# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

A	For the	2017 calendar year, or tax year beginning January 01 , 2017, and en	ding Dece	nber 31	, 20 17	
В	Check if a	applicable C Name of organization Affordable Housing of Kansas City, Inc		D Employ	er identification ni	umber
	Address	change Doing business as			26-2497732	
	Name cha	Ange Number and street (or P.O box if mail is not delivered to street address) Room	/suite	E Telepho	ne number	
	Initial retu	920 Main Street	701		816 968 4201	
	Final return	n/terminated City or town, state or province, country, and ZIP or foreign postal code				
	Amended	return Kansas City, MO 64105		<b>G</b> Gross re	eceipts \$	450,725
	Application	on pending F Name and address of principal officer	H(a) Is this a g	roup return for	subordinates?  Yes	✓ No
					s included? Tes	
ī	Tax-exem	npt status	<b>1</b> 11 "N	lo," attach a	a list (see instructio	ns)
J	Website:	•	H(c) Group	exemption	number ▶	
K	Form of o	rganization ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	mation 2007	M State	of legal domicile	MO
Р	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities. To	mprove the soc	ial welfar	e of moderate, l	ow and
é	,	very low income families through the creation, rehabilitation and preservation of	affordable hous	ing & oth	er means.	
Governance		······································				
er	2	Check this box ▶☐ if the organization discontinued its operations or dispose	d of more than	1 25% of	its net assets.	
é	3	Number of voting members of the governing body (Part VI, line 1a)		3		
જ	4	Number of independent voting members of the governing body (Part VI, line	lb)	4		
ties	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5		
ξ	₽6 '	Total number of volunteers (estimate if necessary)		6		
S	∮ 7a ˈ	Total unrelated business revenue from Part VIII, column (C), line 12		7a		
2	b i	Net unrelated business taxable income from Form 990-T, line 34		7b		
OREVENUE TANING Stivities &			Prior Y	ear	Current Ye	ar
5	8	Contributions and grants (Part VIII, line 1h)				500
(E)	9	Program service revenue (Part VIII, line 2g)		434,771		450,225
(%)	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		100		
$0_{\mathtt{R}}$	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		434,871		450,725
<b>6</b> 1 2018	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				
) 25 26	14	Benefits paid to or for members (Part IX, column (A), line 4)				
_	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)				
Expenses	b ·	Total fundraising expenses (Part IX, column (D), line 25) ▶	_			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		989		332,763
	18	Total expenses. Add lines 13–17 (must equal Part lx, column (A) ine 25 D.		989		332,763
	19	Revenue less expenses. Subtract line 18 from line 12	70	433,882		117,962
e s		147	Beginning of Ci	ırrent Year	End of Ye	ar
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	اذا	764,049	•	1,451,588
t Ass	21	Total liabilities (Part X, line 26)	7医1	179,018		748,595
울	22	Net assets or fund balances. Subtract line 21 from the 20GDEN, UT.	l j	585,031		702,993
P	art II	Signature Block				
		ies of perjury, I declare that I have examined this return, including accompanying schedules and si	•		ny knowledge and	belief, it is
tru	e, correct,	and complete Declaration of preparer (other than officer) is based on all information of which prep	arer has any know	ledge		<del></del>
		Educi Ocurden		1/02/	2018	
Sig		Signature of officer	Da	ite		
He	re	Edwin Lownday, CEO			·	
		Type or print name and title				
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check [	☐ if PTIN	
	eparer			self-em	oloyed	
	e Only	1 - · · · · ·	Firr	n's EIN ▶		
		Firm's address ▶	Pho	ne no		
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)			🗌 Yes	
For	Paperw	ork Reduction Act Notice, see the separate instructions.	t No 11282Y		Form 9	90 (2017)

