## SCANNED DEC 0 9 2019

Form **990** 

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

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

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

OMB No 1545-0047

Depa Inter	artment of th nal Revenue	ne Treasury e Service	► Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspect	ion
A	For the 2	018 caler	ndar year, or tax year beginning January 01 , 2018, and end	ng Dece	mber 31	, 20 18	
В	Check if a	pplicable	C Name of organization_Affordable Housing of Kansas City, Inc		D Employ	er identification ni	ımber
	Address cl	hange	Doing business as			26-2497732	
	Name cha	nge	Number and street (or P O box if mail is not delivered to street address) Room/si	uite	E Telepho	ne number	
	Initial retur	n l	920 Main Street	701		816 968 4201	
	Final return/	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	ceipts \$	106,629
	Application	n pending	F Name and address of principal officer	H(a) Is this a	group return for	subordinates?  Yes	✓ No
			<i>\</i> /	H(b) Are all	subordinate	s included? 🔲 Yes	□ No
	Tax-exem	pt status	☐ 501(c)(3)	If "I	No," attach a	list (see instructio	ns)
J	Website:	<b>&gt;</b>		H(c) Group	exemption	number >	
		ganization 🗔	✓ Corporation Trust Association Other ► L Year of forma	ation 2007	M State	of legal domicile	МО
P	art I	Summa	<del></del>				
	1 E	Briefly de	scribe the organization's mission or most significant activities: To im	prove the so	cial welfar	e of moderate, l	ow and
Se	<u> </u>	ery low in	ncome families through the creation, rehabilitation and preservation of affor	ordable hous	ing & othe	r means.	
Governance	<u>.</u>						
Ver	2 (	Check this	s box $ ightharpoonup \square$ if the organization discontinued its operations or disposed	of more tha	n 25% of	its net assets.	
Ĝ	3 1	Number o	of voting members of the governing body (Part VI, line 1a)		. 3		
<b>ა</b> გ	4 1	Number o	of independent voting members of the governing body (Part VI, line 1b	)	. 4		
Activities &	5 T	otal num	iber of individuals employed in calendar year 2018 (Part V, line 2a)		. 5		
Ę	1		ber of volunteers (estimate if necessary)		. 6		
ĕ	7a ⊺	otal unre	elated business revenue from Part VIII, column (C) Ime 12	$ eg \cdot \cdot \cdot eg$	. 7a		
	<b>b</b> 1	let unrela	ated business taxable income from Form 990-RIEGEIVED		. 7b		
				Pnor Y	ear	Current Ye	ear ————
Revenue			ions and grants (Part VIII, line 1h)	21	500		
	1	-	service revenue (Part VIII, line 2g)	2	450,225		106,629
ě	10 li	nvestmer	nt income (Part VIII, column (A), lines 3, 4, and 7d	-			
ш.			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, QC (1901), .U.I.				
			nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		450,725		106,629
	1		d similar amounts paid (Part IX, column (A), lines 1-3)				<del></del>
			oald to or for members (Part IX, column (A), line 4)				
es	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)				
Expenses	16a F	Professio	nal fundraising fees (Part IX, column (A), line 11e)				
ğ	1		draising expenses (Part IX, column (D), line 25)				<u>'</u>
w	1	-	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		332,763		77,044
	1	-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		332,763		77,044
		Revenue I	less expenses. Subtract line 18 from line 12		117,962		29,585
s or	_			Beginning of C		End of Ye	
Net Assets o Fund Balance	20 T		ets (Part X, line 16)		1,451,588		732,578
et A	21 T		lities (Part X, line 26)		748,595		
			s or fund balances. Subtract line 21 from line 20		702,993	<u>-</u>	732,578
	art II		ure Block			:	
			y, I declare that I have examined this return, including accompanying schedules and state tele. Declaration of preparer (other than officer) is based on all information of which prepare			ny knowledge and	belief, it is
٠.	İ	Co	witorndes	/	0/08/2	1019	
Sig		Signa	iture of officer	Di	ate		
He	re	E	dwin Lowndes, CED				
		<u>, , , , , , , , , , , , , , , , , , , </u>	or print name and title		т-	L'a	
Pa	id	Print/Typ	pe preparer's name Preparer's signature	ate	Check [		
	eparer				self-emp	loyed	
	e Only		ame ►	Fin	n's ElN ▶		<del></del>
		Firm's ac		Ph	one no		
Ma	y the IRS	discuss	this return with the preparer shown above? (see instructions)		<u></u>	🗌 Yes	□ No



Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		7
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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	1	
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	<b>✓</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	<b>✓</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		1
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		1
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		1
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		1
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		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	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		/

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<b>√</b>
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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
¢	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	✓
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1
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	1	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		,
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		<b>√</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	30		<b>-</b>
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 account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (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		✓
¢	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<b>✓</b>
b		6b		
7	gifts were not tax deductible?	מט		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		7
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Ť
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		✓_
d	If "Yes," indicate the number of Forms 8282 filed during the year		ļ	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
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		
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.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b>-</b>
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		7
10	Section 501(c)(7) organizations. Enter			•
a	Initiation fees and capital contributions included on Part VIII, line 12		-	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			•
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		1
а	Is the organization licensed to issue qualified health plans in more than one state?	134		_
b	Enter the amount of reserves the organization is required to maintain by the states in which			ا. ا
_	the organization is licensed to issue qualified health plans			1
C 14a		14a		<b>√</b>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	.70	-	<del>                                     </del>
15	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<b>/</b>
	If "Yes," complete Form 4720, Schedule O.			,

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	truct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u>. Ц</u>
<u>Secti</u>	on A. Governing Body and Management			
	- · · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7	1		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
	any other officer, director, trustee, or key employee?	2		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 950 was nied?  Did the organization become aware during the year of a significant diversion of the organization's assets?	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 one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		<u> </u>	
a	The governing body?	8a	<b>√</b>	<b>.</b>
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<b>/</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>/</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		7
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>√</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ĺ		
	describe in Schedule O how this was done	12c	✓	ļ
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<b>/</b>
b	Other officers or key employees of the organization	15b		✓_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	with a taxable entity during the year?	16a	-,	7
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		L
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 (1024 or 1024-A if applicable), 990, and 990-	Г (Sec	tion	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,0		(3)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	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's books and re	cords	<b>&gt;</b>	

Form 990 (2018)

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employee	s, Highest	Compensated	<b>Employees</b>	s, and
	Independent Contractors							

