

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

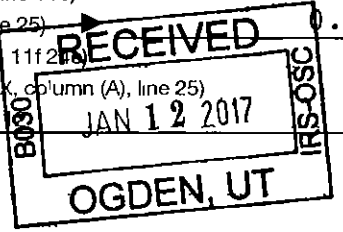
Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AHEPA 310 INC (PHASE II)		D Employer identification number 63-0955243
	Doing business as		E Telephone number (251) 661-2020
	Number and street (or P O box if mail is not delivered to street address) Room/suite 3656 GOVERNMENT BLVD	G Gross receipts \$ 34,466.	
	City or town, state or province, country, and ZIP or foreign postal code MOBILE, AL 36693		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer NICKOLAS M STRATAS SAME AS C ABOVE		I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website ▶ N/A		K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation 1988		M State of legal domicile AL	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities HOUSING FOR LOW INCOME ELDERLY PERSONS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	14
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990 T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	57,215.	33,590.
	11 Other revenue (Part VIII column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)	939,820.	12.
	12 Total revenue Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	864.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	997,035.	34,466.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	9,572.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	43,365.	954.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	52,937.	954.	
19 Revenue less expenses Subtract line 18 from line 12	944,098.	33,512.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,033,410.	1,096,687.
	22 Net assets or fund balances Subtract line 21 from line 20	10,472.	0.
		1,022,938.	1,096,687.



Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Nickolas M Strat</i>	Date 12-2-14			
	NICKOLAS M STRATAS, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KYLE WALDMAN	Preparer's signature <i>Kyle Waldman</i>	Date 1-5-17	Check if self-employed <input type="checkbox"/>	PTIN P01083732
	Firm's name ▶ DAUBY O'CONNOR & ZALESKI, LLC	Firm's EIN ▶ 35-1750664	Phone no (317) 848-5700		
Firm's address ▶ 501 CONGRESSIONAL BLVD, STE 300 CARMEL, IN 46032					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED JAN 17 2017

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF AHEPA 310, INC (PHASE II) IS TO PROVIDE AFFORDABLE HOUSING FOR LOW-INCOME ELDERLY AND DISABLED PERSONS, AND TO INSURE THAT THEY RECEIVE THE SERVICES DESIGNED TO MEET THEIR PHYSICAL AND SOCIAL NEEDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes 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 services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 954. including grants of \$) (Revenue \$ 33,590.) GOVERNMENT SUBSIDIZED HOUSING FOR THE LOW INCOME ELDERLY.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 954.

Part 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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sub-questions for various IRS forms and reporting requirements.

Part 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 instructions.

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

Section 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. 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.		
	14		
1b	Enter the number of voting members included in line 1a, above, who are independent.		
	14		
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?	X	
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
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	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.	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		X
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official		X
15b	b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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

