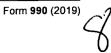
L C GAM	
S S S	;

_	00	<b>.</b>	Do4	of Organization	Evenne	Erom In	oomo Ta	. v		OMB No 1545-0047
Form	99	U	Retu	rn of Organization	Exemb	. FIOIII III	icome ra	<b>4</b> X		2019
(Rev	January	2020)	Under section 501	(c), 527, or 4947(a)(1) of the	Internal Rev	enue Code (e	except privat	e found	ations)	2013
•				enter social security numbe						Open to Public
		ne Treasury e Service	▶ Go to	www.irs.gov/Form990 for i	nstructions	and the lates	st informatio	n		Inspection
A F	or the	2019 calendar	year, or tax year beg				and ending			, 20
	heck if ap			ALPHA HOUSING INC				D	Employer id	lentification number
	ddress ch	•		AL HOUSING FOR THE	ELDERLY				34-	-1622819
$\overline{}$	ame chai	=		P O box if mail is not delivered to stree			Room/suite	E	Telephone n	umber
$\overline{}$	itial retur	-	662 WOLF LEDG		•				(3:	30) 376-8787
$\overline{}$		n/terminated		province, country, and ZIP or foreign po	stal code			G	Gross receip	ots
$\equiv$	mended i		Akron, OH 443	• • • • • • • • • • • • • • • • • • • •					\$	690,168
$\overline{}$		pending	F Name and address of				A H(a)	Is this a grou	p return for subor	rdinates? Yes X No
۰, ب		, panang		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		か	) H(b)	Are all sub	ordinates inclu	ıded? Yes No
l Ta	ax-exemp	ot status 5	01(c)(3) X 501(c) ( 4	) <b>4</b> (insert no ) 4947(a)	)(1) or	527		If "No," atta	ach a list (see	instructions)
		► N/A			1	_	H(c)	Group ex	emption numb	er 🕨
			orporation Trust A	Association Other	\ \ \ \ \ \	L Year of formati	ion 1988	M Stat	te of legal dom	icile OH
Par		Summary	<u> </u>		1					
			the organization's mi	ssion or most significant activit	les Low	income h	ousing fo	or the	elder	Lv.
	•	Briony documen	, and organizations in	201011 01 111201 01g 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110						
9			· · · · ·							
nar			-					•		
Activities & Governance	2	Check this hox	▶ ☐ if the organizati	on discontinued its operations	or disposed	of more than	25% of its net	t assets		
တိ				verning body (Part VI, line 1a)					3	9
<b>∞</b> 5			=	ers of the governing body (Pa				1	4	9
Ęį				in calendar year 2019 (Part V	-			Г	5	0
Ž			of volunteers (estimate	•				Г	6	
ĕ			•	m Part VIII, column (C), line 12					7a	0
				ne from Form 990-T, line 39				Г	7b	0
		Tet amelatea	Jobinos (GRabis Intern	D HOLLING CO. T I MIC CO.				or Year		Current Year
	8	Contributions a	and grants (Part VIII. lir	ne 1h)						0
9				ine 2g)				662,	187	686,547
Revenue				(A), lines 3, 4, and 7d)			1		625	836
Re.			•	lines 5, 6d, 8c, 9c, 10c, and 11				57,	050	2,785
			, , , , , , , , , , , , , , , , , , , ,	1 (must equal Part VIII, column	•			719,	862	690,168
				t IX, column (A), lines 1-3)			1			0
				IX, column (A), line 4)						0
		•	•					110,	750	116,412
Ses	16a	Professional fu	indraising fees (Part IX	ee benefits (Part IX, column (	ECEIVI					0
ë	I		ng expenses (Part IX, o	1 7		189				
Expens			s (Part IX, column (A),	lines 11a-11d, 11f-24e .M	AY. 0.4. 2	020.		605,	929	608,518
	I			ist equal Part IX, column (A), li				716,		724,930
		•	expenses Subtract lin			IIT			183	(34,762)
-sa	† <u></u>		, -;;	1 0	GUEIN.		Beginning			End of Year
Net Assets or Fund Balances	20	Total assets (F	art X. line 16)		_ <del>_</del>			,576,		1,548,804
Ass.								,756,		1,763,858
E Set	1		• •	ct line 21 from line 20				(180,		(215,054)
Par		Signature						, ,		
Under	penaltie	s of perjury, I declar	e that I have examined this re	etum, including accompanying schedule	es and statement	s, and to the best	of my knowledge	and belief,	ıt ıs	
true, c	orrect, ar	nd complete Decla	ation of preparer (other than	officer) is based on all information of wi	hich preparer has	any knowledge	00			
		Thomas	R Fuller		0	Lost	Ver		41	27/2021
Sign		Signature of	f officer						Date	9
Here	•  i	Thomas	R Fuller, EXE	CUTIVE DIRECTOR						
			nt name and title							
		Pnnt/Type prepa	rer's name	Preparer's signature		Date		Check	ıf PTIN	
Paid		JOHN R W	RIGHT	John R Wright		04-17-20	20	self-emplo	yed P	00291948
Prep		Firm's name		ADVISORS OF OHIO	LLC		Firm's E	IN ►		
	Only		<del></del>	EE ROAD SUITE 109	<u>-</u>		Phone n	10		
				and OH 44120					216-541-	-0090
Mayt	ha IDS	discuss this ro		shown above? (see instruction	ne)					. Yes X No