Page	2

Part	
4	Check if Schedule O contains a response or note to any line in this Part III
'	The Affordable that it is a first one of the last (ALMO) is forward and the provider the provider the provider of law and
	very low income families in Kansas City through the creation, rehabilitation, and preservation of affordable housing.
2	very low meeting families in National City unloads the creation, renabilitation, and preservation of unfordable modeling.
2	Did the organization undertake any significant program services during the year which were not listed on the
1 2 3 4 4a	prior Form 990 or 990-EZ?
2 Did price of the very control of the very co	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	· · · · · · · · · · · · · · · · · · ·
4a	(Code: ) (Expenses \$ 279,389 including grants of \$ ) (Revenue \$ 450,225)
	The Affordable Housing of Kansas City, Inc. (AHKC) is focused on improving the social welfare of low and
	very low income families in Kansas City through the creation, rehabilitation, and preservation of affordable housing. Included in the
	operation of these sites are of supportive services for low income families.  Pendleton Flats, a rehabilitation of 30 affordable apartments, was completed in September of
	2017 and fully occupied by December 2017. Three new construction affordable housing projects were in
	development in 2017 and begin construction in 2018. These include Pendleton Arts Block (38 units),
	Quinlan Row (22 units) and Quinlan Place (57 units).
	Quintan Row (12 dints) and Quintan radio (57 dints).
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
	•
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
AI	Other program convece (Describe in Schedule C.)
40	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4-	(Expenses \$ including grants of \$ ) (Revenue \$ )



nrm 90	 10 (2017)			Page S
art	<u> </u>			raye
			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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
4	<b>Section 501(c)(3) organizations.</b> 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		1
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		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> .	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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	-	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<b>√</b>	
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		1
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	1	
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1

	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	
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	
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	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Ī
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Ī
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Ī

**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

14 a Did the organization maintain an office, employees, or agents outside of the United States?

14a

Part IV 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		<u>✓</u>
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		<b>✓</b>
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 \$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>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>√</b>
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>✓</b>
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		<b>√</b>
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		<b>✓</b>
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):	N.		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a 28b		1
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		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>√</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>✓</b>
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		<b>√</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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.	35a 35b		<b>√</b>
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		<u>·</u> ✓
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,		-	<u> </u>
	Part VI	37		✓_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<b>√</b>	
		For	n <b>990</b>	(2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	• •	
		2 × × 4 × 5 × 6	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			3000 (A) 91-34-52
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c		1.459
2a		20.50 F	Great 1	F3:-453
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		200
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		3424L	28 <b>3</b> 43
За	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 bank account, securities account, or other financial			
4.	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶		编表	<b>N</b>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	3.3		
	(FBAR).			
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		<u>,                                    </u>
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		<u>✓</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6		
7	gifts were not tax deductible?	6b	PEGI.	Design
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	T		
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	230		i i i
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	`7e		<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g\		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		d. onexes
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	Sted site	<b>√</b> 35.8.9d
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<del>-/</del> -
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	70.40	3 <b>4</b> (C2)	<u> </u>
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		10	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.			1844
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	South 1940	, # e45-602
	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 the organization is licensed to issue qualified health plans			
_				
C 140	Enter the amount of reserves on hand	74.26	25/62/2	4.65% <u>#</u>
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
ນ_	in 163, has it lied a 1 oint 720 to report these payments? If two, provide an explanation in schedule O.		990	(2017)
		, 5,,,,,		· · /

