2949317304910 OMB No 1545-0047

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

2018

Department of the Treasury

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

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

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

Open to Public

		ue Service		www irs.govir orinisso for institu			<u></u>	inspection
	or the	2018 calend	dar year, or tax year begin	ning	, 2018, and e	ending	_	, 20
_	heck if a	applicable	C Name of organization ALPH	A HOUSING INC			D Em	ployer identification no
<b>X</b> 4	ddress o	change	Doing business as DAL	HOUSING FOR THE ELDER	STA		34-:	1622819
□ ١	lame cha	ange	Number and street (or P O bo	ox if mail is not delivered to street address)		Room/suite	E Tele	phone number
ا 🛚	niual retu	ım	(33)	0)376-8787				
☐ F	inal retu	m/terminated	City or town, state or province,	•		ss receipts		
$\overline{}$	mended		Akron, OH 4431:	- ·	1		\$	719,862
┌		on pending	F Name and address of principal	<del></del>	······································	H(a) Is this a group r		
<u> </u>	фриосио	an pending	Traine and accress of principa	i dinesi	11	1		
			]			H(b) Are all subore		
		npt status	501(c)(3) X 501(c) ( 4	) (insert no ) 4947(a)(1) or	527			ee instructions)
		► N/A		<del></del>		H(c) Group exen	ption number	<u> </u>
G		_	Corporation Trust Ass	sociation	L Year of formation	1988 M State of	of legal domic	le OH
<b>IP</b> a	<u> </u>	_Summar	<u>y</u>					
	1	Briefly desci	ribe the organization's miss	sion or most significant activities	Low income hous	ing for the	elderly	<u> </u>
a								
Š								
Ē	ļ							<del></del>
Š	2	Check this b	ox ▶ ☐ if the organization	n discontinued its operations or dis	sposed of more than 25%	of its net assets		_
Ğ	3					1	3	g.
<b>∞</b> 5 ທ	4		-	rs of the governing body (Part VI,			4	
Activities & Governance	5			n calendar year 2018 (Part V, line			5	
ξ	6		er of volunteers (estimate if		•			
ĕ	1		`	**	• • • • • • • • • • • • •	<b>}</b>	6	<del></del>
	1			Part VIII, column (C), line 12 .		· <i>· ·</i> · · · ·	7a	0
	ם	Net unrelate	ed business taxable income	from Form 990-1, line 38	<u> </u>		7b	0
						Prior Year		Current Year
Revenue	8		s and grants (Part VIII, line	•				0
	9		rvice revenue (Part VIII, line			652	,518	662,187
š	10			A), lines 3, 4, and 7d).			469	625
ď	11			nes 5, 6d, 8c, 9c, 10c, and 11e)		2	,786	57,050
	12	Total revenu	ue - add lines 8 through 11 (	(must equal Part VIII, column (A),	line 12)	655	773	719,862
	13	Grants and	sımılar amounts paid (Part I	IX, column (A), lines 1-3)				0
	14	Benefits pair	d to or for members (Part I)	X, column <sub>i</sub> (A), line 3) 2119				0
	15	Salaries, oth	ner compensation, employer	e benefits (Part IX, column (A), lin	es 5-10).	102	. 788	110,750
Expenses	16a			column (A), line (ste): N.J.E. S.E.				0
E	Ь	Total fundra	ising expenses (Part IX co	lumn (D), line 25)	o			
X	17		nses (Part IX, column (A), lir			500	225	605,929
	18	-		t equal Part IX, column (A), line 25	5)	603		716,679
	19			18 from line 12	· .		760	
	+	TOTOTIGE ICE	3 CAPCHAGO OUDIFACT IIITE	TO HOME IZ	<u> </u>			3,183
ts o	20	Total assats	(Part V. line 16)		ŀ	Beginning of Current		End of Year
t Assets or nd Balances	1		•	• • • • • • • • • • • • • • • • • • • •	· •	1,610,	<u> </u>	1,576,181
Net /	21		• • •			1,794,		1,756,473
				line 21 from line 20		(183	475)	(180,292)
IP,a			Ire Block	irn, including accompanying schedules and	statements, and to the heat of my	kanudadaa aad balaf iti		
true,	correct,	and complete De	claration of preparer (other than off	ficer) is based on all information of which pre	eparer has any knowledge	knowledge and bellet, it i	S	
		<b>.</b>		10 10	4/1/1/		رصه	11/2016
Sig	n .		nas R Fuller	<del>xueux</del>	Juna		12/	6/2019
	ĺ						Date	
Her	е		as R Fuller, EXEC	UTIVE DIRECTOR	<del>-</del>			
		Type or	r print name and title				- ,	
_		Print/Type pri	eparer's name	Preparer's signature	Date	Check	if PTIN	
Paid	t	JOHN R	WRIGHT	441M170	04-30-2019	self-employed	P0	0291948
Pre	parei	Firm's name	► TRUSTED	ADVISORS OF OHIO LLC		Firm's EIN ▶		
Use	Only	Firm's addres	ss ▶ 3691 LEF	ROAD SUITE 109		Phone no		
			Clevelar	nd OH 44120			6-541-0	090
May	the IR	S discuss this		nown above? (see instructions)			• • • •	Yes X No
			ion Act Notice see the se	· · · · · · · · · · · · · · · · · · ·			<del></del>	