Forn	n 990 (2019) ALPHA HOUSING INC	34-1622819	Page 2
	rt III Statement of Program Service Accomplishments		
	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.		
2	Did the organization undertake any significant program services during the year which were not listed on the		٦
	prior Form 990 or 990-EZ?	∐ Yes ↓	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		<b>□</b> .
	services?	∐ Yes [	X NO
_	If "Yes," describe these changes on Schedule O	ad b	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to complete the total expenses, and revenue, if any, for each program service reported	Juliers,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 471,282 including grants of \$) (Revenue	\$ 690	168)
<b>~</b> a	HOUSING COMPLEX FOR THE ELDERLY		, 100 ,
	HOUSING CONFIDER FOR THE EDDERDI		
		<u> </u>	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
			·
			-
			<del></del>
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
			···
	·		
		· · · · · · · · · · · · · · · · · · ·	
		<del></del>	
	Oll Control of Orbert 1: O.		•
4d	Other program services (Describe on Schedule O )	,	
<u></u>	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 471,282		<del></del>
_ <del>4e</del> EEA	Total program service expenses ► 471,282	Form	990 (2019)
^		. 5111	\/



Page 3

Pa	rt 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,"			
	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)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	Ť		
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
٠	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"Yes," complete Schedule D, Part I	6	1 1	v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		X
'	· · · · · · · · · · · · · · · · · · ·	7		•
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b> -		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	١.,		
•	Complete Schedule D, Part III	8		<u>x</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			77
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	$\vdash \vdash \vdash$	Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		**
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			1
_	VII, VIII, IX, or X as applicable	-	<u> </u>	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-		
_	Complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	446		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110	-	<u> </u>
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	110		_ <u>x</u> _
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	448		
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		**
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		-	<u>x</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		<u>x</u>
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		<u>x</u> _
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		<u>x</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	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		<u>x</u> _
FFA		Form (	990 (20	1191

34-1622819 Form 990 (2019) ALPHA HOUSING INC Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ......... X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 х 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 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 ........... Х 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? 25b X Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 -Х Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 persons? If "Yes," complete Schedule L, Part III ........... X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part 28 IV instructions, for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a X 28h X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . . . . . . . . . . . . . . . X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . . . . . X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?............. X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . . . . . . . . . . . . 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V  $\Box$ 

ains a response or note to any line in this Fait V		•	L
	Yes	s N	0
rm 1096 Enter -0- if not applicable			
ın line 1a Enter -0- if not applicable			
withholding rules for reportable payments to vendors and	_	_	_
prize winners?	x		_
	rm 1096 Enter -0- if not applicable	Yet rm 1096 Enter -0- if not applicable	in line 1a Enter -0- if not applicable