Part		_								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change									
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>			<u>.                                     </u>					
<u>Secti</u>	on A. Governing Body and Management				,					
		1		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 7		TO ALL	4.723					
	If there are material differences in voting rights among members of the governing body, or		100 AN	23.00						
	if the governing body delegated broad authority to an executive committee or similar		CANAL TO		133					
	committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 7	12.52							
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relationship with			6.33					
	any other officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or	under the direct								
	supervision of officers, directors, or trustees, or key employees to a management company or oth	er person? .	3		1					
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		1					
5	Did the organization become aware during the year of a significant diversion of the organization		5		1					
6	Did the organization have members or stockholders?		6		1					
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint			Ė					
	one or more members of the governing body?		7a		/					
b	Are any governance decisions of the organization reserved to (or subject to approva				Ė					
	stockholders, or persons other than the governing body?	• •	7b							
8	Did the organization contemporaneously document the meetings held or written actions ur		the South	ad Se	34047 4					
	the year by the following:			353	100					
а	The governing body?		8a	<u> </u>	Edition 1					
a b	Each committee with authority to act on behalf of the governing body?		8b	1	$\vdash$					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann	ot he reached at	0.0	_						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule (		9		1					
Secti	on B. Policies (This Section B requests information about policies not required by the			ode.)	<del></del>					
	, , , , , , , , , , , , , , , , , , , ,			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		1					
	If "Yes," did the organization have written policies and procedures governing the activities of	f such chapters.	100		<u> </u>					
-	affiliates, and branches to ensure their operations are consistent with the organization's exen		10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a		/					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-	-	N. S. S. A.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	<b>/</b>						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gir	ve rise to conflicts?	12b	1						
C	Did the organization regularly and consistently monitor and enforce compliance with the									
	describe in Schedule O how this was done		12c	1						
13	Did the organization have a written whistleblower policy?		13		1					
14			14	1						
15	Did the process for determining compensation of the following persons include a review	and approval by	1987	<b>新椒</b> 粥	73.33					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?		30						
а	The organization's CEO, Executive Director, or top management official		15a		1					
b	Other officers or key employees of the organization		15b		1					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		المرابعة	1	理判					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ılar arrangement								
	with a taxable entity during the year?		16a	Longianina	1					
b	If "Yes," did the organization follow a written policy or procedure requiring the organizatio	n to evaluate its	455	<b>含な</b> 改	12.23					
	participation in joint venture arrangements under applicable federal tax law, and take steps									
	organization's exempt status with respect to such arrangements?		16b		NAME OF THE PERSON OF THE PERS					
Secti	on C. Disclosure			•						
17	List the states with which a copy of this Form 990 is required to be filed ► Missouri									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	and 990-T (Section	า 501(	c)(3)s	only)					
	available for public inspection. Indicate how you made these available. Check all that apply.	·		•	- •					
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Sc	hedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume		erest	policy	y, and					
	financial statements available to the public during the tax year.			•						
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	<b>•</b>						

Da	•
raue	

	·	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	nd
	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 employees."
- 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 no	r any relate	d org	anız	atic	n c	ompe	nsa	ited any curren	nt officer, director	r, or trustee.
(A) Name and Title	(B)			Pos neck		e than o		(D)	(E) Reportable	( <b>F)</b> Estimated
Name and Thie	Average hours per week (list any hours for	office	er and	d a d	lirect	is both or/trus	tee)	compensation from the	compensation from related organizations	
	related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Donovan Mouton	ļ									
Chair	ļ —	✓	ļ	ļ	_	ļ	ļ	0	0	0
(2) Edwin T Lowndes, Executive Director Secretary	<b></b>	1		/				0	,	o
(3) Elizabeth Fast										
Board Member	† <del>-</del>	1						۰ ا	o	o
(4) Deth Im										
Board Member		✓	<u> </u>	_				0	0	
(5) Luke Norris Board Member	<del> </del>	1						0	0	0
(6) Willie Ferguson	<del> </del>	·					<u> </u>			
Board Member	<b>†</b>	1						۰ ا	0	0
(7) Heather Starzynskı						-				
Board Member		<b>✓</b>		_				0	0	0
(8) Alisha Carter Board Member	<u></u>	1						0	0	o
(9) John Monroe	<u> </u>	Ť				<u> </u>				<u>_</u>
Board Member		✓				<u> </u>		0	о	0
(10) Martha Allen	<b></b>									
Resident Representative		✓						0	0	0
(11)	<del> </del>									
(12)										
(13)										
(14)	-			_						