- 17** List the states with which a copy of this Form 990 is required to be filed: **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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: **AHEPA MANAGEMENT COMPANY - (317) 845-3410
10706 SKY PRAIRIE STREET, FISHERS, IN 46038**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NICKOLAS M STRATAS PRESIDENT	1.00 14.00	X		X				0.	0.	0.
(2) JIM LIGNOS VICE PRESIDENT	1.00 13.00	X		X				0.	0.	0.
(3) NICK PALLES SECRETARY	1.00 13.00	X		X				0.	0.	0.
(4) ELIAS LADAS TREASURER	1.00 13.00	X		X				0.	0.	0.
(5) MAKIS FOROPOULOS DIRECTOR	1.00 13.00	X						0.	0.	0.
(6) BOBBY FOROPOULOS DIRECTOR	1.00 13.00	X						0.	0.	0.
(7) JOHN MORALIS DIRECTOR	1.00 13.00	X						0.	0.	0.
(8) BERNARD QUINN DIRECTOR	1.00 13.00	X						0.	0.	0.
(9) TOMMY LUTHER DIRECTOR	1.00 13.00	X						0.	0.	0.
(10) PAUL PLATIS DIRECTOR	1.00 13.00	X						0.	0.	0.
(11) NICK TSOUNIS DIRECTOR	1.00 13.00	X						0.	0.	0.
(12) JIM PAFUDAKIS DIRECTOR	1.00 13.00	X						0.	0.	0.
(13) JOHN PAPPASTEFAN DIRECTOR	1.00 13.00	X						0.	0.	0.
(14) DALE GREENSTEIN DIRECTOR	1.00 13.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a INTEREST INCOME - SURP	Business Code 531110	33,590.	33,590.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		33,590.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12.		12.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a OTHER REVENUE-MISC.	531110	864.		864.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		864.				
12 Total revenue See instructions.		34,466.	33,590.	0.	876.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	150.	150.		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	804.	804.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses Add lines 1 through 24e	954.	954.	0.	0.
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	478.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	1,494.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	980,452.	7	980,452.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment - cost or other basis Complete Part VI of Schedule D	10a		
	b Less. accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11	52,858.	13	52,870.
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	100.	15	61,393.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,033,410.	16	1,096,687.	
Liabilities	17 Accounts payable and accrued expenses	10,472.	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	10,472.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	1,022,938.	32	1,096,687.
33 Total net assets or fund balances	1,022,938.	33	1,096,687.	
34 Total liabilities and net assets/fund balances	1,033,410.	34	1,096,687.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,466.
2	Total expenses (must equal Part IX, column (A), line 25)	2	954.
3	Revenue less expenses Subtract line 2 from line 1	3	33,512.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,022,938.
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	40,237.
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	1,096,687.

Part 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

Form 990 (2014)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	320,250.	342,922.	342,496.	57,215.	33,590.	1096473.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	320,250.	342,922.	342,496.	57,215.	33,590.	1096473.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						1096473.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	320,250.	342,922.	342,496.	57,215.	33,590.	1096473.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	425.	372.	251.	42.	12.	1,102.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	425.	372.	251.	42.	12.	1,102.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		864.	1,296.		864.	3,024.
13 Total support (Add lines 9, 10c, 11, and 12)	320,675.	344,158.	344,043.	57,257.	34,466.	1100599.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	99.63 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	99.70 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	.10 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	.14 %

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b A family member of a person described in (a) above?
 - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12
Also complete this part for any additional information (See instructions)

SCHEDULE A, PART III, LINE 12:

MISCELLANEOUS INCOME CONSISTS OF TENANT CHARGES, LAUNDRY AND VENDING
CHARGES AND OTHER INCOME ITEMS FOR SERVICES PROVIDED FOR THE
CONVENIENCE OF THE TENANTS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

AHEPA 310 INC (PHASE II)

Employer identification number

63-0955243

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... (checkbox Yes/No), 6 Did the organization inform all grantees... (checkbox Yes/No).

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (checkboxes for various purposes), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... (sub-rows a-d), 3 Number of conservation easements modified... 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... (checkbox Yes/No), 6 Staff and volunteer hours devoted to monitoring... year, 7 Amount of expenses incurred in monitoring... year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements... (checkbox Yes/No), 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report... provide, in Part XIII, the text of the footnote... 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report... provide the following amounts relating to these items: (i) Revenue included in 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

- by
- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c) 0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, 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 derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, 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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTEREST RECEIVABLE - SURPLUS CASH	61,393.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	

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 XIII

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

AHEPA 310 INC (PHASE II)

Employer identification number
63-0955243

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS MAKIS FOROPOULOS AND BOBBY FOROPOULOS ARE SIBLINGS.

FORM 990, PART VI, SECTION B, LINE 11:

A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S PRESIDENT WHO
REVIEWS AND SIGNS THE RETURN.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL
STATEMENTS ARE MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST WHEN A
REQUEST IS MADE, THE ORGANIZATION MAKES HARD COPIES OR EMAILS THE REQUESTED
INFORMATION.

FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B:

ALL OF THE OFFICERS, DIRECTORS, AND EMPLOYEES LISTED IN PART VII,
SECTION A PERFORM SIMILAR DUTIES AND HAVE SIMILAR RESPONSIBILITIES FOR
RELATED ORGANIZATIONS AS THEY DO FOR THIS ORGANIZATION. THEIR TOTAL
HOURS WORKED PER WEEK FOR THIS ORGANIZATION ARE SIMILAR TO THEIR HOURS
WORKED FOR RELATED ORGANIZATIONS BOTH IN TERMS OF NUMBER OF HOURS AND
TYPE OF WORK PERFORMED.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
AHEPA 23 INC. - 63-0877902 1720 E. WASHINGTON AVE. MONTGOMERY, AL 36107	AFFORDABLE LOW-INCOME HOUSING	ALABAMA	501(C)(3)	LINE 9			X
AHEPA 23 II, INC. - 63-1140959 285 SYLVEST DRIVE MONTGOMERY, AL 36117	AFFORDABLE LOW-INCOME HOUSING	ALABAMA	501(C)(3)	LINE 9			X
AHEPA 23 III, INC. - 63-1262817 1728 E. WASHINGTON AVE. MONTGOMERY, AL 36107	AFFORDABLE LOW-INCOME HOUSING	ALABAMA	501(C)(3)	LINE 9			X
AHEPA 29, INC - 76-0402131 13830 CANYON HILL HOUSTON, TX 77083	AFFORDABLE LOW-INCOME HOUSING	TEXAS	501(C)(3)	LINE 9			X
AHEPA 29 PHASE II INC. - 76-0492575 13830 CANYON HILL HOUSTON, TX 77083	AFFORDABLE LOW-INCOME HOUSING	TEXAS	501(C)(3)	LINE 9			X
AHEPA 29 PHASE III INC. - 76-0580172 13830 CANYON HILL HOUSTON, TX 77083	AFFORDABLE LOW-INCOME HOUSING	TEXAS	501(C)(3)	LINE 9			X
AHEPA 29 PHASE IV INC. - 20-2099590 8401 RUSTLING LEAVES DR HOUSTON, TX 77083	AFFORDABLE LOW-INCOME HOUSING	TEXAS	501(C)(3)	LINE 9			X
AHEPA 35 INC. - 20-4271422 681 W. HOLLIS ROAD NASHUA, NH 03062	AFFORDABLE LOW-INCOME HOUSING	NEW HAMPSHIRE	501(C)(3)	LINE 9			X
AHEPA-PENELOPE 35 INC. - 36-4304808 10601 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431	AFFORDABLE LOW-INCOME HOUSING	MINNESOTA	501(C)(3)	LINE 9			X
AHEPA-PENELOPE 35 II INC. - 26-1587755 10619 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431	AFFORDABLE LOW-INCOME HOUSING	MINNESOTA	501(C)(3)	LINE 9			X
AHEPA 37 INC. - 22-2989708 100 AHEPA CIRCLE SYRACUSE, NY 13215	AFFORDABLE LOW-INCOME HOUSING	NEW YORK	501(C)(3)	LINE 9			X
AHEPA-PENELOPE 38 APARTMENTS INC. - 42-1417593, 717 NE 5TH STREET, ANKENY, IA 50021	AFFORDABLE LOW-INCOME HOUSING	IOWA	501(C)(3)	LINE 9			X