	990 (2018)ALPHA HOUSING INC	<u> </u>	34~162281	.9 <u>Page 2</u>
Ŗāi	tillis Statement of Program Service Acco			_
	Check if Schedule O contains a response or note	to any line in this Part III	<u> </u>	<u></u>
1	Briefly describe the organization's mission			
	Low income housing for the elderly.			<del></del>
				<del></del> '
2	Did the experience undertake any configent program as	augos dunas the vees which were a	at listed on the	
2	Did the organization undertake any significant program ser prior Form 990 or 990-EZ?			₩.
	If "Yes," describe these new services on Schedule O			E 140
3	Did the organization cease conducting, or make significant	changes in how it conducts, any pr	ouram	
•	services?		_	No.
	If "Yes," describe these changes on Schedule O			HOLD 1.00
4	Describe the organization's program service accomplishm	ents for each of its three largest pro	gram services, as measured by	
	expenses Section 501(c)(3) and 501(c)(4) organizations a		-	
	the total expenses, and revenue, if any, for each program s			
4a	(Code) (Expenses \$545,56	se including grants of \$	) (Revenue \$7:	19,862)
	HOUSING COMPLEX FOR THE ELDERLY			
		- <u>-</u> -		
		<u> </u>		
		_ <del></del> ·		<del>-</del>
		<del></del>		
4b	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	
40	(Code) (Expenses \$		) (Revenue 5	
	<del></del>			
			<del></del>	
				<del>-</del>
				<del>-</del> "
4c	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
				<del></del> _
			<del></del>	
4d	Other program services (Describe in Schedule O )			
	(Expenses \$ including grants o	if \$ ) (Re	evenue \$ )	
4-	Total program service expenses	) (Ne		

Form 990 (2018)
Part IV C ALPHA HOUSING INC
Checklist of Required Schedules

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ĺ		
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>	_	
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
_		<b></b> -	$\vdash$	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	}		1
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			i
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ĺ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	H	-	
3			,	l
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	_		v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	}		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
ь	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	11h		Х
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			_ <del></del>
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		Х
_		110		_^
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		.,	1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a	X	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If			1
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	•	Х
	·	140	-	_^
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	۱		177
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	}	1	١.
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			ĺ
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	L	Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>	$\vdash$	_ <u></u>
	If "Yes," complete Schedule G, Part III	19		Х
20 -	·		<del> </del>	X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	H.—	<del></del>
	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	l		٠
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	•	ــــــــــــــــــــــــــــــــــــــ	X
EEA		Form	990 (2	.018)