Form	990 (2019) ALPHA HOUSING INC	34-1622819	9	P	age <b>5</b>
Pai	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	13 <sup>3</sup>	1,42		
	Statements, filed for the calendar year ending with or within the year covered by this return	<u> </u>			F'
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	<u></u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		× ×	* _ , _ ; ' i	1.27
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
, p	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q		3b		<u></u>
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		x
b	If "Yes," enter the name of the foreign country		1-73	A T.	
	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?	<u>. !</u>	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u></u>	5b		x
C.	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	· · · · · <u>  </u>	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				ł
	organization solicit any contributions that were not tax deductible as charitable contributions?	6	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				ł
	gifts were not tax deductible?	· · · · · ·   <u>· (</u>	6b		27.77 86
7	Organizations that may receive deductible contributions under section 170(c).	, n	77 4	PB + 1	ľv.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	a-street		سند	
	and services provided to the payor?		7a		<b>—</b> —
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	· · · · · · <u>  -</u>	7b		<u> </u>
▶ C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	. 7	7c	). 1 <sup>2</sup> +	,3 12 "4
d	If "Yes," indicate the number of Forms 8282 filed during the year			· * ·	7 7, 7
е	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		<del></del>
g	If the organization received a contribution/of qualified intellectual property, did the organization file Form 8899 as require		7g		<del> </del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	3.1	×*- , ]
8 .	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		8	<u> </u>	
	sponsoring organization have excess business holdings at any time during the year?	",		- , ,	, 3, , , , , , , , , , , , , , , , , ,
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a	12 a.se	المُنْكُ بِي أَنْ السَّالِينَا السَّالِينَا السَّالِينَا السَّالِينَا السَّالِينَا السَّالِينَا السَّالِينَا ا
a			9b	$\dashv$	
b 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	3	, i'k .	<del>, 1</del>	, , <sup>2</sup> , , , *
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	[, '	'.'	·	,,,
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			5 <sub>3</sub> 5,-	' ' ' '
11	Section 501(c)(12) organizations. Enter		'.'	- , ! ,	1 1 1
''a	Gross income from members or shareholders	ž.	15,8	, .;	, , , , , , , , , , , , , , , , , , ,
ь	Gross income from other sources (Do not net amounts due or paid to other sources	; ,		15	, ,
	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?	1	2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		, -	· .	2 - 7
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	n. i.	2	:: ::::::::::::::::::::::::::::::::::	
а	Is the organization licensed to issue qualified health plans in more than one state?	1	3a		
	Note: See the instructions for additional information the organization must report on Schedule O	, 1		, , ,	35
Ь	Enter the amount of reserves the organization is required to maintain by the states in which	3,1	M.F.	, , , , ,	3 3
_	the organization is licensed to issue qualified health plans			ا: ﴿ `	
С	Enter the amount of reserves on hand	,;	" [1]	<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14	4a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14	4b		
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) dunng the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N	31 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	i, i	ادا سد ادات ادا سد ادات	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16	l	x
	If "Yes," complete Form 4720, Schedule O	1 1 1	" , l , j	, ' , ! 	, , ¸ = , , , , , , , , , , , , , , , ,

Page 6

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on 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 2 X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? x 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? x Did the organization have members or stockholders? 6 Х 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 x 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 x 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a b Each committee with authority to act on behalf of the governing body? 8b x Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a 10a Did the organization have local chapters, branches, or affiliates? Х 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? 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a x 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c x 13 Did the organization have a written whistleblower policy? 13 x 14 14 Did the organization have a written document retention and destruction policy? x Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a x Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 

Ohio 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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 THOMAS FULLER (330) 376-8787, 662 WOLF LEDGES PARKWAY, Akron, OH 44311

Form 990 (20	019) ALPHA HOUSING IN	NC	34-1622819 Page	e 7
Part VII	Compensation of Officers, Di	rectors, Trustees, Key Employe	es, Highest Compensated Employees, an	d
	Independent Contractors		_	_
	Check if Schedule O contains a respons	se or note to any line in this Part VII		<u>]                                    </u>
Continu A	Officers Directors Trustoes Koy Emi	playage and Highart Companyated Emp	lovoes	

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

See instructions for the order in which to list the persons above

Check this box if neither the organization nor any relat	ed organizat	on co	mpen	sate	ed a	пу сип	ent	officer, director, or	trustee	
(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos ck m s per	son is	na noe and his both as both the structure of trusteed employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) WILLIAM R BENNETT PRESIDENT	2.00	х		x				0	0	0
(2) VIRGILL PITTMAN Jr.	2.00							,		· ·
VICE PRESIDENT (3) LON G BROWN Sr.	2.00	х		х				0	0	0
SECRETARY		х		х				0	0	0
(4) RETANIO AJ RUCKER TREASURER	2.00	x		x				) <b>O</b>	o	0
(5) ROBERT L BROWN Sr.	1.00	<u> </u>								
BOARD MEMBER		х		_				0	0	0
(6) DANIEL J BRINSON Sr. BOARD MEMBER	1.00	x						0_	0_	0
(7) SAMUEL R SMITH II BOARD MEMBER	1.00	x						0	0	0
(8) RICHARD HUCKABEE	1.00							0	0	0
BOARD MEMBER (9) HUGH A TURNER	1.00			-						
BOARD MEMBER (10)THOMAS FULLER	1.00	х	$\dashv$	-	_		_	0	0	0
(10)THOMAS FULLER EXECUTIVE DIRECTOR					х			0	<b>o</b> _	0
(11)		'								
(12)		!							-	
(13)										
<u>(14)</u>						-				

