOW INCOME SENIOR CITIZENS. If the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (6) in EVELVED 0. 7a b Net unrelated business taxable income from Form 990-T, 0. RS-OSC **Prior Year Current Year** AUG 2 7 2018 35936 32080. Contributions and grants (Part VIII, line 1h) Revenue 172012. 182588. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)GDFN 18. SCANNED OCT 16 2018 22. 1775. 0. 209745 214686. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0 Benefits paid to or for members (Part IX, column (A), line 4) 0. 22861 26736. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. b Total fundraising expenses (Part IX, column (D), line 25) 180516 175755. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 202491 203377 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 6368. 12195. **Beginning of Current Year** End of Year 429543 408118. Total assets (Part X, line 16) 20 347196 313576 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Charles Date Sign Charles Freese. August 16 2018 Here type or print name and title Date Preparer's signature Edward R. Print/Type preparer's name 08/08/18 self-employed P01399761 CPA Paid EDWARD R. COLLINS, Firm's name COLLINS HEEB & ASSOCIATES, Firm's EIN Preparer 31-0897727 Use Only Firm's address 4903 VINE STREET

CINCINNATI, OH 45217-1252 Phone no. 513-641-1900 X Yes J No

May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

200:	2 11-28-17			Form 990 (2017)
е		202491.		5
d	Other program services (Describe in S	Schedule O.)including grants of \$) (Revenue \$)
ŀc	(Code) (Expenses \$	including grants of \$) (Revenue \$)
b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		· · · · · · · · · · · · · · · · · · ·		
	ELDERLY PERSONS IN	AND AROUND LAWRENCEBUR	G, INDIANA.	
4:CI	THE MANAGEMENT AND	OPERATION OF 65 APARTM	ENTS FOR ELIGIBLE LO	
la	revenue, if any, for each program ser (Code) (Expenses \$	vice reported 202491 including grants of \$) (Revenue \$	182606.)
•		service accomplishments for each of its three nizations are required to report the amount of i	=	
1	If "Yes," describe these changes on Describe the organization's program	Schedule O service accomplishments for each of its three	largest program services, as measured	by expenses
3		s on schedule O ng, or make significant changes in how it cond	lucts, any program services?	Yes X No
	prior Form 990 or 990 EZ? If "Yes," describe these new service:	e on Schadula O		Yes X No
5	Did the organization undertake any s	significant program services during the year w		
		S OF ALL ELIGIBLE OCCUP COMMUNITY DEVELOPMENT		
	RENTAL HOUSING AND	RELATED FACILITIES THA	T MEET THE SPECIAL 1	EEDS AND
1	Briefly describe the organization's m	^{ission.} RHAVEN APARTMENTS, INC.	TS TO PROVIDE AND (ייים איים איים איים איים איים איים איים
	David and a section that are a section is			

Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1	
	If "Yes," complete Schedule A	1	├	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1_		- T
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		{
_	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	<u>}</u>	X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	- - -		 ** -
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		 -
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	}	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1
•	Schedule D, Part III	8	}	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			ļ —
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			Ì
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			Ţ
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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,			Ì
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			ł
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444	x	ļ
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		-23
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		İ	
	1c and 8a? If "Yes," complete Schedule G, Part II	_18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		}	4 2
	complete Schedule G, Part III	_19	000	<u>X</u>
		Form	99U (2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			}
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	1
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1 1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1 1		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1 1	Ì	
	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		<u> </u>
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1 1	ļ	
	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		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1 1	Ì	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1	}	
	complete Schedule L, Part II	26		<u> </u>
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	1 }	}	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1 1		•
_	instructions for applicable filing thresholds, conditions, and exceptions).			ևս .d 37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-	į	v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		$\frac{\mathbf{X}}{\mathbf{X}}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
50	contributions? If "Yes," complete Schedule M	30	}	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31	Ì	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	10.		
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		-=
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	- }	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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 related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	_	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</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	\mathbf{x}	
		Form (200 /	20171