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						Yes	No
AHEPA 39 INC. - 22-3210357 40 BUTTOWOODS AVENUE HAVERHILL, MA 01830	AFFORDABLE LOW-INCOME HOUSING	MASSACHUSETTS	501(C)(3)	LINE 9			X
AHEPA 53 INC. - 43-1224060 3601 LEMAY FERRY ROAD ST. LOUIS, MO 63125	AFFORDABLE LOW-INCOME HOUSING	MISSOURI	501(C)(3)	LINE 9			X
AHEPA 53 II INC. - 43-1455622 3607 LEMAY FERRY ROAD ST. LOUIS, MO 63125	AFFORDABLE LOW-INCOME HOUSING	MISSOURI	501(C)(3)	LINE 9			X
AHEPA 53 III INC. - 26-1531552 1762 LEMAY FERRY ROAD ST. LOUIS, MO 63125	AFFORDABLE LOW-INCOME HOUSING	MISSOURI	501(C)(3)	LINE 9			X
AHEPA 53 IV INC. - 27-3127414 11120 TESSEN FERRY ROAD ST. LOUIS, MO 63123	AFFORDABLE LOW-INCOME HOUSING	MISSOURI	501(C)(3)	LINE 9			X
AHEPA DOP 54 INC. - 20-4874218 8111 CREEKBEND DRIVE HOUSTON, TX 77071	AFFORDABLE LOW-INCOME HOUSING	TEXAS	501(C)(3)	LINE 9			X
AHEPA DOP 54 PHASE II, INC. - 27-3543590 8111 CREEKBEND DRIVE HOUSTON, TX 77071	AFFORDABLE LOW-INCOME HOUSING	TEXAS	501(C)(3)	LINE 9			X
AHEPA 58 INC. - 06-1084245 1532/1534 BERLIN TURNPIKE WETHERSFIELD, CT 06109	AFFORDABLE LOW-INCOME HOUSING	CONNECTICUT	501(C)(3)	LINE 9			X
AHEPA 59 INC. - 34-1964795 2607 MARKET AVE. NORTH CANTON, OH 44714	AFFORDABLE LOW-INCOME HOUSING	OHIO	501(C)(3)	LINE 9			X
AHEPA 60 INC. - 23-3087877 1810 S. ALBERT STREET ALLENTOWN, PA 18103	AFFORDABLE LOW-INCOME HOUSING	PENNSYLVANIA	501(C)(3)	LINE 9			X
AHEPA DOP 60, INC. - 27-3219515 810 S. MERRIFIELD MISHAWAKA, IN 46544	AFFORDABLE LOW-INCOME HOUSING	INDIANA	501(C)(3)	LINE 9			X
AHEPA 63 INC. - 26-1866424 3142 RIDGEWOOD RD FAIRLAWN, OH 44333	AFFORDABLE LOW-INCOME HOUSING	OHIO	501(C)(3)	LINE 9			X

Part II Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
AHEPA 67 INC. - 22-3112741 100 AHEPA CIRCLE WEBSTER, NY 14580	AFFORDABLE LOW-INCOME HOUSING	NEW YORK	501(C)(3)	LINE 9			X
AHEPA BUFFALO HOUSING DEVELOPMENT INC. (AHEPA 67 II) - 16-1565446, 100 AHEPA CIRCLE, CHEEKTOWAGA, NY 14227	AFFORDABLE LOW-INCOME HOUSING	NEW YORK	501(C)(3)	LINE 9			X
AHEPA 78 INC. - 35-1634086 2078 W. 79TH PLACE MERRILLVILLE, IN 46410	AFFORDABLE LOW-INCOME HOUSING	INDIANA	501(C)(3)	LINE 9			X
AHEPA 78 PHASE II INC. - 35-1916082 2080 W. 79TH PLACE MERRILLVILLE, IN 46410	AFFORDABLE LOW-INCOME HOUSING	INDIANA	501(C)(3)	LINE 9			X
AHEPA 78 PHASE III INC. - 35-1978023 2022 W. 79TH PLACE MERRILLVILLE, IN 46410	AFFORDABLE LOW-INCOME HOUSING	INDIANA	501(C)(3)	LINE 9			X
AHEPA 78 PHASE IV INC. - 35-2104146 1950 W. 79TH PLACE MERRILLVILLE, IN 46410	AFFORDABLE LOW-INCOME HOUSING	INDIANA	501(C)(3)	LINE 9			X
AHEPA 78 PHASE V INC. - 73-1694582 1852 W. 79TH PLACE MERRILLVILLE, IN 46410	AFFORDABLE LOW-INCOME HOUSING	INDIANA	501(C)(3)	LINE 9			X
AHEPA 78 PHASE VI INC. - 32-0192583 8050 MADISON STREET MERRILLVILLE, IN 46410	AFFORDABLE LOW-INCOME HOUSING	INDIANA	501(C)(3)	LINE 9			X
AHEPA 89, INC. - 34-1467775 44 BOARDMAN BOULEVARD BOARDMAN, OH 44512	AFFORDABLE LOW-INCOME HOUSING	OHIO	501(C)(3)	LINE 9			X
AHEPA 100 INC. - 35-2157104 53871 GENERATION DRIVE SOUTH BEND, IN 46635	AFFORDABLE LOW-INCOME HOUSING	INDIANA	501(C)(3)	LINE 9			X
AHEPA 110 INC. - 06-1160495 110 PUKALLUS AVENUE NORWICH, CT 06360	AFFORDABLE LOW-INCOME HOUSING	CONNECTICUT	501(C)(3)	LINE 9			X
AHEPA 110 II INC. - 22-3433990 380 HAMILTON AVENUE NORWICH, CT 06360	AFFORDABLE LOW-INCOME HOUSING	CONNECTICUT	501(C)(3)	LINE 9			X