ALPHA HOUSING INC

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loyee	s, ar			est Co	omp	ensated Employe	ees (continued)	T		
(A) Name and title	(B) Average hours per week	Average box, unless person is both an officer and a director/trustee) per week						(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amou of other compensation from the		r ition
	hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	- ormer	-	(W-2/1099-MISC)		anization ed organi	
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)											•	
(22)												
(23)												
(24)						•						
(25)												
1b Subtotal							-					
d Total (add lines 1b and 1c)									of	<u> </u>		0
reportable compensation from the organization	<u> </u>										Yes	No
3 Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche										3		х
4 For any individual listed on line 1a, is the sum organization and related organizations greate individual	r than \$150,000	)? If "Y	'es,"	com	nplet	te Sch	edu	le J for such				x
5 Did any person listed on line 1a receive or accr for services rendered to the organization? If "	ue compensation	on from	any	unr	elate	ed org	anız	ation or individual		5		х
Section B. Independent Contractors	ree, complete	0000	4,0 0	, , , ,		,, po.o						
<ol> <li>Complete this table for your five highest comper compensation from the organization. Report co</li> </ol>												
(A) Name and business ad				-				(B) Description of service		(C) Compens		
-												
Total number of independent contractors (inclu-					ted a	above	) wh	0				
received more than \$100,000 of compensation	πom the organi	zation		•				<u> </u>	L		000 (2	2010

Page 9

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns . . . . . . . . 1a Membership dues . . . . . . . . . . . . 1b Contributions, Gifts, Grants and Other Similar Amounts Fundraising events ..... 1c 1d Related organizations . . . . . . . . . Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f . . . . . . . 1g h Total. Add lines 1a-1f . . . **Business Code** 2a Gross Rents 531110 666,093 666,093 Program Service Revenue b Service Coordinator 623000 -20,454 20,454 f All other program service revenue . . 686,547 Investment income (including dividends, interest, and 836 836 Income from investment of tax-exempt bond proceeds (i) Real 6a Gross rents . . . . . b Less rental expenses . . 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other 7a Gross amount from sales of assets other than inventory Less cost or other basis 7a 7b Other Revenue and sales expenses . . c Gain or (loss) . . . . . 7c d Net gain or (loss) . . . . . . 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . . . . 8a **b** Less direct expenses . . . . . . . . . 8b c Net income or (loss) from fundraising events • 9a Gross income from gaming activities, See Part IV, line 19 . . . . . . . 9a **b** Less direct expenses . . . . . . . 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . 10a **b** Less cost of goods sold . . . . . . . . 10b c Net income or (loss) from sales of inventory Elitable Market **Business Code** Miscellanous Revenue 11a Miscellaneous Revenue 900099 2,785 2,785 d All other revenue . . . e Total. Add lines 11a-11d 690,168 690,168 0

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) (C) (A) Total expenses Do not include amounts reported on lines 6b, 7b, Program service Management and 8b, 9b, and 10b of Part VIII. expenses expenses general expenses المراجعة المراجعة المراجعة المراجعة Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 . . . . Benefits paid to or for members . . . . . . . . . . . . . . . . Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . <u>34,5</u>45 58,820 93,365 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 16,482 16,482 9 6,565 10 6,565 11 Fees for services (nonemployees) 27,264 27,264 **b** Legal............... 6,000 6,000 Professional fundraising services See Part IV, line 17 . Other (If line 11g amount exceeds 10% of line 25, column 10,530 (A) amount list line 11g expenses on Schedule O) . . 59,069 48,539 1,152 1,152 12 18,508 18,508 13 14 15 16 878 878 17 18 Payments of travel or entertainment expenses 1 for any federal, state, or local public officials 19 Conferences, conventions, and meetings ..... 20 86,868 86,868 21 84,408 84,408 22 Depreciation, depletion, and amortization . . . . . . 23 26,134 26,134 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 50,005 50,005 Other Miscellaneous Expenses b Utilities 94,342 94,342 c Real Estate Tax 45,531 45,531 Other Operating Expenses 27,868 27,868 80,491 80,491 e All other expenses Total functional expenses. Add lines 1 through 24e. 724,930 471,282 253,648 0 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and following SOP 98-2 (ASC 958-720) . . \_ . . .