Pa	Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V				<u> </u>			
				Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a C	1	}				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C	4	}				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gaming	1	-				
	(gambling) winnings to prize winners?	1 1	1c	├	 			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1					
	filed for the calendar year ending with or within the year covered by this return	2a 0	1					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns to the control of the control o		2b	 	 			
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	S)		ł	X			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 0	3a 3b		 ^			
	t "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O that any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial		4a	ļ	x			
h	If "Yes," enter the name of the foreign country:	accounty:	70	 				
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FRAR)		ĺ	1			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1000a1110 (1 = 7 m y	5a		x			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b		X			
-	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		_==_			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he organization solicit						
	any contributions that were not tax deductible as charitable contributions?	·	6a		X			
ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions 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 se	rvices provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	لـــــا	<u> </u>			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required		į l	1			
	to file Form 8282?	1 1	7c	لــــا	X			
d	If "Yes," indicate the number of Forms 8282 filed during the year .	7d			_			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e	 	<u> </u>			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7 1	J	<u> </u>			
-	If the organization received a contribution of qualified intellectual property, did the organization file February		7g	;l				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	 	 -			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
_	sponsoring organization have excess business holdings at any time during the year?		_8_		 -			
9	Sponsoring organizations maintaining donor advised funds.				أحتما			
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		 			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•	9b		<u> </u>			
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a	}					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		, "	1			
	Section 501(c)(12) organizations. Enter	[h -5	14 × 3~	my pro-			
	Gross income from members or shareholders	11a	,	, r,	× 1			
_	Gross income from other sources (Do not net amounts due or paid to other sources against		, , , .	, 14	3.			
_	amounts due or received from them)	11b	- militar	-	Market			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Ģ i,	1 21	!			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1960	MAG				
	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		. Alex	1,434	ولا الام			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the			UNE	ا : د			
	organization is licensed to issue qualified health plans	13b	17.00	Logica.	-			
С	Enter the amount of reserves on hand	13c	-	-	- Sales			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduli	e O	14b	لـــــ				
			Form	990	(2017)			

Form 990,(2017) FAIRHAVEN APARTMENTS, INC. 23-7333862 Page Part VI Governance, Management, and Disclosure For each "Yes' response to lines 2 through 7b below, and for a "No" response

تـنا	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (•	•		reapor	130
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5	1	
	If there are material differences in voting rights among members of the governing body, or if the governing			-		1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			_	[
þ	Enter the number of voting members included in line 1a, above, who are independent	_1b	<u> </u>	5	1	[
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other		.[
	officer, director, trustee, or key employee?			2	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision	1	}	1
	of officers, directors, or trustees, or key employees to a management company or other person?			3	 	X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	is filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5	 	X
6	Did the organization have members or stockholders?			6	↓	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	- [}	
	more members of the governing body?			7a	 	X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or	{		
	persons other than the governing body?			7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached a	at the		}	
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	<u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	(Code)		T.,	1
40-	Did the expension have local charters branches or officiates?			40-	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	h	offiliatos	10a	 	
D	If "Yes," did the organization have written policies and procedures governing the activities of such cl and branches to ensure their operations are consistent with the organization's exempt purposes?	napter	s, annates,	106	}	1
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v hefo	re filing the form?	11a	х	
11a	Describe in Schedule 0 the process, if any, used by the organization to review this Form 990	y Delo	e imig the lotti:	IId		
120	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	iliote?	12b	 	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120	 	
·	in Schedule O how this was done	CO, UC	.scnbc	12c	{	
13	Did the organization have a written whistleblower policy?			13	ļ	X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approve	al hv in	denendent	1-1-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	2. Oy	acpendent	ł	} i	,
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ıth a			. !
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation .	41-35-4	7-7	1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶IN	•				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	ın Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	finterest policy, a	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records: 🕨			
	SHERRI HORN - 812-537-5880					
	455 ST. CLAIR ST. APT. 112, LAWRENCEBURG, IN 4702	5-1	768			
73200	1 11-28-17			Forn	990	(2017)

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	l box	not o	Pos heck	more erson	than is bo	th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN KIME BOARD MEMBER	2.00	x						0.	0.	0.
(2) ROY CROMER	2.00		-	-	\vdash	\vdash	<u> </u>			
BOARD MEMBER		x			}	}	}	0.	0.	0.
(3) GERALD L. KING	2.00									
PRESIDENT		Ĺ_	L	X				0.	0.	0.
(4) CHARLES F. MCNIMERY	10.00					T				
VICE PRESIDENT	ļ			X	L	<u> </u>	<u> </u>	0.	0.	0.
(5) SHERRI HORN	10.00				ł	}	}	_	_	
SECRETARY	<u> </u>		ļ	X	<u> </u>			0.	0.	0.
						-				
				-						
									<u> </u>	