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (con	tınued	1)		
(A) Name and title			box, ι	unles	Pos leck s pe d a d	rson	than out the thick the thi	an tee)	(D) Reportable compensation from	(E) Reportable compensation fro related	m	( <b>F)</b> Estimated amount of other		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	<b>)</b>	comp from organ and	ensation the nization related inzation	<b>1</b>
(15)												-		
(16)														
(17)													<del></del>	
(18)														
(19)											+			
(20)											+			
(21)											<del> </del>			
(22)														
(23)											-			
(24)								-						
(25)														
1b c	Sub-total			·			•	<b>&gt; &gt; &gt;</b>						
2	Total number of individuals (including but reportable compensation from the organic	t not limited						e) w	ho received m	ore than \$100,	000 o	f		
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	est compensa	ited	- <u>;</u>	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of regreater th	portal an \$1	50,	con 000	nper )? /i	f "Ye	on a s,"	complete Sch	ensation from ledule J for s	the uch	4	,	
5	Did any person listed on line 1a receive of for services rendered to the organization			nsat	tion	fro	n any	/ un	related organiz	ation or individ	dual	5	<u> </u>	7
Section	on B. Independent Contractors												ı	
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices	Co	(C) mpens	ation	
												_		
					_		_					-		
2	Total number of independent contractor	•	-					th	ose listed abo	ove) who	- · ,		···	*.

Part	:VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII							
		Crieck ii Scriedule O	COMMINS & resp	Jonse or note i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Fundraising events . Related organizations Government grants (con All other contributions, gi	tributions)  1b 1c 1d 1d 1tributions)						
	g	and similar amounts not included above 1f 500  Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f							
	2a	Developer Fee Revenu		Business Code	450,225				
Program Service Revenue	b c d								
Progran	e f g	All other program service revenue .  Total. Add lines 2a–2f		450,225					
,	3 4 5	and other similar amount income from investmen Royalties	ounts)	•					
	6a b c d	Gross rents  Less rental expenses Rental income or (loss) Net rental income or ( Gross amount from sales of assets other than inventory	(i) Real (loss) (i) Securities	(ii) Personal					
	b	Less: cost or other basis and sales expenses .  Gain or (loss)	:						
nue	d	Net gain or (loss) .  Gross income from fu	ındraisıng	•					
Other Revenue		events (not including \$ of contributions reported See Part IV, line 18	ed on line 1c).				E av		
Oth	С	Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19 Less: direct expenses	rom fundraising aming activities.	events . ►					
	С	Net income or (loss) f Gross sales of in returns and allowance Less: cost of goods s	rom gaming activentory, less	vities ▶					
	11a	Net income or (loss) f	rom sales of inve	Business Code			A STATE OF THE STA		
	b c d e	All other revenue .  Total. Add lines 11a-	1						

# Part IX Statement of Functional Expenses

	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	ns must complete co	olumn (A)	
Check if Schedule O contains a response or note to any line in this Part IX						
Do no Bb, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expénses	
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					
<b>4 5</b>	Benefits paid to or for members		•			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	,		-		
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			•	,	
9 10 11	Other employee benefits				,	
a b c	Management	110,639	<sup>^</sup> 70,618	40,021		
d e	Lobbying				•	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)					
12 13 14	Advertising and promotion	. 105	• 105	1		
15 16 17	Royalties	21		. 31	•	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	31	-	, ,		
19 20 21	Conferences, conventions, and meetings Interest	1,884		1,884		
22 23	Depreciation, depletion, and amortization . Insurance	Sican - March Wilderman berger (grown	THE BOOK ON SECTION AND ADDRESS MADE	The court of the same of the s	Mr. a 'Ad. Water, "The Friends of the Age Age Age Age Age Age Age Age Age Ag	
24 -	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)					
a b	Consulting Services Collection Loss	123,161 85,505				
c´	Collection Loss Sundry	11,440		11,440		
d e	All other expenses					
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	332,763	279,389	53,374	,	
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here		•	,		