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 80,785 1 84,142 2 2 3 3 4 6,162 4 5,345 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons ...... 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 8 791 1,808 Prepaid expenses and deferred charges ......... 9 18,604 18,465 10a Land, buildings, and equipment, cost or other The Part of , 12° 12' basis Complete Part VI of Schedule D . . . . . . . 10a 2,852,272 2,105,152 823,774 10c b 747,120 11 11 12 Investments - other secunties See Part IV, line 11 . . . . . . . . . 12 13 13 14 14 15 645,048 15 692,941 16 Total assets. Add lines 1 through 15 (must equal line 33) . . . . . . . . . . . . . . . 1,576,181 16 1,548,804 17 90,530 17 139,538 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ...... 22 23 Secured mortgages and notes payable to unrelated third parties 23 1,610,987 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 14,011 25 13,333 26 Total liabilities. Add lines 17 through 25 . . . . . . . . . 1,756,473 26 ,763,858 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33, Net Assets or Fund Balances 27 Net assets without donor restrictions (187, 537)27 (222, 299)28 7,245 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds 32 (180,292) 32 (215,054)33 33 1,576,181 1,548,804

EEA

Form 990 (2019)

Form	1 990 (2019) ALPHA HOUSING INC	<u>4-162281</u>	9	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				_
	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		690,	168
2	Total expenses (must equal Part IX, column (A), line 25)	2		724,	930
3	Revenue less expenses Subtract line 2 from line 1	3		(34,	762)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		180,	292)
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 on Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		215,	054)
Pa	rt 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 🗵 Accrual 🔲 Other			2 2 27	·
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		5,7	, ; ,	
	Schedule O		3 L <sub>3</sub> 2	, ,, -	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		2,1,1	2, 5 , 1	, ,
	reviewed on a separate basis, consolidated basis, or both		j7		(, ), (,
	Separate basis Consolidated basis Both consolidated and separate basis		p ;	177, "	in minutes
b	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		]. 1	1	
	Separate basis Consolidated basis Both consolidated and separate basis		, ,	330 SW - 430	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				l
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				, , , , ,
	Schedule O		, , , , , , , , , , , , , , , , , , ,	., ",	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Single Audit Act and OMB Circular A-133?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
			3b	x	
			Form	990 (	2019)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

**Open to Public** Inspection

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

	(see separate instructions), the Section 501(c)(4), (5), or (6) org					
	e of organization	anizations Complete Part III	<del></del> -	Employer ider	ntification number	
	PHA HOUSING INC				1622819	
		e organization is exempt und	er section 501(c			
1		janization's direct and indirect political ca			gumzationi	
•	definition of "political campaign	:	ampaign delivities in	Tarrit (See Metadore le		
2	Political campaign activity expe					
3		npaign activities (see instructions)				
		e organization is exempt und				
1		tax incurred by the organization under s				
2		tax incurred by organization managers				
3		ection 4955 tax, did it file Form 4720 for				□ No
4a	=		-			☐ No
ь	If "Yes," describe in Part IV					
		e organization is exempt unde	er section 501(c	e), except section 501(c	c)(3).	
1		nded by the filing organization for section			-/(-/	
•						
2		ganization's funds contributed to other				
	· · · · · · · · · · · · · · · · · · ·		=			
3	·	ures Add lines 1 and 2 Enter here and o		•		
-	•			<b>&gt;</b> \$		
4		orm 1120-POL for this year?				No
5		d employer identification number (EIN) o			- · · · -	٠
_		or each organization listed, enter the am				
		ions received that were promptly and dir				
		or a political action committee (PAC)				
		or a pointed action containing (1710)			T	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of politic contributions receive promptly and direct delivered to a sepa political organizati If none, enter -0-	d and atly rate on
(	1)		-			
(	2)		-			
(	3)		-			
(-	4)					,
(	5)		_			
(			_			