732007 11-28-17

تتا		Check if Schedule O cor		e or note to any l	ine in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 :	a Federated campaigns	1a]			
Gra Sou	()	b Membership dues	16		_[1	-
A, e		c Fundraising events	10		_	-		
	{ •	d Related organizations	10		_{	1	}	
S.E		 Government grants (contribu 	tions) 1e		_	-		1
er Si	1	f All other contributions, gifts, grain	1 1				{	
듗	{	similar amounts not included abo	ove 1f	32080				
ont d (!	9 Noncash contributions included in line.	s 1a-1f \$		-		1	
<u>0</u> <u>8</u>	1	h Total. Add lines 1a-1f		▶	32080.	<u> </u>	ļ	
				Business Code		100454	1	{
/ice	2 8	·		623990	180454.			
le je		b LAUNDRY INCOME		812300	1900.	1900.	· {	
Ye S		c _.				 	 	
gra Re	•	d			 	 	 	
Program Service Revenue		f All other program service reve		531390	234.	234.	 	
	!	g Total. Add lines 2a-2f	ende	121230	182588.	434.	}	
	3	Investment income (including	dividends inter	est and	102300.		}	
	Ŭ	other similar amounts)	dividends, witer	Lost, and	18.	18.	}	}
	4	Income from investment of ta	x-exempt bond i	proceeds >		10.	 	
	5	Royalties	x oxompt bond ;	>	<u> </u>	 	 	
}	•	,,	(i) Real	(ii) Personal	,			
}	6 a	a Gross rents	7	1-67	1			}
}	b	b Less. rental expenses		1	1		<u> </u>	
1		Rental income or (loss)			1			
}		d Net rental income or (loss)		>	7		-	}
}	7 a	a Gross amount from sales of	(i) Securities	(II) Other				
}		assets other than inventory]			
Ì	t	Less. cost or other basis]		}	
1		and sales expenses			<u> </u>			
}	c	Gain or (loss)				· .		
İ	c	d Net gain or (loss)						
<u>u</u>	8 a	a Gross income from fundraising	g events (not		,			
Other Revenu		including \$	of					
ě		contributions reported on line	1c) See				+	~
<u>a</u>		Part IV, line 18	а	ļ		t × m + 9	ं देख	وودمسوا يراماني
통		Less, direct expenses	b	L	accept by any became			- 4
1		Net income or (loss) from fund	_			1. * {		<u> </u>
1	9 a	Gross income from gaming ac	tivities See	1	118 - 3 118 a	ه ه دین ۱۹ هیمولیوس	- ·	
ļ		Part IV, line 19	a			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1		Less direct expenses	b	L	I was a supplied to a supplied to	and the second of the second o	militi de tradition proprietation de la company de la comp	Acres and the second
		Net income or (loss) from gam	_					
į	ıu a	Gross sales of inventory, less and allowances		{			,	
- {	_	Less: cost of goods sold	a	 	Philad Philadenia and Ambrellon	manging the property of the second	-	
l		-	b o of unwesters		مينسان اساخيينيا بدو بوقات ادا ــ	* ****		
-	<u>c</u>	: Net income or (loss) from sale: Miscellaneous Revenu		Business Code	 			,
F	11 a	·		business Code	بريلتوديق برطيعت مطبطي الرقاسات بأجيعانات	المستحدد الأطور عكميت المسييات الاسيدان عالمساط	man a se man distributions	
	ıı a			}				
1	C					 -		
}	d							
{	-	Total. Add lines 11a-11d		—		· recognization	paran mahadimas.	2000
1	12	Total revenue See instructions.	•		214686.	182606.	0.	0
		. J. S. 10 vone g Coo mon delichid.						