Form	990 (2018) ALPHA HOUSING INC 34-16228	19	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2 <sup>o</sup> If "Yes," complete Schedule I, Parts I and III	22		Х
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		Χ
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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	١	
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			ĺ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			İ
	If "Yes," complete Schedule L, Part I	25b		Х
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		Х
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		Х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			'
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			i
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	L_	
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	ļ	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	1
Par				_
	Check if Schedule O contains a response or note to any line in this Part V		<del></del>	Щ.
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Form 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			ļ
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form	990 (2018) ALPHA HOUSING INC 34-16228	319	P	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	d		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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		Χ
ь	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, secunties account, or other financial account)?	4a		Х
ь	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		Ì	
_	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	<u> </u>		
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	· · ·		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<del> </del>	
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	<del></del>		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
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	7		
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	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.	7	ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			ĺ
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<del></del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) duning the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	X
Sec	ction 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 9			
	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			
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		Х
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 other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			Λ
_	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	-75		
•	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00		
Ū	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			Λ
	NOTE DE L'ORGIGO (TIMO OCCUON D'ICQUESIS INFORMATION ABOUT POINCIES NOT required by the Internal Nevenue Code)		Yes	N1 -
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	Νο Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		
_	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?			Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	$\overline{X}$	·
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<del>^</del>	Х
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		- 1
Ū	describe in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?			X
14	Did the organization have a written document retention and destruction policy?	13		
15	• •	14		X
13	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?			
_		45-		~~
a		15a		X
b	Other officers or key employees of the organization	15b	•	X
460	·			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		ļ	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
0	organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed • Ohio			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 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 Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records			
	Wayne Hawkins (330)376-8787, 662 WOLF LEDGES PARKWAY, Akron, OH 44311			

Form	ggn	(2018)	
	330	(20:0)	

ALPHA HOUSING INC

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

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (A) (D)

` (A)	(B)	(do n	ot che		ore th	han one		(D)	(E) ,	(F)
Name and Title	Average hours per		box, unless person is both an officer and a director/trustee)		Reportable compensation	Reportable compensation from	Estimated amount of			
	week (list any hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Donald Boyd Sr.	2.00									
Board Member		Х						c	0	0
(2) David Brown	2.00									
Board Member		Х						c	0	0
(3) Ricardo Myers	2.00									
Board Member		X						c	o	0
(4) Richard Johnson Sr.	2.00									
Board Member		Х						C	o	0
(5) Wayne Hawkins	2.00									
Board Member		Х					Ì	C	0	0
(6) Nathan Hagins	2.00									
Board Member		Х						C	0	0
(7) John Harris	2.00									
Board Member		Х							0	0
(8) Jeffrey Waterman	2.00					.				
Board Member		Х		_	_				0	0
(9) Anthony Brown	2.00									
Board Member		X	$\perp$					Ċ	0	0
(10)Climon Lee	2.00									<b>3</b>
Board Member		Х						c	0	. 0
(11) Joe Simmons	2.00								,	
Board Member		Х							0	00
(12)Daryl Brown	2.00									
Board Member	ļ	Х						0	0	0
(13)Ronald Brown	2.00									
Board Member	1	Х	_				_	0	0	0
(14)Horace Highland	2.00									1
VP Business and Finance	L	Χ		Χ				0	0	0