Part II Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
AHEPA 110 III INC. - 75-3030804 370 HAMILTON AVENUE NORWICH, CT 06360	AFFORDABLE LOW-INCOME HOUSING	CONNECTICUT	501(C)(3)	LINE 9			X
AHEPA 113 INC. - 31-1539595 2300 COUNTY LINE ROAD BEAVERCREEK, OH 45430	AFFORDABLE LOW-INCOME HOUSING	OHIO	501(C)(3)	LINE 9			X
AHEPA 118 INC. - 30-0054200 1865 W. ALEXIS ROAD TOLEDO, OH 43613	AFFORDABLE LOW-INCOME HOUSING	OHIO	501(C)(3)	LINE 9			X
AHEPA-PENELOPE 120 INC. - 04-3401165 98 CENTRAL STREET PEABODY, MA 01960	AFFORDABLE LOW-INCOME HOUSING	MASSACHUSETTS	501(C)(3)	LINE 9			X
AHEPA 127 INC. - 31-1760703 14 EASLEY DRIVE MILFORD, OH 45150	AFFORDABLE LOW-INCOME HOUSING	OHIO	501(C)(3)	LINE 9			X
AHEPA 127 II INC. - 30-0141823 7825 AFFINITY PLACE CINCINNATI, OH 45231	AFFORDABLE LOW-INCOME HOUSING	OHIO	501(C)(3)	LINE 9			X
AHEPA 133 PENELOPE 55 INC. - 39-2068442 1200 ROBERT E LEE BLVD NEW ORLEANS, LA 70122	AFFORDABLE LOW-INCOME HOUSING	LOUISIANA	501(C)(3)	LINE 9			X
AHEPA 156 INC. - 25-1856119 156 AHEPA DRIVE CANONSBURG, PA 15317	AFFORDABLE LOW-INCOME HOUSING	PENNSYLVANIA	501(C)(3)	LINE 9			X
AHEPA 192 INC. - 42-1329782 6190 NW 59TH COURT JOHNSTON, IA 50131	AFFORDABLE LOW-INCOME HOUSING	IOWA	501(C)(3)	LINE 9			X
AHEPA 192 II INC. - 42-1487324 202 SE 30TH STREET ANKENY, IA 50021	AFFORDABLE LOW-INCOME HOUSING	IOWA	501(C)(3)	LINE 9			X
AHEPA 192 III INC. - 27-0084978 112 SE 30TH STREET ANKENY, IA 50021	AFFORDABLE LOW-INCOME HOUSING	IOWA	501(C)(3)	LINE 9			X
AHEPA 232 INC. - 35-1552643 7355 SHADELAND STATION WAY INDIANAPOLIS, IN 46256	AFFORDABLE LOW-INCOME HOUSING	INDIANA	501(C)(3)	LINE 9			X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
AHEPA 232 PHASE II INC. - 35-1635762 7355 SHADELAND STATION WAY INDIANAPOLIS, IN 46256	AFFORDABLE LOW-INCOME HOUSING	INDIANA	501(C)(3)	LINE 9			X
AHEPA 232 III INC. - 33-1039034 5685 EDEN VILLAGE DRIVE INDIANAPOLIS, IN 46254	AFFORDABLE LOW-INCOME HOUSING	INDIANA	501(C)(3)	LINE 9			X
AHEPA 242 INC. - 20-3265536 407 WOODS LAKE DRIVE GREENVILLE, SC 29607	AFFORDABLE LOW-INCOME HOUSING	SOUTH CAROLINA	501(C)(3)	LINE 9			X
AHEPA 245 INC. - 22-2778822 87 GIRARD AVENUE NEWPORT, RI 02840	AFFORDABLE LOW-INCOME HOUSING	RHODE ISLAND	501(C)(3)	LINE 9			X
AHEPA 245 II INC. - 22-3348871 87 GIRARD AVENUE NEWPORT, RI 02840	AFFORDABLE LOW-INCOME HOUSING	RHODE ISLAND	501(C)(3)	LINE 9			X
AHEPA 250 INC. - 22-2855925 267 ROXBURY ROAD NIANTIC, CT 06357	AFFORDABLE LOW-INCOME HOUSING	CONNECTICUT	501(C)(3)	LINE 9			X
AHEPA 250 II INC. - 22-3265024 95 CLARK LANE WATERFORD, CT 06385	AFFORDABLE LOW-INCOME HOUSING	CONNECTICUT	501(C)(3)	LINE 9			X
AHEPA 250 III INC. - 06-1422444 251 DROZDYK DRIVE GROTON, CT 06340	AFFORDABLE LOW-INCOME HOUSING	CONNECTICUT	501(C)(3)	LINE 9			X
AHEPA 250 IV INC. - 20-4556679 265 ROXBURY ROAD NIANTIC, CT 06357	AFFORDABLE LOW-INCOME HOUSING	CONNECTICUT	501(C)(3)	LINE 9			X
AHEPA 250 V INC. - 26-4231174 269 ROXBURY ROAD NIANTIC, CT 06357	AFFORDABLE LOW-INCOME HOUSING	CONNECTICUT	501(C)(3)	LINE 9			X
AHEPA 284 INC. - 56-2031674 451 PELHAM DRIVE COLUMBIA, SC 29209	AFFORDABLE LOW-INCOME HOUSING	SOUTH CAROLINA	501(C)(3)	LINE 9			X
AHEPA 284 II INC. - 56-2133469 130 JIMMY LOVE LANE COLUMBIA, SC 29212	AFFORDABLE LOW-INCOME HOUSING	SOUTH CAROLINA	501(C)(3)	LINE 9			X