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 9180 9180 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11036. 11036. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 6520 6520. 10 Payroil taxes Fees for services (non employees): a Management b Legal c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 977 977. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 5808 5808. 13 Office expenses Information technology 14 Royalties 15 Occupancy 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3236 3236 20 Interest Payments to affiliates 21 32715 32715 Depreciation, depletion, and amortization 22 17687 17687 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) track the parties amount, list line 24e expenses on Schedule O.) 49791 49791 UTILITIES REPAIRS AND MAINTENANCE 36032. 36032. FMHA OVERAGE 20119. 20119 d TENANT RECREATION 3110 3110. 6280 6280. e All other expenses 0 202491 202491 0. Total functional expenses Add lines 1 through 24e 25 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 I if following SOP 98-2 (ASC 958-720)

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Form 990 (2017)

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		4876.		8930
ł	2	Savings and temporary cash investments		59355	2	56012
,	3	Pledges and grants receivable, net			3	
ļ	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compens	ated employees. Complete		}	
j		Part II of Schedule L			5	
- }	6	Loans and other receivables from other disquali	fied persons (as defined under			
1		section 4958(f)(1)), persons described in section	a 4958(c)(3)(B), and contributing	j		
- {		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary	Ì	}	-
22		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	<u> </u>
Assets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8_	
1	9	Prepaid expenses and deferred charges			9	
- [10a	Land, buildings, and equipment cost or other	1 1			
- {		basis Complete Part VI of Schedule D	10a 1558064		-	
	b	Less accumulated depreciation	10ь 1214888	365312.	10c	343176
}	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line		12		
- }	13	investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	429543.	16	408118
	17	Accounts payable and accrued expenses		8423.	17	8196
	18	Grants payable		18		
-	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
1	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
တ္က	22	Loans and other payables to current and former	officers, directors, trustees,			
		key employees, highest compensated employee	es, and disqualified persons			
Liabilities		Complete Part II of Schedule L			22	
5	23	Secured mortgages and notes payable to unrela	ited third parties	338773.	23	305380
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
- 1		Schedule D			25	<u></u>
	26	Total liabilities. Add lines 17 through 25		347196.	26	313576
- }		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
က္က		complete lines 27 through 29, and lines 33 an	d 34.		_	, , , , ,
ivet Assets or rund balances	27	Unrestricted net assets		32942.	27	49723
	28	Temporarily restricted net assets		49405.	28	44819
	29	Permanently restricted net assets			29	
3		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗔			
5		and complete lines 30 through 34.		Samuel Manager	13.23	the world within
2	30	Capital stock or trust principal, or current funds		<u> </u>	30	
2	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
,	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
	33	Total net assets or fund balances		82347.	33	94542.
	34	Total liabilities and net assets/fund balances		429543.	34	408118.
						Form 990 (2017

Forr	n 990 (2017) FAIRHAVEN APARTMENTS, INC.	23-73	33862	Pa	ge 12
Pa	Irt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			86.
2	Total expenses (must equal Part IX, column (A), line 25)	2			91.
3	Revenue less expenses. Subtract line 2 from line 1	3			95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>823</u>	47.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	column (B))	10		945	42.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		- 		X
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		1 1	- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1	1	. (
	separate basis, consolidated basis, or both.		1 1	,	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	1 1		į
	consolidated basis, or both		- -	- }	î 1
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1	1	1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1 [<u></u>
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit		. = 4	اليهجي
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form \$	90 (2	2017)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Inspection