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

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

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

☐ Check this box if neither the organization nor	any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
				((						
(A)	(B)	¢-1		Pos				(D)	(E)	(F)
Name and Title	Average	•				than one is both		Reportable	Reportable	Estimated
	hours per					or/trust	tee)	compensation	compensation from related	amount of other
	week (list any hours for	Ind or o	Ins	Officer	Ke	Hig	Former	from the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Ę	Key employee	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	tor	ona		Boy	8 8		(VV-2/1099-WISC)		and related
	line)	ruste	tra		/ee	n per				organizations
		8	stee			Highest compensated employee				
						<u> </u>				
(1) Donovan Mouton										
Chair		✓						0	0	0
(2) Edwin T Lowndes, Executive Director										
Secretary		✓		✓		ļ	L	0	0	0
(3) Elizabeth Fast										
Board Member		<b>✓</b>		_			<u> </u>	0	0	0
(4) Deth Im				l						
Board Member		✓				ļ	<u> </u>	0	0	0
(5) Luke Norris										
Board Member		✓	-	<u> </u>			_	0	0	0
(6) Willie Ferguson	<b></b>									_
Board Member		✓		<u> </u>		<u> </u>	-	0	0	0
(7) Kyri Gorges	ļ	,								_
Board Member		✓		<u> </u>			<u> </u>	0	0	0
(8) Alisha Carter	}	1		İ					_	_
Board Member				<u> </u>			<del> </del>	0	0	0
(9) John Montoe		1								•
Board Member		<b>-</b>					<u> </u>	0	0	<u>0</u>
(10) Martha Allen	<b></b>	1								
Resident Representative				-			-	0	0	0
(11)	l								İ	
(12)										
(40)							<del> </del>			
(13)	<b></b>									
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					•	2)								
	(A)	(B)	(do n	ot ob		ition	than o	200	(D)	(E)	(F)			
	Name and title	Average					is both		Reportable	Reportable			mated	
		hours per					or/trust		compensation	compensation related	from		ount of ther	f
		week (list any hours for	악	sul	Off	Ke	em Hg	₽	from the	organization	ıs	comp		on
		related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MI		fro	n the	
		organizations below dotted	정도	ion	,	nplo	/ee		(W-2/1099-MISC)				uzatio related	
		line)	ੋੜ੍ਹ	al tr		уее	ğ						izatioi	
			l te	uste		"	ensa					_		
				ě			ated							
(15)									<del></del>					
1			1											
(16)														
110/		<b></b>												
(17)														
7														
(10)				$\vdash$							-			
(18)			1											
(10)								<b></b>						
(19)		ļ						•						
(20)			<del> </del>	┼─		$\vdash$								
1201		<del></del>	1											
(21)				-		<u> </u>								
12.11		<b></b>	1						1					
(22)		<del></del>		╁		$\vdash$		1						
1221														
(23)			-			H					-			
(23)														
(24)			<u> </u>			$\vdash$			+		-		-	
124)			ł											
(25)					l	$\vdash$	-							
1231		<b></b>	1											
1b	Sub-total		L		l	_								
c	Total from continuation sheets to Part							•		-				
d	Total (add lines 1b and 1c)			-	-			•	<del></del>		_			
	Total number of individuals (including but							2) 1A/	ho received m	ore than \$10	0.000	of		
2	reportable compensation from the organi		ו נט נו	1036	1131	.cu	above	s) vv	0	ore than \$10	0,000	OI .		
	reportable compensation from the organi	Zation											Yes	No
2	Did the organization list any former of	ficor direc	tor o	\r +r	uct		kov d	mr	Novoe or high	oct compon	catod			1
3	employee on line 1a? If "Yes," complete									est compen	Saleu	3	_	7
	•													Ť
4	For any individual listed on line 1a, is the organization and related organizations													
	individual	_							•	edule 3 loi	Sucii	4		
5	Did any person listed on line 1a receive of									ration or indi	 vadual	-		+
3	for services rendered to the organization									ation of mai	viduai	5		1
Section	on B. Independent Contractors				-			<u> </u>	, a a , p a . a a	•				<u> </u>
	Complete this table for your five highest				al				are that recover	d mara than	. <b>£</b> 100	000 of		
1	compensation from the organization. Rep													tav
	year.	ort compe	nsan	או ווכ	וו ונ	1 <del>0</del> C	altilu	iai y	real elluling with	ii Oi witiiii ti	ie orga	annzan	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	lax
(A) (B) Name and business address Description of service						ervices	С	ompens	ation					
-														
						- +				***				
								$\vdash$	<del></del>					
														***
2	Total number of independent contractor	rs (includir	ng bi	ıt n	ot I	ımıt	ed to	) +h	nose listed shi	ove) who				
2	received more than \$100,000 of compens							, ui	ioso natou abt	370) WIIO				