Form 990 (2017)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	irt X		🗆
÷			(A) Beginning of year		. <b>(B)</b> End of year
	1	Cash—non-interest-bearing	143,736	1	802,465
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	620,213	4	649,023
	5	Loans and other receivables from current and former officers, directors,	<b>经现在的证据</b>		
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets		organizations (see instructions). Complete Part II of Schedule L	-	6	
Assets	7	Notes and loans receivable, net		7	
⋖	. 8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	* ** ** ** ** ** ** ** ** ** ** ** ** *	9	ልግ መጀላጊ እንደ ተመደረጃ መደር ነው
	10a	Land, buildings, and equipment: cost or			
	• ,	other basis. Complete Part VI of Schedule D 10a			
	·b	Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	,15	Other assets. See Part IV, line 11		15	100
	16	Total assets. Add lines 1 through 15 (must equal line 34)	764,049		1,451,588
	17 '	Accounts payable and accrued expenses ,	. 270	17	
	18	Grants payable		18 19	
•	19 20	Deferred revenue		20	
	21	Tax-exempt bond liabilities		21	
/Δ		Loans and other payables to current and former officers, directors,	######################################	21	172848887010101381284286888844
ţį	22	trustees, key employees, highest compensated employees, and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
藚		disqualified persons. Complete Part II of Schedule L		22	
Liabilities	23 -	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	178,748	25	748,595
	26	Total liabilities. Add lines 17 through 25	179,018		748,595
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		4000	
es	•	complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	- AA	27	
3ali	28	Temporarily restricted net assets		28	748,595
d E	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		ign is	
Jr.		complete lines 30 through 34.		H TO	
ts (	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund	,	31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	.,,
Vet	<b>33</b> .	Total net assets or fund balances	585,031	33	702,993
	34	Total liabilities and net assets/fund balances	764,049		1,451,588

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Page	- 1	4

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)	450,725 332,763 117,962 585,031
2       Total expenses (must equal Part IX, column (A), line 25)       2         3       Revenue less expenses. Subtract line 2 from line 1       3         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4         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	332,763 117,962 585,031
Revenue less expenses. Subtract line 2 from line 1	117,962 585,031
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	585,031
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	
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8	702,993
7 Investment expenses	702,993
8 Prior period adjustments	702,993
o the pendudy of the transfer	702,993
	702,993
9 Other changes in net assets or fund balances (explain in Schedule O)	702,993
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	702,993
33, column (B))	
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
	es 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," explain in	
Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?   2a	<b>√</b>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	
reviewed on a separate basis, consolidated basis, or both	
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	, 
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	,
If the organization changed either its oversight process or selection process during the tax year, explain in	
Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	tig in the
the Single Audit Act and OMB Circular A-133?	1
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	+
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	
	90 (2017)

### SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## **Supplemental Financial Statements**

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

26-2497732 Affordable Housing of Kansas City. Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 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 land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements . . . . . . . . . Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X . . .

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Page	

Part	III Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, ched	ck any of th	ne follov	ving that are a	significant us	e of its
а	☐ Public exhibition		d		or exchan				
b	Scholarly research		е	☐ Othe	r	· <b></b>			
С	Preservation for future generations								
4	Provide a description of the organiza XIII.								in Part
5 	During the year, did the organization assets to be sold to raise funds rather								□ No
Part	Part IV Escrow and Custodial Arrangements.								
	Complete if the organization 990, Part X, line 21.								orm ———
1a	Is the organization an agent, trustee included on Form 990, Part X?							ot	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing t	able:		<del></del> ,	V	
						-	<del></del>	Amount	
C	Beginning balance					10	<del></del>		
d	Additions during the year Distributions during the year					1d			
e f	Ending balance					1f	<del></del>		
2a	Did the organization include an amount						<del></del>	v? TYes	□ No
	If "Yes," explain the arrangement in P							•	
Par							· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization	answered "Yes	" on For	m 990, l	Part IV, lin	<u>e</u> 10.		_	
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years bac	k (e) Four yea	rs back
1a	Beginning of year balance								
b	Contributions				ļ			<u> </u>	
С	Net investment earnings, gains, and losses						··		
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses						· <u>-</u>		
g	End of year balance	, , , , , , , , , , , , , , , , , , , ,	ļ		ļ ,				
2	Provide the estimated percentage of t			e (line 1g	g, column (a	a)) held a	as:		
а	Board designated or quasi-endowme	nt 🕨	_%						
b	Permanent endowment ►  Temporarily restricted endowment ►	%							
С	The percentages on lines 2a, 2b, and		00%						
3a	Are there endowment funds not in the			zation th	at are held	and ad	ministered for t		
	organization by:							Ye	s No
	(i) unrelated organizations (ii) related organizations							3a(i) 3a(ii)	+
b	If "Yes" on line 3a(ii), are the related o							3b	+
4	Describe in Part XIII the intended uses						• • • • •	00	<del></del>
Part									
	Complete if the organization		" on For	m 990, I	Part IV, line	e 11a. S	See Form 990	, Part X, line	10.
	Description of property	(a) Cost or ot			or other basis other)		Accumulated epreciation	(d) Book va	lue
1a	Land						·		
b	Buildings								
С	Leasehold improvements								
d	Equipment	. [							
e	Other			<u> </u>					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Pa <u>rt 2</u>	X, columi	n (B), line 10	Oc.)	<u>.</u>		