Part I	Nan	e of the organization		Employer identification number
organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of prants from (during year) 4 Aggregate value of prants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control? Did the organization informal grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimentable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimentable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimentable purpose searments held by the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(9) of conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(9) of conservation easements held by the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(9) of conservation easements held a qualified conservation contribution in the form of a certified histonic structure Preservation of open space 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement and a certified histonic structure Preservation of open space Pr		FAIRHAVEN APARTMENT	S, INC.	23-7333862
Total number at end of year	Pa			Accounts. Complete if the
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 of and of year 5 Did the organization in property, subject to the organization's exclusive legal control* Contactable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermentable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermentable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermentable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermentable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermentable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermentable purposes conferring impermentable purpose conferring impermentable purposes conferring impermentable purpose conferring impermentable purpose conferring impermentable purpose conferring impermentable purpose conferring impermentable purpose conferring impermentation (and the purpose conferring impermentation) impermentation and the purpose conferring impermentation of the purpose conferring impermentation of the purpose conferring impermentation of the purpose conferring impermentation of the purpose conferring impermentation of the purpose conferring impermentation of the purpose conferring impermentation of the purpose conferring impermentation of the purpose conferring impermentation of the purpose conferring impermentation of the purpose conferring impermentation of the purpose conferring impermentation of a historic structure. 2 complete the conservation elementation held a qualified conservation on the form 990. Part Nill at the form of a conservation elementation held a qualified conservation on a historic structure. 3 b Total acreage restricted by conservation elementat		organization answered "Yes" on Form 990, Part IV, line		
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization informal did once and donor advisors in writing that the assets held in donor advised funds are the organization informal did once of the organization is exclusive legal contro? 6 Did the organization informal grantees, donors, and donor advisors in writing that grant funds can be used only for charactele purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charactele purposes and not for the benefit of the donor or donor advisors or hary other purpose conferring impermisable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of organization depends the properties of the preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete larse 2 attributed 5 of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year 3 Total number of conservation easements 5 Total acreage restricted by conservation easements 5 Total acreage restricted by conservation easements 6 Total acreage restricted by conservation easements 7 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Number of states where property subject to conservation easements in should by conservation easements during the year P 1 Number of onservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year P 2 Number of ostates where property subject to conservation easements i			(a) Donor advised funds	(b) Funds and other accounts
3. Aggregate value of grants from (during year) 4. Aggregate value at and 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 inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissuble private benefits? Part III Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purposely of conservation assements held by the organization (check all that apply). Preservation of a fund for public use (e.g., recreation or education) Preservation of a conservation assement in the preservation of part and prevention of part and part and prevention of part and part and prevention of part and part and prevention of part and part and prevention of part and part and prevention of part and part and prevention of part and part and part and prevention of part and part an	1	Total number at end of 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 inform all donors and donor advisors in writing that the assets held in donor advisors of the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charistic purposes and not for the benefit of the donor of donor advisor of or any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1. Purposet(s) of conservation easements held by the organization answered "Yes" on Form 990, Part IV, line 7. 1. Purposet(s) of conservation asserments held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 22 through 3d if the organization held a qualified conservation extractions Preservation of a certified historic structure Preservation of open space Complete lines 22 through 3d if the organization held a qualified conservation contribution in the form of a conservation easement to 2	2	Aggregate value of contributions to (during year)		
5 Dut the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Dut the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization of (reck all that apply). Preservation of fand for public use (e.g., recreation or education) Preservation of a conservation end that are prevention of open space 2 Complete lines 2 at through 2 of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year a Total number of conservation easements 5 Total acreage restricted by conservation easements in 2 2 2 2 2 2 2 2 2 2	3	Aggregate value of grants from (during year)		
are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring managements be briefl? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990. Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of fail for public use (e.g., recreation or education) Preservation of a for public use of public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of open space 2 Complete lines 2 at brough 3 of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2 Total number of conservation easements 2 Total acreage restricted by conservation easements 2 Total acreage restricted by conservation easements 3 Number of conservation easements included in (e) acquired after 7725/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easements to be conservation easements of the conservation easements to be stated Number of states where property subject to conservation easements to be stated Number of states where property subject to conservation easements to be stated or the National Register Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Number of states where property subject to conservation easements is necessary to the requirements of section 170(h)(4)(8)()) and section 170(h)(4)(8)() P	4	Aggregate value at end of year		
Od the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit? Part III Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IIV, line 7. Purpose(s) of conservation easements the duty the organization (check all that apply). Preservation of fand for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of preservation of a conservation easement on the last Preservation of preservation of a conservation easement on the last day of the tax year Total acressor easements Total easements Total easements Total easements Total easements Total easements Total easements Total easements Total eas	5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised fi	unds
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring monemissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a for public use (e.g., recreation or aducation) Preservation of a historically important land area Protection of natural habitat Preservation of a natural habitat Preservation of a conservation easement of pen space Complete lines 2 at through 2 dt fit the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Iteld at the End of the Tax Year Iteld at the End of the Ta		are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
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b Assets included in Form 990, Part X	_		(ACC 330) relating to these items.	▶ \$
	a		•	· · · · · · · · · · · · · · · · · · ·
			or Form 990	Schedule D (Form 990) 2017