Part	VIII	Statement of Reve					_	ec	
		Check if Schedule O	contains	a res	ponse or note t		Part VIII	<u> </u>	<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts ts	1a	Federated campaigns	S	1a					
ira our	b	Membership dues .		1b					
is, ( Am	С	Fundraising events .		1c	,				
a git	d	Related organizations		1d					
ıs,	е	Government grants (con		1e					
er S	f	All other contributions, g					2.4		
ig #		and similar amounts not inc		1f	l				
Contributions, Gifts, Grants and Other Similar Amour.ts	g	Noncash contributions includ							
	h	Total. Add lines 1a-1	t	<u>· · · · </u>		LOSSOF AFRAGE'S : POST	Cortana and Cortana	THE WAY THE THE PARTY OF	TO SECURE AND ASSESSED.
Program Service Revenue		B	_		Business Code	· · · · · · · · · · · · · · · · · · ·	Blacker and the same	The Control of the Control	· 经标识分子的 455560
leve	2a	Developer Fee Revenu	e			106,629			
9	b								
Š	d			٠	,				
Š	۵					1	<u>.                                      </u>		
grai	f	All other program ser	vice revent	 ie .	- "	10 ( 0	· · · · · · · · · · · · · · · · · · ·		
P S	g	Total. Add lines 2a-2				100.029	<b>建</b> 写了: 實際的方面	107 CE 407 SPECEVO	
	3	Investment income				1			
_		and other similar amo	ounts) .		•				
	4	Income from investmen	t of tax-exer	npt be	ond proceeds ▶				
,	5	Royalties	<u> </u>						
			(ı) Real	l	(II) Personal		是的是影響		
	6a	Gross rents						No service	
,	b	Less rental expenses							
	С	Rental income or (loss)			<u> </u>	3862 6586792		生物系统4.2条件	
	d	Net rental income or (	<del></del>		<b>&gt;</b>	T. Say not an interpret 2 last on 1.5	4) agrecousty car est establish	2 750 W 202 - 2 3 4 C. C. 2	amaches commet a assist of
	7a	Gross amount from sales of	(i) Securit	es	(II) Other				
	١.	assets other than inventory			<del> </del>				
, (	b	Less cost or other basis	,		,				
'ı ~	c	and sales expenses . Gain or (loss)							
	d	Net gain or (loss)	L		<u> </u>	organistics with the second	P.05, 7 1 59955700 32288	740 X -221 8" X 4 200,431 4. )	Har to so the first the transfer
-	<b>"</b>	iver gain or (1033) .		• ;			<b>4</b> 000 - 1000 -	AND SERVED	STEET
ne	8a	Gross income from fu	ındraısına		,				
en (en		events (not including \$							
È		of contributions reporte	ed on line 1	c).					
er_		See Part IV, line 18 .		· a					
Other Reve	b	Less: direct expenses	s	. b					52.4. S. 1984
•	С	Net income or (loss) f			events . <b>&gt;</b>		Terres and the		
t	9a	Gross income from ga							
1	b	Less: direct expenses						State of the state	
	C	Net income or (loss) f			vities ▶_	CURING THE W A	THE WAS COMMON WINES OF THE SECOND	A STATE TO STATE OF THE STATE O	BONGTON CHURSON TOUTON
	10a	Gross sales of in returns and allowance							
				· a	<del></del>			HOW THE REST	
	b	Less: cost of goods s Net income or (loss) f				1.20gg(大龙), (1.5cg 2.5cg)		1.25 Mark 10 Mark 12.	12.000年,AX 第11.0000余器
		Miscellaneous R		אווו וע	Business Code	MATCH ALCOHOL	NGA, BEKALANI	A STREAM OF MARK	
	11a	IVIISCEIIAI IEOUS N			Dasniess Code	(太), 37", 6"(2)(4 多) (3"(5)	E - 612 1 CARGET ST. STARTS	par britania na manada.	to some of the same of the same to the
	b								
	°								,
	ď	All other revenue .			-				·
	e	Total. Add lines 11a-	11d		▶	-	Helsko Tik	\$ <b>63%</b> \$ 77. <b>\$ 61</b> . \$	REPORT STANKS
	12	Total revenue. See instructions				106,629			

Part IX	Statement of Functional Expenses	

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		🔲
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				· (
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				
9 10	Other employee benefits				
11	Fees for services (non-employees):				
а	Management	74,342	74,342		
b	Legal				
С	Accounting				
d e	Lobbying				
f	Investment management fees		· · · · · · · · · · · · · · · · · · ·		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	229	229		
14	Information technology				
15	Royalties				
16	Occupancy		<u>-</u>		
17 18	Travel	767		767	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50	50		
20	Interest	1,437		1,437	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Sundry	219		219	
b					
С					
d	•				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	77,044	74,621	2,423	
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