Raftivill Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	nes	t Compe	nsated Employee	s (continuea)	
				(C					
(A)	(H)	(do no		Posit ck ma		an one	(0)	(E)	(F)
Name and title	Average hours per					both an	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any			_		rustee)	from	related	other
	hours for	Individual trustee or director	nsti	Officer	Key employee	Highest compensated employee	the	organizations	compensation
	related organizations	ecto	티	역	emp	est c	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	~ <u>a</u>	핕		oye	g comp	,		and related
	line)	stee	nstitutional trustee		Ф	ens			organizations
	1	\ 	"	1		ĕ		i	
445-54							-		
(15)Albert Bragg	2.00	X		l	I				
Member (45)Crosser Waller	2.00	^	$\vdash$	$\dashv$				0	0
(16)Grover Miller Member	- 2.00	X		- 1					٥
(17)Anthony King	2.00	<u> </u>	H	- (			<del> </del>	1	
Member		X						0	٥
(18)Edward Ervine	2.00			$\neg$					<u> </u>
Member		Х					1	0	0
(19)Samuel Deshazior	2.00								
Chairman				X				_ 0	0
(20)Larry Thomas	2.00		}						
Secretary	4			X	_		- '	0	0_
(21)Thomas Tatum	2.00						ľ		
Vice Chairman of Development	<del></del>		$\vdash$	Х			<del>  '</del>	- 0	0
(22)Roger Johnson	2.00	ļ		.,					
Vice Chairman of Management	2.00	<del> </del> -	$\vdash$	Х			<del>  '</del>	0	0
(23)Paul Stallings	2.00	1		Х					
Treasurer (24)Thomas Fuller	1.00	<del>                                     </del>	$\vdash$		_		<del> </del>		0
(24)Thomas Fuller Executive Director		]			Х				0
(25)	<del>                                     </del>	<u> </u>			- 11				
(23)	<b>-</b>	Ì							
1b Sub-total						•			
c Total from continuation sheets to Part VII, Section	on A								
d Total (add lines 1b and 1c)								0	0
2 Total number of individuals (including but not limite							re than \$100,000 o	-	
reportable compensation from the organization 🕨								0	
									Yes No
3 Did the organization list any former officer, directed		-	•			•	•		
employee on line 1a? If "Yes," complete Schedule								• • • • • • •	3 X
4 For any individual listed on line 1a, is the sum of re						•			
organization and related organizations greater tha									
individual								• • • • • • • •	4 X
5 Did any person listed on line 1a receive or accrue of	•		-			•			5 V
for services rendered to the organization? If "Yes, Section B. Independent Contractors	complete S	criedui	ie J ii	Or Si	ucn	person	<u> </u>	· · · · · · · · · · · · · · · · · · ·	5 X
Complete this table for your five highest compensate	ed independe	nt cont	racto	nrs t	hat r	received i	more than \$100,000	) of	<del></del>
compensation from the organization Report compe	•						·		
year									
(A)							(8		(C)
Name and business address							Description o	services	Compensation
		_							
2 Tatal a support of indicated and a state of the first	. but and the fi	·		liet-	۰ ۔ د				
2 Total number of independent contractors (including received more than \$100,000 of compensation from				usæ	u at	ove) wno	J		
received more than \$ 100,000 of compensation for	n uie organizi	auUII	•					i i	

Form 99	0 (201	(8) ALPHA HO	JSING INC	:				34-16228	19 Page 9
Part \	/111	Statement of Revenu	е						
		Check if Schedule O contain	s a response	or no	ote to any line in thi	s 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
र र	1a	Federated campaigns		1a		·	-		
ran	b	Membership dues		1b					
Am. G	С	Fundraising events		1c		'			
Gift Ilar	đ	Related organizations		1d					
ns,	e	Government grants (contribution	ກຣ) 🗀	1e		İ			
e it	f	All other contributions, gifts, gr	ants,						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not includ	_	1f					
S E	9	Noncash contributions included		•					
-	h h	Total. Add lines 1a-1f	· · · · · · ·	<u>· · · </u>			consist that a secretaria		2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
9	20	Cmana Banka			531110	641 699			
Program Service Revenue		Gross Rents Service Coordinator		_	623000	641,688 20,499	641,688 20,499		
8	C			_	823000	20,499	20,499		
Σ	d								
S E	e			_					
ogra	f	All other program service rever	ue	<del>-</del> .					
	9	Total. Add lines 2a-2f	<u></u>			662,187			
	3 .	Investment income (including di	vidends, inter	est,			<del></del>		
		and other similar amounts) .				625	625		
	4	Income from investment of tax-e	exempt bond	proce	eeds►				
	5	Royalties	<u></u>	• •	<u></u>	ļ. ————————————————————————————————————	<del> </del>		
		_	(ı) Real		(II) Personal				
	l .	Gross rents			-	1			
		Less rental expenses			<del>                                       </del>	-			
	1	Rental income or (loss) Net rental income or (loss)			<u></u>		<del></del>		<u> </u>
	1		(i) Secunties		(ii) Other				
		Gross amount from sales of assets other than inventory	(i) Securite:		(ii) Other		M	·	
		Less cost or other basis and sales expenses							
	1	Gain or (loss)			<u> </u>				
<u>a</u>		Net gain or (loss)		• •	· · · · · · · · · · · · · · · · · · ·				1
	- 6a	Gross income from fundraising events (not including \$							
Other Reveni		events (not including \$ of contributions reported on line	10)	_		,			
er F		See Part IV, line 18	•	а					
돌	l b	Less direct expenses		h		· [			
	1	Net income or (loss) from fundi							
	9a	Gross income from gaming act	vities						
		See Part IV, line 19		а		<u> </u>			1
	b	Less direct expenses		b					
	C	Net income or (loss) from gami	ng activities						
	10a	Gross sales of inventory, less							
		returns and allowances			ļ	-			
	1	Less cost of goods sold				<del>-</del>			
	_ <del>c</del>	Net income or (loss) from sales	of inventory	• •	T	<del>                                     </del>	<del></del>	<del> </del>	<del>                                     </del>
	110	Miscellaneous Revenue			Business Code	E7 050	E7 050		ļ
	11a b	Miscellaneous Revenu		_	900099	57,050	57,050	<del>                                     </del>	<del> </del>
	C		<del></del>			<del>                                     </del>	<del></del>	<del></del>	<del>                                     </del>
	1	All other revenue	<del></del>	_					
	i .	Total. Add lines 11a-11d .				57,050	.,,		
		Total revenue. See instructions				719,862	719,862		

#### Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 ..... Compensation of current officers, directors, trustees, and key employees . . . . . . . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 88,173 31,726 56,447 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 16,387 16,387 10 6,190 6,190 11 Fees for services (non-employees) 27,264 27,264 **b** Legal................. 6,000 6,000 Professional fundraising services See Part IV, line 17 . g Other (If line 11g amount exceeds 10% of line 25, column 27,131 (A) amount, list line 11g expenses on Schedule O) . . 32,381 5,250 12 2,914 2,914 13 16,866 16,866 14 15 16 17 909 909 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 88,842 88,842 21 22 Depreciation, depletion, and amortization . . . . . . 81,820 81,820 23 117,503 117,503 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.) Other Miscellaneous Expenses 55,461 55,461 86,859 b Utilities 86,859 36,428 c Real Estate Tax 36,428 43,650 43,650 d Other Operating Expenses All other expenses 9,032 9,032 Total functional expenses. Add lines 1 through 24e 716,679 545,568 171,111 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and ▶ ∐ ıf fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

**Balance Sheet** 

Part X

Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 27,566 1 80,785 2 2 3 Pledges and grants receivable, net ................ 3 4 19,620 4 6,162 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees 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 6 7 7 Inventories for sale or use 1,038 8 1,808 9 Prepaid expenses and deferred charges . . . . . . . . . 40,851 9 18,604 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . 10a 2,844,518 Less accumulated depreciation . . . . . . . . . . . . . . . . 10b 2,020,744 887,957 10c 823,774 b 11 11 12 12 13 13 14 14 15 15 633,662 645,048 16 16 1,576,181 1,610,694 17 91,346 17 90,530 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . . . . 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 23 23 1,690,813 1,651,932 24 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 12,010 25 14,011 Total liabilities. Add lines 17 through 25 . . . . . . . . . . . . . . . . 1,756,473 26 1,794,169 26 Organizations that follow SFAS 117 (ASC 958), check here  $\blacktriangleright | \overline{X} |$  and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 (190,720)27 (187, 537)28 28 7,245 29 7,245 Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ..... 33 (183, 475)33 (180, 292)1,610,694 34 1,576,181

		34-1622819	)	Pa	ge 12
Par	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. U_</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		19,8	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	7	16,6	79
3	Revenue less expenses Subtract line 2 from line 1	. 3		3,1	.83_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	(1	83,4	75)
. 5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	(1	80,2	92)
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				Ī
	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		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1	1
	reviewed on a separate basis, consolidated basis, or both			- 1	- 1
′	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			Į.	
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c .	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O		Ì		
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				—
Ja	the Single Audit Act and OMB Circular A-133?		3a	$_{\rm X}$	
	-		зa		
D	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		مر	$_{\rm X}$	
	required audit of audits, expiain why in Schedule () and describe any stens taken to undergo such audits		3b	ᅐᅵ	

#### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

> Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

,	Section 501(c)(4), (5), or (6) organizations	Complete Part III		,	
	e of organization	Complete Fait III.		Employer i	dentification number
	PHA HOUSING INC			34-1622	
		zation is exempt under section	n 501(c) or is		
1	Provide a description of the organization's				illeution.
•	definition of "political campaign activities";	•	ZUVILLES III I GIT IV	(SCC III SUCKIONS TO	
2	Political campaign activities (s			▶ €	
3	Volunteer hours for political campaign activity			· · · · · · · · · · · · · · · · · · ·	
<u> </u>		ization is exempt under section			<del>, , , , , , , , , , , , , , , , , , , </del>
1	Enter the amount of any excise tax incurre				
2	Enter the amount of any excise tax incurre				
3	If the organization incurred a section 495				
, 4а	Was a correction made?				
+a b	If "Yes," describe in Part IV				103 _ 110
		ization is exempt under section	n 501(c) exc	ent section 501(c)(3	7
1	Enter the amount directly expended by the			<u> </u>	<i>J</i> ·
•	activities			<b>&gt;</b> \$	
2	Enter the amount of the filing organization			· · · · · · · · · · · · · · · · · · ·	
-	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add				
•	line 17b			<b>&gt;</b> \$	
4	Did the filing organization file Form 1120				
5	Enter the names, addresses and employe				
•	organization made payments For each or				
	the amount of political contributions received	• .			
	as a separate segregated fund or a politi		•	•	
_				·	
	(a) Name	(b) Address ,	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		F		i	

Sched	ule C (Form 990 or 990-EZ) 2018 ALPHA HOUSING INC	34-	1622	819	F	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi	led F	orm	5768	_	
	(election under section 501(h)).					
For	acab "Van " raananaa an linaa da thraugh di halauu nrauda in Dart IV a datailad	(	a)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed					
aeso	cription of the lobbying activity.	Yes	No	P	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					ļ
	referendum, through the use of					j
а	Volunteers?					- 1
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					_
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?	_				
j	Total Add lines 1c through 1i	_	:		•	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		<u> </u>			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c	)(5), <b>(</b>	or se	ction		
<u> </u>	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3		Х
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c	)(5), (	or se	ction		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O	R (b)	<b>Part</b>	III-A,	line 3	3, is
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year .,		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pa	rt IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A,	lines 1	and			
2 (se	e instructions), and Part II-B, line 1 Also, complete this part for any additional information					
			_			
	·					

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

► Attach to Form 990.

2018

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

7 T 1	To the organization	C. A. T. C. C. C. T. C.
	PHA HOUSING INC	34-1622819
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts	<b>5.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (dunng year) .	- <del></del>
3	Aggregate value of grants from (dunng year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes   No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	nportant land area
	Protection of natural habitat Preservation of a certified history	onc structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conse	rvation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
þ	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
	<b></b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easer	nents dunng the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(	···
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de-	escribes the
	organization's accounting for conservation easements	
Рa	organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
Ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	ance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro-	ovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	<b>&gt;</b> \$

Sched	lle D (Form 990) 2018 ALPHA HOUSING I	NC			34-16228	119	Page 2
Pai	tilli Organizations Maintaining Co	ollections of A	rt, Historical Ti	reasures, or Oth			
3	Using the organization's acquisition, accession, a						
	collection items (check all that apply)						
а	Public exhibition	d 🗌 Loa	an or exchange prog	rams			
b	Scholarly research	e 🗌 Oth	ner				
С	Preservation for future generations						
4	Provide a description of the organization's collect	tions and explain h	ow they further the or	rganization's exempt i	ourpose in Part		
	XIII						
5	Dunng the year, did the organization solicit or rec	eive donations of a	irt, historical treasure	s, or other similar			
	assets to be sold to raise funds rather than to be	maintained as part	of the organization's	s collection?	<u> </u>	. Yes	☐ No
Pai	tilV  Escrow and Custodial Arrang						
	Complete if the organization ans	swered "Yes" o	n Form 990, Pai	rt IV, line 9, or re	oorted an amour	it on Form	l
	990, Part X, line 21.				<del> </del>		
1a	Is the organization an agent, trustee, custodian or	other intermediary	for contributions or o	other assets not		_	
				· · · · · · · · · · · · · · · · · · ·		. 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ving table	_			
	•				Amo	unt	
С	Beginning balance			<del></del>	<u>c</u>		
d				<del></del>	d		
е	• •			<b>├</b> —			
f	Ending balance						
2a	Did the organization include an amount on Form			•		∐ Yes	∐ No
	If "Yes," explain the arrangement in Part XIII Chi	eck here if the expl	anation has been pro	ovided on Part XIII	<del></del>	• • • • •	<u>. L </u>
Rai	Endowment Funds.	awarad "Vaa" a	Farm 000 Day	w 1) / 1; 40			
	Complete if the organization and				<del></del>	<del></del>	
4	Decision of visco belongs	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance		<del> </del>	<del> </del>	<del> </del>	<del> </del> ;	
D	Contributions		<del> </del>	<del> </del>	<del> </del>		
C	Net investment earnings, gains, and losses						
а	Grants or scholarships		<del> </del>	<del> </del>	<del> </del>	<del> </del>	
_	Other expenditures for facilities and		<del> </del>	<del> </del>	<del> </del>		
·	programs						
f	Administrative expenses		<del> </del>	<del>                                     </del>	<del> </del>	<u> </u>	
· a	End of year balance			+		<del>                                     </del>	
2	Provide the estimated percentage of the current y	rear end balance (I	ine 1g. column (a)) h	eld as	<del></del>	L	
a	Board designated or quasi-endowment	%		0.0 00			
b	Permanent endowment ▶ %						
С	Temporanty restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c should e		•				
3a	Are there endowment funds not in the possession	•	on that are held and a	administered for the			
	organization by	•				Ye	s No
	•			. <b></b> .		3a(ı)	
						3a(iı)	
b	If "Yes" on line 3a(ii), are the related organization					3b	