ar, art viii	Complete if the organization ansi		990. Part IV. li	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial				• • •	
• •	derivatives			-	
(3) Other				,	
(A)	<u></u>			-	<u>-</u>
(B)					<del></del>
(C)					ı
(D)	•				
(E)	a.				
(F)		,			•
(G)					
(H)					
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line 12 ) ▶			23.00 (25.00 kg) (41.00 kg)	
Part VIII	Investments - Program Related			<u>-</u>	
	Complete if the organization ans	wered "Yes" on Form	990, Part IV, li	ne 11c. See Form	990, Part X, line 13.
٠.	(a) Description of investment		(b) Book value		thod of valuation -of-year market value
(1)			•		
(2)	•	. ,			
(3)					
(4)					
(5)	<u> </u>				·
(6)				1	· "
(7)		•			
(8)			· · · · · · · · · · · · · · · · · · ·		
(9)	(1)			S ANDONESON, WASON SILVED AND AND THE	Takan da mana a mana
	b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.  Complete if the organization ans	wordd "Voe" on Form	000 Bort IV li	no 11d. Soo Form	. 000 Port V line 15
	· · · · · · · · · · · · · · · · · · ·	a) Description	990, Fart IV, III	ne i iu. See Foiii	(b) Book value
(4)		, Dodding 11011			(5) 5001 Value
(1)			•		
(3)	································				
(4)				•	
(5)		· · · · · · · · · · · · · · · · · · ·			
(6)					
(7)	1				
(8)		•			
(9)	:				·
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15 ) .			
∦Part X	Other Liabilities.				
	Complete if the organization ansi	wered "Yes" on Form !	990, Part IV, li	ne 11e or 11f. See	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
	elated Party (interfund)	748,5	)5		
(3)		*			
(4)					
(5)		,			
(6)					
(7)					ALCE OF THE SECOND
(8)					
(9)	h) must aqual Form 000. Part V. col. (P) line 25 1				
	b) must equal Form 990, Part X, col. (B) line 25.)	de the text of the feetnets	to the organizate	on's financial statemen	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part			er Return.	
	Complete if the organization answered "Yes" on Form 990, F		11	450 725
1	Total revenue, gains, and other support per audited financial statements		·	450,725
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
a	Net unrealized gains (losses) on investments	2b		
b		- <del></del>	-	
C	Recoveries of prior year grants		┥	
d	Add lines 2a through 2d			450,725
е 3	Subtract line 2e from line 1		3	450,725
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			430,723
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	,	
b	Other (Describe in Part XIII.)		- 1	
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			450,725
Part				
	Complete if the organization answered "Yes" on Form 990, I		•	
1	Total expenses and losses per audited financial statements		. 1	332,763
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c	<del></del> ] ·	
d	Other (Describe in Part XIII.)	2d	<u> </u>	
е	Add lines 2a through 2d		2e	332,763
3	Subtract line <b>2e</b> from line <b>1</b>	, . ,	. 3	332,763
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	*	
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>			
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	e 18.)	5	332,763
	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			4, Part X, line

ichedule D (Fo	rm 990) 2017	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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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.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization Employer identification number Affordable Housing Kansas City, Inc 26-2497732 990 Part V1 11A, this Form 990 related schedule were prepared by the housing Authority of Kansas City, MO's Staff accountant. Upon completion it was reviewed by the HAAKC's Director of Finance and Executive Director. The Board reviews the conflict of interest policy regularly and signs at least once a year.