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Sche	edule C (Form 990 or 990-EZ) 2019 ALPHA HOUSI		•		34-1622	
Pa	Complete if the organizati section 501(h)).	on is exempt ur	nder section 50	1(c)(3) and filed	Form 5768 (ele	ction under
_	Check ► ☐ if the filing organization belongs	to an affiliated aroun	/and list in Part IV as	ach affiliated group n	aemborio namo	
^	address, EIN, expenses, and sha	- •	•		rember s name,	
R	Check ► ☐ if the filing organization checked			nhv		
<u>-</u>		bbying Expenditure		<i></i>	(a) Filing	(b) Affiliated
	(The term "expenditures"			•	organization's totals	group totals
				· <u>-</u> - ·	<del>  -</del>	<u> </u>
b						
С		• •				
d						
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amoun	·='			1	
	columns	_				
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		THERE SEE
	Not over \$500,000	20% of the am	nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000	111111111111111111111111111111111111111	- 1
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess or	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000			odi offi	11 11 11 11 11
g		•				
h	,,					<del> </del>
i	Subtract line 1f from line 1c If zero or less, ente	L				
J	If there is an amount other than zero on either li		_			
—	reporting section 4911 tax for this year?	4 Van Avena			· · · · · · · · · · · ·	∐ Yes
	(Some organizations that made a s	_	ng Period Under	• •	of the five column	se bolow
	_	ee the separate in				is below.
		e the separate in		co za amougn zn	,	
_	Lobi	ying Expenditures I	During 4-Year Avera	aging Period	,	
	Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d)</b> 2019	(e) Total
 2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		m <sub>1</sub>   m <sub>1</sub>   m <sub>2</sub>   m <sub>1</sub>   m <sub>2</sub>   m <sub>2</sub>	
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))	3	7.	13.	* * * * * * * * * * * * * * * * * * *	
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

c Media advertisements? d Mailings to members, legislators, or the public? e 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		1, 1	0	Amount
Dunng 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 referendum, through the use of  Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e 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		,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e 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		,		
referendum, through the use of  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 1i		\ '	1	
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e 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 Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i				1
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e 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 Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total Add lines 1c through 1i			2	7 (2 ) (3 ) (3 ) (3 ) (4 ) (4 ) (4 ) (4 ) (4
c Media advertisements? d Mailings to members, legislators, or the public? e 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 Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? j Total Add lines 1c through 1i				
Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 1i		-		
e 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		-		
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?  Other activities?  Total Add lines 1c through 1i		1	_	
g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 1i		+		
h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?				
Other activities?		+-	+	
j Total Add lines 1c through 1i		+		
-	<del></del> -	<del></del>	1,	
				<u> </u>
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		_		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b If "Yes," enter the amount of any tax incurred under section 4912	,	1		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				· , ;;;;;;;
<u>Part III-A</u> Complete if the organization is exempt under section 501(c)(4), sec	:tion 501(c)(5),	or s	ectio	n
501(c)(6).				<del>-,,-</del>
			_	Yes N
1 Were substantially all (90% or more) dues received nondeductible by members?				1 2
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2 2
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the p				3 2
Part III-B Complete if the organization is exempt under section 501(c)(4), sec				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	ed "No" OR (b)	Par	t III-A	, line 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		1,	'	
political expenses for which the section 527(f) tax was paid).				
a Current year		2a		
<b>b</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		7	•	
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		
Part IV Supplemental 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.

OMB No 1545-0047

2019

Donar	Department of the Treasury				Open to Public		
	Internal Revenue Service			Inspection		on	
Name	Name of the organization Employ				ployer identification number		
ALPHA HOUSING INC 34-1622819							
Pa		tions Maintaining Donor Advised Fu		Accounts			
	Complete	if the organization answered "Yes" or	Form 990, Part IV, line 6				
			(a) Donor advised funds		(b) Funds ar	nd other account	<u> </u>
1	Total number at en	d of year					
2	Aggregate value of	f contributions to (dunng year)					
3		f grants from (dunng year)					
4		t end of year					
5		n inform all donors and donor advisors in w				п.,	П.,
		nization's property, subject to the organizati				∐ Yes	∐ No
6	-	n inform all grantees, donors, and donor ad					
		purposes and not for the benefit of the dono				□ v	□ N-
Da		ssible private benefit?	<u></u>	• • • • •	· · · · · · · ·	. <u> </u>	∐ No
Pai		vation Easements.	n Farm 000 Bort IV line 7				
		e if the organization answered "Yes" o			. <del></del>		
1		ervation easements held by the organization	_	tion of a bic	torically importa	ent land area	
	Preservation o	f land for public use (e g , recreation or edu	·		tified historic st		
	Preservation o			lion or a cer	tilled filstoric st	lucuie	
2		r open space nrough 2d if the organization held a qualified	Conservation contribution in the form	nf a conserv	ation		
2		ist day of the tax year	Conservation contribution in the form			he End of the	Tay Voar
а		-			2a	ne Enu oi uie	TIAX TEAL
b		ricted by conservation easements			2b		
c		vation easements on a certified historic structure			2c		
d		vation easements included in (c) acquired a					
_					2d		
3		vation easements modified, transferred, rele			tion during the		
	tax year ▶	,		Ū	_		
4		where property subject to conservation ease	ement is located ►				
5		ion have a written policy regarding the perio					
		progression of the conservation easements it h				Yes	No
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing cons	servation ea	sements dunng	the year	
	<b>-</b>	_					
7	Amount of expense	es incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conserva	ation easem	ents dunng the	year	
	<b>&gt;</b> \$						
8	Does each conserv	vation easement reported on line 2(d) above					
	and section 170(h)					. 🗌 Yes	∐ No
9		e how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
	organization's accounting for conservation easements  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
Pai				or Otner	Similar As	sets.	
		e if the organization answered "Yes" o					
1a	_	elected, as permitted under FASB ASC 958					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items						
Þ	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	provide the following amounts relating to these items						
	(i) Revenue included on Form 990, Part VIII, line 1						
•						<del></del>	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items						
_	_	on Form 990, Part VIII, line 1			▶ \$		
a h		Form 990, Part X			· · · · · · · · · · · · · · · · · · ·		
	, wasta iritiuutu III				- • · · · ·		