٠٢.	art A		4 V		<del></del>
		Check if Schedule O contains a response or note to any line in this Par		· · ·	
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	802,465	1	423,029
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	649,023	4	309,449
	5	Loans and other receivables from current and former officers, directors,			-
		trustees, key employees, and highest compensated employees.	,		
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			,
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
S		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	- · · · ·
	10a	Land, buildings, and equipment: cost or	· · · · · · · · · · · · · · · · · · ·		. 1
		other basis. Complete Part VI of Schedule D 10a			•
	b	Less: accumulated depreciation 10b		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	· <u>- · · · · · · · · · · · · · · · · · ·</u>
	15	Other assets. See Part IV, line 11	100	15	100
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,451,588	16	732,578
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	748,595	25	
	26	Total liabilities. Add lines 17 through 25	748,595	26	
<b>'</b> A		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ë		complete lines 27 through 29, and lines 33 and 34.	*		
lan	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets	748,595	28	
힏	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
ō		complete lines 30 through 34.	<u> </u>		
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ž	33	Total net assets or fund balances	702,993		<u>732,578</u>
	34	Total liabilities and net assets/fund balances	1.451.588	34	732.578

Page	1	2

OIIII Ju					90
Part					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	·_ ·	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10	6,629
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	7,044
3	Revenue less expenses. Subtract line 2 from line 1	3		2	9,585
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		70	2,993
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		_	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		73	2,578
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>		
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990:  Cash Cash Other		.		l
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			
	Schedule O.				لب
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 com	oiled 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?	• • •	2b	<b>✓</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a		٠,	,
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		1	,	
	of the audit, review, or compilation of its financial statements and selection of an independent accounts to the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the selection of the second selection of the select		2c	<b>V</b>	
	If the organization changed either its oversight process or selection process during the tax year, ex	piain in			j
	Schedule O.	famile			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	ioπn in	За		1
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	· · ·			
Ø	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	required addit of addits, explain willy in somedule of and describe any steps taken to undergo such a	uuno.		, <u>aan</u>	(2018)
			FOII	11 330	(2010)

## **SCHEDULE D** (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

4

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

<u>Afford</u> a	ble Housing of Kansas City,Inc		26-2497732
Part			
	Complete if the organization answered		<del></del>
	<del>-</del>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) . Aggregate value at end of year		
4 5	Did the organization inform all donors and donor	r advisors in writing that the assets h	neld in donor advised
Ū	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene	and donor advisors in writing that grai	nt funds can be used
		<u></u>	
Part	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	· ·	
	Protection of natural habitat	☐ Preservation o	of a certified historic structure
_	Preservation of open space	ald a sublified consequation contribute	on in the form of a conceniation
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	leid a quaimed conservation contribution	Held at the End of the Tax Year
_			
a b	Total number of conservation easements  Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		(
ď	Number of conservation easements included in		
-	historic structure listed in the National Register	• • •	I I
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished, or terr	minated by the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy revolations, and enforcement of the conservation ea	egarding the periodic monitoring, ins	
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcin	<del>-</del>
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's firents.	nancial statements that describes the
Part	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	·
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the	r assets held for public exhibition, ed	ducation, or research in furtherance of
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similal public service, provide the following amounts related to the service of the service	SFAS 116 (ASC 958), to report in its ir assets held for public exhibition, eduling to these items:	revenue statement and balance sheet ducation, or research in furtherance of
2	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of an		r assets for financial gain, provide the
а	following amounts required to be reported under \$ Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		<b>&gt;</b> \$