	edule D (Form 990) 2017 FAIRHAV	VEN APARTME			reasures. or	r Other	23- Similar A	- 73338 Ssetscon	62 Page 2
3	Using the organization's acquisition, access								
	(check all that apply):	·	•	,	.	3	-		
а	Public exhibition	(a \square	Loan or exc	change progran	ns			
ь	Scholarly research			Other					
c	Preservation for future generations								
4	Provide a description of the organization's of	collections and expla	in how t	hev further t	the organization	n's exemn	ot nurnose ir	n Part XIII	
5	During the year, did the organization solicit								
_	to be sold to raise funds rather than to be m					on mar a		Yes	No
Pa	rt IV Escrow and Custodial Arrar reported an amount on Form 990, Pa	igements. Compl				es" on Fo	orm 990, Pa		
1a	Is the organization an agent, trustee, custoo	lian or other intermed	diary for	contribution	ns or other asse	ets not in	cluded		
	on Form 990, Part X?		-					Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table					
	· · ·	•	Ū					Amou	nt
С	Beginning balance						1c		
ď	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial accour	nt liability		Yes	No
	If "Yes," explain the arrangement in Part XIII					-			
Pai									
		(a) Current year		Prior year	(c) Two years		Three years I	back (e) For	ur years back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses				†				
	Grants or scholarships				 			_	
	Other expenditures for facilities								
-	and programs				1	1			
	Administrative expenses				 			-+	
	•								
g	End of year balance	root year and balana	o (line 1		\				
2	Provide the estimated percentage of the cur	rent year end balanc		g, column (a	i)) neid as:				
a	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
_	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	nd administere	d for the	organization		
	by:							,	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations						•	. <u>3a(ii)</u>	
b	If "Yes" on line 3a(ii), are the related organization	•			•		•	<u>3b</u>	
4	Describe in Part XIII the intended uses of the		wment	funds					
Par									
	Complete if the organization answere	d "Yes" on Form 990), Part I\					,	
	Description of property	(a) Cost or o			or other		mulated	(d) Boo	ok value
		basis (investri		basis	(other)	depre	ciation		
1a	Land .		500.	<u> </u>				ļ	<u>67500.</u>
b	Buildings	1353	982.			10	<u>85221.</u>	2	68761.
С	Leasehold improvements	<u> </u>						ļ	
đ	Equipment	136	582.	<u></u>		1	<u> 29667.</u>	ļ	6915.
	Other			<u> </u>				<u> </u>	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0c)		🕨	13	43176.

Schedule D (Form 990) 2017

(4)(5) (6)(7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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

Schedule D (Form 990) 2017 FAIRHAVEN APARTMENTS,]		23-7333862	Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta		nue per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, III	ne 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		} }	
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	. 2b		
c Recoveries of prior year grants	. 2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d	•	2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	
Part XII Reconciliation of Expenses per Audited Financial St	-	nses per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a.		
1 Total expenses and losses per audited financial statements	•	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1	}	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b	,	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information.	<u> </u>	5	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	L Part IV lines 1h and 2h	Part V line 4 Part X line 2: Part	XI
nes 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an			Χ.,
	, additional mioritanon		
PART X, LINE 2:			
THE ORGANIZATION'S CALENDAR YEAR TAX RETU	RNS FOR THE Y	EARS 2015 THROUGH	1
2017 ARE OPEN FOR INCOME TAX AUDITS.			
		,	
22054 10.00-17		Schedule D (Form 9	90) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

FAIRHAVEN APARTMENTS, INC. 23-7333862
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ADMINISTRATION, AT THE LOWEST POSSIBLE RENTAL TO SENIOR CITIZENS AND
OTHER PERSONS OF LIMITED INCOME IN LAWRENCEBURG, INDIANA.
FORM 990, PART VI, SECTION B, LINE 11B:
AT THE FIRST BOARD MEETING FOLLOWING THE COMPLETION OF THE ORGANIZATION'S
990 COPIES OF THE RETURN ARE DISTRIBUTED TO ALL BOARD MEMBERS SO THEY CAN
REVIEW IT BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE
MADE AVAILABLE TO THE PUBLIC. THE RECORDS ARE KEPT IN THE OFFICE AND
APPOINTMENTS CAN BE MADE TO COME AND VIEW THEM.