Sched	ule D (Form 990) 2019 ALPHA HOUSING			·	34-162		age <u>2</u>
Pai	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)						
3							
	collection items (check all that apply)						
а	Public exhibition		d 🗌 Loan	or exchange pro	grams		
b	Scholarly research		e 🗌 Other	·			
С	Preservation for future generations						
4	Provide a description of the organization's coll XIII	lections and explain	how they further the	organization's ex	empt purpose in Part		
5	During the year, did the organization solicit or	receive donations of	art historical treasu	res or other simil	ar		
3	assets to be sold to raise funds rather than to					. $\square$ Yes $\square$	No
Pai	rt IV Escrow and Custodial Arrai		art of the organization	10 00110011011		<u> 🗀 199 🚨</u>	
	Complete if the organization a		on Form 990. Pa	art IV. line 9.	or reported an am	ount on Form	
	990, Part X, line 21			, ,	•		
1a	Is the organization an agent, trustee, custodiar	or other intermedia	ry for contributions of	r other assets no	t		
	included on Form 990, Part X?				· · · · · · · · · · · · ·	🗌 Yes 🔲	No
h	If "Yes," explain the arrangement in Part XIII a						
-	The state of the s		- · · · · · · · · · · · · · · · · · · ·		A	mount	
С	Beginning balance				1c		
d	3 0				1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on For				·	.  Yes	No
	If "Yes," explain the arrangement in Part XIII						
	rt V Endowment Funds.	OTICON TIOI O II TITO OX	planation nas soon p			<u> </u>	
	Complete if the organization a	answered "Yes"	on Form 990. Pa	art IV. line 10			
		(a) Current year	(b) Pnor year	(c) Two years bac	i	k (e) Four years b	ack
1a	Beginning of year balance	(1) 21/2/2/	1-7	(-, -, -, -, -, -, -, -, -, -, -, -, -, -		,,,,,	
b	Contributions						
Č	Net investment earnings, gains, and						
ŭ	losses						
d	Grants or scholarships		-	<del></del>			
e	Other expenditures for facilities and						
ŭ	programs						
f	Administrative expenses			†			
g	End of year balance						
2	Provide the estimated percentage of the current	nt year end balance	(line 1g. column (a))	held as			
a	Board designated or quasi-endowment	%	(3, (-//				
b	Permanent endowment > 9						
c	Term endowment ▶ %	•					
ŭ	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%					
3a	Are there endowment funds not in the posses	•	tion that are held and	administered for	the		
	organization by					Yes	No
	•					3a(ı)	
	(//					3a(II)	
b	(.,,					. 3b	
4							
<u> </u>	Part VI Land, Buildings, and Equipment.						
	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 oth		or other basis	(c) Accumulated	(d) Book value	
	· - Freezena	(investm	1 ' '	(other)	depreciation		
1a	Land			107,000		107,	000
b	Buildings			285,331	1,683,588	601,	
c	Leasehold improvements			129,685	111,730	17,	
d	Equipment				,		
e	Other STMD11	E .		330,256	309,834	20,	422
	I. Add lines 1a through 1e (Column (d) must		rt X, column (B), line			747,	