Part II Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
AHEPA 284 III INC. - 14-1993928 120 JIMMY LOVE LANE COLUMBIA, SC 29212	AFFORDABLE LOW-INCOME HOUSING	SOUTH CAROLINA	501(C)(3)	LINE 9			X
AHEPA 284 IV INC. - 35-2317285 441 PELHAM DRIVE COLUMBIA, SC 29209	AFFORDABLE LOW-INCOME HOUSING	SOUTH CAROLINA	501(C)(3)	LINE 9			X
AHEPA 296 INC. - 75-3149099 3835 CREIGHTON ROAD PENSACOLA, FL 32504	AFFORDABLE LOW-INCOME HOUSING	FLORIDA	501(C)(3)	LINE 9			X
AHEPA 302 INC. - 56-2523021 377 E. GILBERT STREET SAN BERNARDINO, CA 92404	AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 9			X
AHEPA 310 III INC. - 57-0886811 20765 BISHOP ROAD FAIRHOPE, AL 36532	AFFORDABLE LOW-INCOME HOUSING	ALABAMA	501(C)(3)	LINE 9			X
AHEPA 310 IV INC. - 63-1039178 100 AHEPA WAY SARALAND, AL 36571	AFFORDABLE LOW-INCOME HOUSING	ALABAMA	501(C)(3)	LINE 9			X
AHEPA 310 V INC. - 63-1080112 100 AHEPA LANE MOBILE, AL 36609	AFFORDABLE LOW-INCOME HOUSING	ALABAMA	501(C)(3)	LINE 9			X
AHEPA 310 VI INC. - 91-1955630 5223 COTTAGE HILL MOBILE, AL 36609	AFFORDABLE LOW-INCOME HOUSING	ALABAMA	501(C)(3)	LINE 9			X
AHEPA 310 VII INC. - 63-1194202 6430 COTTAGE HILL ROAD MOBILE, AL 36695	AFFORDABLE LOW-INCOME HOUSING	ALABAMA	501(C)(3)	LINE 9			X
AHEPA 310 VIII INC. - 63-1262819 12680 PADGETT SWITCH ROAD IRVINGTON, AL 36544	AFFORDABLE LOW-INCOME HOUSING	ALABAMA	501(C)(3)	LINE 9			X
AHEPA 310 IX INC. - 43-1962855 7560 OLYMPIC LANE THEODORE, AL 36582	AFFORDABLE LOW-INCOME HOUSING	ALABAMA	501(C)(3)	LINE 9			X
AHEPA 310 X INC. - 36-4528066 9180 HELLENIC WAY SEMMESE, AL 36575	AFFORDABLE LOW-INCOME HOUSING	ALABAMA	501(C)(3)	LINE 9			X