17

Part	Organizations Maintaining	Coll	ections of	Art, His	torical 1	reasures	, or O	ther Similar A	ssets (	contin	ued)
3	Using the organization's acquisition,										
	collection items (check all that apply):							_	_		
а	☐ Public exhibition			d	☐ Loan	or exchang	e proc	rams			
b	Scholarly research							·			
С	Preservation for future generations	s			_	***************************************		·			
4	Provide a description of the organizat		collections	and expla	ain how t	hey further	the or	ganization's exe	empt pui	pose i	n Par
	XIII.			•		•	•	•	• •	•	
5	During the year, did the organization	solic	it or receive	donation	s of art,	historical ti	reasure	s, or other sim	ılar		
	assets to be sold to raise funds rather									Yes [	٦Νο
. Part								<del></del>			
	Complete if the organization			on For	m 990. I	Part IV. line	e 9. or	reported an a	mount	on Fo	rm
	990, Part X, line 21.				,		,				
ta	<del> </del>	. cust	odian or oth	ner intern	nediary fo	or contribut	tions o	r other assets	not		
	included on Form 990, Part X?								_	Yes [	□Nο
ь	If "Yes," explain the arrangement in Pa	art XI	II and compl	ete the fo	llowing t	able:			_		
_									Amount		
С	Beginning balance						10	:			
d	Additions during the year						10				
e	Distributions during the year						16				
f	Ending balance						11	<del> </del>			
2a	Did the organization include an amoun								hy2 🗆	Vae [	¬ No
b				-					•		╡```
Par		<u> </u>	iii oncon noi	O II CITO C	· ipiuriuiio	11 1140 00011	provid	od om r dre zam	• • •	<u>.                                      </u>	ᅻ
	Complete if the organization	ans	wered "Yes	" on For	m 990. I	Part IV. line	e 10.				
			Current year		or year	(c) Two year		(d) Three years ba	ck (e) F	our years	s back
1a	Beginning of year balance		-		-	<u> </u>			<del></del>		
b	Contributions			<del> </del>					+	-	
c	Net investment earnings, gains, and										, ,
_	losses										
d	Grants or scholarships										
e	Other expenditures for facilities and										
•	programs										
f	Administrative expenses						-				
g	End of year balance			<del> </del>		-			+		
2	Provide the estimated percentage of t	he cu	irrent vear ei	nd balanc	e (line 1c	. column (a	)) held	as:			
a	Board designated or quasi-endowmer					,, 00.0 (0	.,,	uo.			
b	Permanent endowment ►	··· // // //		/ 0							
c	Temporarily restricted endowment ▶		%								
•	The percentages on lines 2a, 2b, and			00%							
3а	Are there endowment funds not in the				zation th	at are held	and ac	Iministered for	the		
	organization by:	- [								Yes	No
	(i) unrelated organizations								. 3a(		110
	(ii) related organizations						• •		3a(		+
h	If "Yes" on line 3a(ıı), are the related of			· · · Las requi	red on Sc	 Shedule R2	• •		. 3b		1
4	Describe in Part XIII the intended uses									'.l	l
Part				511 G 511G				_			
T CIT	Complete if the organization			" on For	m 990 I	Part IV line	- 11a	See Form 990	) Part X	line	10
	Description of property	ı uı ıo	(a) Cost or o			or other basis		Accumulated		ook valu	
	bescription of property		(investm			ther)		epreciation	(0)	OOK Vaid	
1a	Land				·						
_	Buildings	•		<del></del> -							
b		•									
ن	Leasehold improvements	•									
d	Equipment	•									
E Total	Add lines 1a through 1e. (Column (d) n	nust r	aual Form <sup>o</sup>	90 Part	Colum	(R) line 10	)c 1				-
100	riga integral a unividul 16. leviunin iun n	.u.o.	addii Ullii J	JU. 1 all 1							