Schedule D (Form	990) 2019 ALPHA HOUSING INC					34-1622819	Page 3
Part VII	Investments - Other Securities.	,					
	Complete if the organization answered "Ye	es" on Forr	n 990, Pa	rt IV, lın	e 11b. See F	orm 990, Part X	<u>, line 12</u>
,	(a) Description of security or category (including name of security)		(b) Book	value		(c) Method of valuation	
(1) Financial	derivatives						
(2) Closely-he	eld equity interests	[					
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)					•		
(F)							
(G)							
(H)							
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	<u> ▶  </u>			1 1 2 2 2	1 1 x , 1 11	1 11 -
Pärt VIII	Investments - Program Related.  Complete if the organization answered "Yes	es" on Forn	n 990. Pa	rt IV, lın	e 11c See F	orm 990, Part X	, line 13
	(a) Description of investment		(b) Book			(c) Method of valuation	
	(a) Description of investment	1	(b) Book	value		Cost or end-of-year market	
<b>(1)</b>							
(2)				_			
(3)							
(4)	· · · · · · · · · · · · · · · · · · ·						
(5)							
(6)		•					
(7)			• • •		-	***	
(8)	ARE TO THE PERSON OF THE PERSO		<del></del> -				
(9)							
	n (b) must equal Form 990, Part X, col (B) line 13)				T T T T T T T T T T T T T T T T T T T		, , , , ,
Part IX	Other Assets.	• • • • •			13 13 19	1 1 1 4	
<u> </u>	Complete if the organization answered "Ye	es" on Forn	n 990 Pa	rt IV lin	e 11d See F	orm 990. Part X	. line 15
	(a) Description		., 000, 1 0		<del> </del>		ook value
/1Ecours	y Deposit Reserve					- (, -	15,436
	Deposits					_	35,477
	ement Reserve '	-					616,279
	al Receipts		_	•		<u> </u>	25,749
	i keceipts				-		
(5)						-	
<u>(6)</u>			<del></del>			<del>-  </del>	
<u>(7)</u>							
(8)							
(9)	(b)						692,941
	n (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.	<u></u>			<u> </u>		092,941
Part X	Complete if the organization answered "Ye	es" on Forn	n 990, Pa	rt IV, lın	e 11e or 11f	See Form 990,	Paṛt X,
	line 25	# F F	store.	13.75	F1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
<u>(1</u>	(a) Description of liability	(b) Book va	live	- , 'E.F.			ki, fi fair, in i Ki sin riveline
	ncome taxes		10 000				
	Ty Deposit held in Trust		13,333	- ''' - ''			
_(3)	·						
_(4)		_		- F 4 5, 1	医性肾髓炎 医二氯甲		
(5)				- 11 3 1			
(6)							ال الله والرائع الأ
(7)				- 1			
(8)					and a mile of the		
(9)		_	<del></del>				
	(b) must equal Form 990, Part X, col (B) line 25 ) . ▶		13,333	1,1,1			", ", ", ", ", ", ", ", ", ", ", ", ", "
	uncertain tax positions. In Part XIII, provide the text of the						_
organization's	liability for uncertain tax positions under FASB ASC 740	Check here	ıf the text of	the footn	ote has been pro	ovided in Part XIII	<u> 🛚</u>

Sched	ule D (Form 990) 2019 ALPHA HOUSING INC	34-1622819	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	. 1	690,168
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		
d	Other (Describe in Part XIII )	<b>-</b>	
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1		690,168
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	` <del>    </del>	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )	$\dashv$ $\mid$	
C	Add lines 4a and 4b	. 4c	
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).	<del> </del>	690,168
5 Do	rt XII Reconciliation of Expenses per Audited Financial Statements With Expens		090,100
Pa		es per Keturn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 4 1	
1	Total expenses and losses per audited financial statements	·   1	724,930
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	_	
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	. 3	724,930
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
C	Add lines 4a and 4b	. 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	724,930
Pa	rt XIII Supplemental Information.		
Prov	ide 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, Part X, line	
2, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
			*********
		_, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			5 555
			<del></del>
			<del></del>
	•		

**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

► Attach to Form 990 or 990-EZ.

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

**Open to Public** Inspection

Name of the organization	Employer identification number
ALPHA HOUSING INC	34-1622819
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)	
ozi dovoznana do provincia de la compania del compania de la compania de la compania del compania de la compania del la compania de la compan	
Pertinent documents are released to public upon request.	
03. List of other expenses (Part IX, line 24e)	
Residual Receipt Withdrawal \$80,491	
Residual Receipe Wiendiawai 900/191	
•	
•	
1	