Part II Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
AHEPA 310 XI INC. - 90-0343256 7560 A OLYMPIC LANE THEODORE, AL 36582	AFFORDABLE LOW-INCOME HOUSING	ALABAMA	501(C)(3)	LINE 9			X
AHEPA 310 XII INC. - 80-0360315 1439 POLLARD ROAD DAPHNE, AL 36526	AFFORDABLE LOW-INCOME HOUSING	ALABAMA	501(C)(3)	LINE 9			X
AHEPA 310 OF CITRONELLE, INC. - 35-2390578 8435 W. STATE STREET CITRONELLE, AL 36522	AFFORDABLE LOW-INCOME HOUSING	ALABAMA	501(C)(3)	LINE 9			X
AHEPA 343 INC. - 04-3708201 121 MASON CIRCLE LAVERGNE, TN 37086	AFFORDABLE LOW-INCOME HOUSING	TENNESSEE	501(C)(3)	LINE 9			X
AHEPA 371 INC. - 38-2742386 26700 CROCKER BLVD. HARRISON TWP., MI 48045	AFFORDABLE LOW-INCOME HOUSING	MICHIGAN	501(C)(3)	LINE 9			X
AHEPA 371 II INC. - 38-3554484 26800 CROCKER BLVD. HARRISON TWP., MI 48045	AFFORDABLE LOW-INCOME HOUSING	MICHIGAN	501(C)(3)	LINE 9			X
AHEPA 408 INC. - 56-1961732 109 N. KERR AVENUE WILMINGTON, NC 28405	AFFORDABLE LOW-INCOME HOUSING	NORTH CAROLINA	501(C)(3)	LINE 9			X
AHEPA 410 INC. - 59-3699587 575 WILLIAMSON BLVD. DAYTONA BEACH, FL 32114	AFFORDABLE LOW-INCOME HOUSING	FLORIDA	501(C)(3)	LINE 9			X
AHEPA 421 INC. - 59-2842462 350 NE 141ST STREET NORTH MIAMI, FL 33161	AFFORDABLE LOW-INCOME HOUSING	FLORIDA	501(C)(3)	LINE 9			X
AHEPA 489 APARTMENTS INC. - 59-3760329 6625 ROWAN ROAD NEW PORT RICHEY, FL 34652	AFFORDABLE LOW-INCOME HOUSING	FLORIDA	501(C)(3)	LINE 9			X
AHEPA 501 INC. - 85-0439854 6700 LOS VOLCANES ROAD NW ALBUQUERQUE, NM 87121	AFFORDABLE LOW-INCOME HOUSING	NEW MEXICO	501(C)(3)	LINE 9			X
AHEPA 501 II INC. - 85-0458871 6700 LOS VOLCANES ROAD NW ALBUQUERQUE, NM 87121	AFFORDABLE LOW-INCOME HOUSING	NEW MEXICO	501(C)(3)	LINE 9			X