# Part(VI) Land, Buildings, and Equipment.

Describe in Part XIII the intended uses of the organization's endowment funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		107,000		107,000
b	Buildings		2,284,636	1,611,519	673,117
c	Leasehold improvements		129,685	107,729	21,956
d	Equipment				
_е	Other STMD1E		323,197	301,496	21,701
Tota	I. Add lines 1a through 1e (Column (d) must equal Fo	rm 990, Part X, column	(B), line 10c )	<u></u> .	823,774

Schedule D (Form 990) 2	018 ALPHA HOUSING INC		34-1622819 Page
'Part\VII" In	vestments - Other Securities.		
Co	omplete if the organization answered "	Yes" on Form 990, F	Part IV, line 11b. See Form 990, Part X, line 12.
(a) [	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial deriva	atives		
(2) Closely-held ed	quity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)		<u> </u>	
(E)			
(F)			
(G)			
(H)			
Total (Column (b) must	equal Form 990, Part X, col (B) line 12)		
PartiVIII In	vestments - Program Related.		
C	omplete if the organization answered "	Yes" on Form 990, I	Part IV, line 11c. See Form 990, Part X, line 13.
(a	Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(2)			

Partlix	Other	Assets.
IT ALUINI	Ulliel	MODELO

Total (Column (b) must equal Form 990, Part X, col (B) line 13)

(4) (5) (6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Security Deposit Reserve	13,512
(2) Escrow Deposits	31,432
(3) Replacement Reserve	536,485
(4) Residual Receipts	63,619
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)	645,048

#### PartiX Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1) Feder	al income taxes		
(2) Sect	urity Deposit held in Trust		14,011
_(3)			
(4)			
(5)			
(6)			
_(7)	·		
(8)			
(9)			
Total (Column	n (b) must equal Form 990, Part X, col (B) line 25 )		14,011

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

34-1622819

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
			710 000
1	Total revenue, gains, and other support per audited financial statements	1	719,862
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants	<b> </b>	
d	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	719,862
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а		<u> </u>	
b	Other (Describe in Part XIII )		
С		4c	
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	719,862
<u>P</u> a	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		<del></del>
1	Total expenses and losses per audited financial statements	1_1_	716,679
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1	
þ	<del></del>		
C			
d	` ' <del>L=</del>		
е	· ·		
3	Subtract line 2e from line 1	3	716,679
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	\ <del></del>	<b>↓</b>	
b	Other (Describe in Part XIII )		
С		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	716,679
	Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Pa		
.', Pá	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		
_		<del></del>	
	1		
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	I		
-			

#### 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.

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.