	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11b. See Form 9	90, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		d of valuation -year market value
1) Financia	derivatives		······································	·
2) Closely-	held equity interests			
3) Other				
(A)				
(B)			<del></del>	
(C)	•••••			
(D)				
(E) (F)				<del></del>
(G)		-		
(H)		· <del> </del>	<u> </u>	
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶	-	<del></del>	
Part VIII	Investments—Program Related.	<u> </u>		
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11c. See Form 9	90. Part X. line 13.
	(a) Description of investment	(b) Book value		d of valuation
			Cost or end-of	-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		-		
(8)				
(9)	(h) must equal Form 990. Part Y col. (R) line 13	<del>                                     </del>		
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ►  Other Assets			-
	Other Assets.	orm 990. Part IV. line	11d. See Form 9	90. Part X. line 15.
Total. (Column		orm 990, Part IV, line	11d. See Form 9	90, Part X, line 15.
Part IX	Other Assets.  Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11d. See Form 9	
Part IX  (1)	Other Assets.  Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11d. See Form 9	
Part IX  (1) (2)	Other Assets.  Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11d. See Form 9	
Total. (Column	Other Assets.  Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11d. See Form 9	
(1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11d. See Form 9	
Part IX  (1) (2) (3)	Other Assets.  Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Fo			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)	orm 990, Part IV, line	11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.		. >	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  The second of the organization answered "Yes" on Form (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form (B) the organization and (B) the organization answered "Yes" on Form (B) the organization and (B) the organization and (B) the organization and (B) the organization and (B) the organization and (B) the organization and (B) the organization and (B) the organization and (B) the organizati		. >	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Foliane 25.		. >	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columna	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  The second of the organization answered "Yes" on Form (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form (B) the organization and (B) the organization answered "Yes" on Form (B) the organization and (B) the organization and (B) the organization and (B) the organization and (B) the organization and (B) the organization and (B) the organization and (B) the organization and (B) the organizati		. >	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columna	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  The second of the organization answered "Yes" on Form (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form 25.  (a) Description of liability (b) Book value		. >	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (1) Federal III (2)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  The second of the organization answered "Yes" on Form (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form 25.  (a) Description of liability (b) Book value		. >	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columna	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  The second of the organization answered "Yes" on Form (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form 25.  (a) Description of liability (b) Book value		. >	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columbatt X	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  The second of the organization answered "Yes" on Form (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form 25.  (a) Description of liability (b) Book value		. >	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Columnal Columnal Col	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  The second of the organization answered "Yes" on Form (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form 25.  (a) Description of liability (b) Book value		. >	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (ColumPart X (2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (7) (7) (8) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  The second of the organization answered "Yes" on Form (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form 25.  (a) Description of liability (b) Book value		. >	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal II (2) (3) (4) (5) (6) (7) (8) (7) (8) (7) (8) (7) (8)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  The second of the organization answered "Yes" on Form (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form 25.  (a) Description of liability (b) Book value	orm 990, Part IV, line	. >	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  The second of the organization answered "Yes" on Form (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form 25.  (a) Description of liability (b) Book value		. >	(b) Book value

3

Part		Return.	_
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T 4 1 "	
1	Total revenue, gains, and other support per audited financial statements	1	106,629
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	106,629
3	Subtract line 2e from line 1	3	106,629
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a  Other (Describe in Part XIII.)	1	
b			
с 5	Add lines <b>4a</b> and <b>4b</b>	4c   5	100.000
			106,629
'Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er neturn.	
	Total expenses and losses per audited financial statements	1	
1	· ·		77,044
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities		
a	Donated services and use of facilities	1	
b	Other losses	1	
d C	Other (Describe in Part XIII.)	-	
d	Add lines 2a through 2d	2e	77.044
е 3	Subtract line 2e from line 1	3	77,044
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		77,044
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)	1	
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	77,044
	XIII Supplemental Information.	1 - 1	77,044
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in		

Schedule D (For	rm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
<b></b>		
	······	
<b></b>		
	······································	
	•	

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.

2018
Open to Public.
Inspection

Employer identification number

OMB No 1545-0047

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

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

Affordable Housing Kansas City, Inc	26-2497732
990 Part V1 11A, this Form 990 related schedule were prepared by the housing Authority of Kansas Cit	
Upon completion it was reviewed by the HAKC's Director of Finance and Executive Director.	
The Board reviews the conflict of interest policy regularly and signs at least once a year.	
The board reviews the connect of interest pointy regularly and signs at least order a year.	······
·····	
·····	•••••••
	·····
	·····
	······
	•••••
·····	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
	<u></u>
•	
·	
·	······································
·	
	•••••
	•
	•••••••
	•••••
	······