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
AHEPA 63 APARTMENTS, LTD - 27-3561603, 485 SOUTH AVENUE, TALLMADGE, OH 44278	AFFORDABLE LOW-INCOME HOUSING	OH	AHEPA 63, INC. RELATED					X	N/A		X
AHEPA 310 APARTMENTS LLLP - 80-0815644, 3656 GOVERNMENT BLVD, MOBILE, AL 36693	AFFORDABLE LOW-INCOME HOUSING	AL	AHEPA 310 APARTMENTS-GP, INC. RELATED					X	N/A		X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AHEPA 310 APARTMENTS-GP INC. - 30-0781299 3656 GOVERNMENT BLVD MOBILE, AL 36693	AFFORDABLE HOUSING MANAGEMENT & OPERATION OF AFFORDABLE HOUSING	AL	AHEPA 310, INC. AHEPA AFFORDABLE HOUSING	C CORP					X
HELLENIC MANAGEMENT, INC. - 47-1852631 10706 SKY PRAIRIE STREET FISHERS, IN 46038	DEVELOPMENT & OPERATION OF AFFORDABLE HOUSING	IN	AHEPA AFFORDABLE HOUSING	C CORP					X
HELLENIC DEVELOPMENT, INC. - 47-1543724 10706 SKY PRAIRIE STREET FISHERS, IN 46038	DEVELOPMENT & OPERATION OF AFFORDABLE HOUSING	IN	AHEPA AFFORDABLE HOUSING	C CORP					X

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule
 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 b Gift, grant, or capital contribution to related organization(s)
 c Gift, grant, or capital contribution from related organization(s)
 d Loans or loan guarantees to or for related organization(s)
 e Loans or loan guarantees by related organization(s)
 f Dividends from related organization(s)
 g Sale of assets to related organization(s)
 h Purchase of assets from related organization(s)
 i Exchange of assets with related organization(s)
 j Lease of facilities, equipment, or other assets to related organization(s)
 k Lease of facilities, equipment, or other assets from related organization(s)
 l Performance of services or membership or fundraising solicitations for related organization(s)
 m Performance of services or membership or fundraising solicitations by related organization(s)
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 o Sharing of paid employees with related organization(s)
 p Reimbursement paid to related organization(s) for expenses
 q Reimbursement paid by related organization(s) for expenses
 r Other transfer of cash or property to related organization(s)
 s Other transfer of cash or property from related organization(s)

	Yes	No
1a	X	
1b		X
1c		X
1d	X	
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m	X	
1n		X
1o	X	
1p		X
1q	X	
1r		X
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AHEPA 310 APARTMENTS, LLLP	A	33,590	ACCRUAL
(2) AHEPA 310 APARTMENTS, LLLP	D	980,452	CASH
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AHEPA 63 APARTMENTS, LTD

EIN: 27-3561603

485 SOUTH AVENUE

TALLMADGE, OH 44278

PRIMARY ACTIVITY: AFFORDABLE LOW-INCOME HOUSING

DIRECT CONTROLLING ENTITY: AHEPA 63, INC.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AHEPA 310 APARTMENTS LLLP

EIN: 80-0815644

3656 GOVERNMENT BLVD

MOBILE, AL 36693

PRIMARY ACTIVITY: AFFORDABLE LOW-INCOME HOUSING

DIRECT CONTROLLING ENTITY: AHEPA 310 APARTMENTS-GP, INC.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AHEPA 310 APARTMENTS-GP INC.

EIN: 30-0781299

3656 GOVERNMENT BLVD

MOBILE, AL 36693

PRIMARY ACTIVITY: AFFORDABLE HOUSING

DIRECT CONTROLLING ENTITY: AHEPA 310, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HELLENIC MANAGEMENT, INC.

EIN: 47-1852631

10706 SKY PRAIRIE STREET

FISHERS, IN 46038

PRIMARY ACTIVITY: MANAGEMENT & OPERATION OF AFFORDABLE HOUSING

DIRECT CONTROLLING ENTITY: AHEPA AFFORDABLE HOUSING MANAGEMENT COMPANY, INC.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HELLENIC DEVELOPMENT, INC.

EIN: 47-1543724

10706 SKY PRAIRIE STREET

FISHERS, IN 46038

PRIMARY ACTIVITY: DEVELOPMENT & OPERATION OF AFFORDABLE HOUSING

DIRECT CONTROLLING ENTITY: AHEPA AFFORDABLE HOUSING MANAGEMENT COMPANY, INC.