Open to Public Inspection

Employer identification number

34-1622819 ALPHA HOUSING INC 01. Form 990 governing body review (Part VI, line 11) The return is reviewed by the board of directors prior to submission. 02. Governing documents, etc, available to public (Part VI, line 19) Pertinent documents are released to public upon request. 03. List of other fees for services expenses (Part IX, line 11g) Real estate taxes \$36,428 Contracts \$27,131

Sched	dule C (Form 990 or 990-EZ) 2018 ALPHA HOUSING	G INC			34-16228	319 Page 2
Pa	rt II-A Complete if the organizatio	n is exempt un	der section 501	(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).				**	
Α (	Check 🕨 📙 if the filing organization belongs to	an affiliated group (	(and list in Part IV ca	ch affiliated group m	iember's name,	
	address, EIN, expenses, and share					
3 (	Check 🕨 📙 if the filing organization checked b	ox A and "limited co	ntrol" provisions app	<u>ly</u>	<del>,</del>	<u> </u>
	Limits on Lobi	bying Expenditures	3		(a) Filing	(b) Affiliated
	(The term "expenditures" n	neans amounts pai	d or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots l	obbying)			
þ	Total lobbying expenditures to influence a legisla					
C	Total lobbying expenditures (add lines 1a and 1b	)			,	
d						
е	Total exempt purpose expenditures (add lines 10					
f	Lobbying nontaxable amount. Enter the amount	from the following tal	ble in both			
	columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	t is:		
	Not over \$500,000	20% of the am	ount on line 1e		.	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of		İ	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	er \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er -0				
i	Subtract line 1f from line 1c If zero or less, enter	r-0				
j	If there is an amount other than zero on either lin		•			
	reporting section 4911 tax for this year?		<u> </u>	<del></del>		Yes
			ng Period Under			
	(Some organizations that made a s					s below.
	Se	e the separate in	structions for lin	es 2a through 2f	.)	
	Lobb	ying Expenditures I	During 4-Year Aver	aging Period	1	
	Calendar year (or fiscal year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
	beginning in)	, ,	]	''		
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
	(130 % of lifte 2a, column (e))	<u> </u>	te <del>en</del> no rura assa	<u> </u>	1	
	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))	. <u>——</u>			,	
	Consequents labeled and a support of the support of					

EEA

Schedule C (Form 990 or 990-EZ) 2018

Page 2

Pa	rt II-A Complete if the organization	ı is exempt un	der section 50°	1(c)(3) and filed	Form 5768 (elec	tion under		
	section 501(h)).							
A	Check ▶ ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name,							
_	address, EIN, expenses, and share	• `	• • •					
<u>B</u> _	Check ► ☐ If the filing organization checked bo			oly				
		ying Expenditure:			(a) Filing	(b) Affiliated		
	(The term "expenditures" m				organization's totals	group totals		
1a	Total lobbying expenditures to influence public op			• • • • • • • • •		<del></del>		
b	Total lobbying expenditures to influence a legislat	• • • • • • • •	<u> </u>					
С					ļ			
d	and an arrange from the contract of the contra				<u> </u>			
e	Total exempt purpose expenditures (add lines 1c	•		• • • • • • • •	ļ			
f	Lobbying nontaxable amount. Enter the amount fr	om the following ta	ble in both					
	columns	~ <del>_</del> -	·		<u> </u>			
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	it is:				
	Not over \$500,000		ount on line 1e					
	Over \$500,000 but not over \$1,000,000	<del></del>	15% of the excess					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000						
	Over \$1,500,000 but not over \$17,000,000		5% of the excess of	ver \$1,500,000				
	Over \$17,000,000	\$1,000,000			ļ	<del></del>		
g	•	•						
h	<b>9</b>							
ı	Subtract line 1f from line 1c If zero or less, enter					· · · · · · · · · · · · · · · · · · ·		
j	If there is an amount other than zero on either line	th or line 11, did th	ne organization file F	orm 4720				
	reporting section 4911 tax for this year?			<u></u>	<u></u>	Yes No		
		_	ng Period Under	` '				
	(Some organizations that made a se			=		s below.		
	See	the separate in	structions for lin	ies 2a through 2f	.)			
	Lobby	ing Expenditures	Duπng 4-Year Aver	aging Period	<del>,</del> -			
	Calendar year (or fiscal year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
	beginning in)	, ,	1	] ''	`'	` '		
				ļ				
2a	Lobbying nontaxable amount		[					
				<del> </del>	<u> </u>			
b	Lobbying ceiling amount (150% of line 2a, column (e))							
С	Total lobbying expenditures							
d	Grassroots nontaxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))					``		
f	Grassroots lobbying expenditures	·				,		

EEA

Schedule C (Form 990 or 990-EZ) 2018 ALPHA HOUSING INC

Schedule C (Form 990 or 990-EZ) 2018