Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2018

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	he 2018	calendar year, or tax year beginning 07/01, 2018, and ending	g		06/30, 20 19
_			C Name of organization AFFORDABLE HOUSING PRESERVATION - II CHAPTER		D Employer ident	tification number
В	Check if	applicable	C/O EAST LAKE MANAGEMENT		84-1173	3585
	Add	iress nge	Doing business as			
	Nan	ne change	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone num	nber
	Indi	al return	2850 S. MICHIGAN AVE.		()	-
		al return/ ninated	City or town, state or province, country, and ZIP or foreign postal code		-	
	Ame	ended	CHICAGO, IL 60616	I	G Gross receipts \$	\$
		lication	F Name and address of principal officer		H(a) Is this a group	return for Yes X
_		ding	m'6		subordinates? H(b) Are all subordina	
$\overline{\Gamma}$	Tax-e	xempt sta	atus X 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 52	7		ch a list (see instructions)
J		site: 🕨		:-	H(c) Group exempts	7150
ĸ	Form	of organ	ızatıon X Corporation Trust Association Other ▶ L Year o	of formati		tate of legal domicile I
_	art I	_	mmary	or lornian	on 2339 III 30	tate of legal dofflicite 11
	1		describe the organization's mission or most significant activities TO SPONSOR HO	DUSTN	G FACILITE	ES AND SERVICES
a	1		LOW INCOME PERSONS.		0 21101111	DEC THIS OBLIVEOUS
Governance				,		
Ĕ	١,	Chark	this box I if the organization discontinued its operations of disposed of more the	- 05%	-6.44	
ŏ	3			ľ	1	3 3
ص ح		Numbe	er of voting members of the governing body (Part VI, Ing. Ia)	<u> </u>	· · · · · · -	
es	4	Tatala	er or independent voting members or the governing body (Pare Mixine to) 2020	· · · ·	· · · · · · ·	·
Activities &	5	Totalr	number of individuals employed in calendar year 2018 (Part V, line 2a)		· · · · · ·	
ć	6	lotain	number of volunteers (estimate if necessary)		····	6
•	ı	Total	Interacted dusiness revenue from Part VIII, column (C), where the color is a column (C), where the column (C), which is a column (· · · · · <u> </u>	'a 0
	þ	Net un	related business taxable income from Form 990-T, line 38	;		'b
					Prior Year	Current Year
ne	8		outions and grants (Part VIII, line 1h)	ļ		0. 0
Revenue	9		m service revenue (Part VIII, line 2g)		0	·
Re	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		0	
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0	•
	13		and similar amounts paid (Part IX, column (A), lines 1-3)		0	· · · · ·
	14		is paid to or for members (Part IX, column (A), line 4)		0	<u> </u>
es	15		s, other compensation, employee benefits (Part IX, column (A), lines 5-10),		0	<u> </u>
Expenses	16 a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		0	
ă	b	Total fu	undraising expenses (Part IX, column (D), line 25) ▶0.	M. D.	. vedera.	
ш	17	Other e	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		198	
	18	Total e	xpenses Add lines 13-17 (must equal Part IX, column (A), line 25)		198	· · · · · · · · · · · · · · · · · · ·
		Revenu	ue less expenses. Subtract line 18 from line 12		-198	10,776
Net Assets or Fund Balances				Beginni	ing of Current Yea	er End of Year
set	20	Total a	ssets (Part X, line 16)		2,073,354	2,062,578
t As d Ba	21	Total lia	abilities (Part X, line 26)		125,496	. 125,496
캶	22	Net ass	sets or fund balances Subtract line 21 from line 20		1,947,858	1,937,082
Рa	rt II	Sig	nature Block			
Unc	ier per	nalties of	perjury, I declare that I have examined this refurn, including accompanying schedules and statem	ents, and	to the best of m	y knowledge and belief, it is
true	, corre	ect, and c	omplete Declaration of preparet (other than officer) is based on all information of which preparer has	any kno	wiedge	
			Mugher		2-3	5-20
Sig		S	ignature of officer		Date	
Her	·e		Marshall Snow, president			
		₹ ī	ype or print name and title			
		Print/Ty	ype preparer's name Preparer's signature Date		Check If	PTIN
Paid		GREG	ORY E NEISTAT	2019	self-employed	P01257684
	arer	Firm's r	LIADANI C ACCOCTAMBC IMD		irm's EIN ▶ 36-	
Jse	Only		nddress ▶3201 OLD GLENVIEW RD., STE. 250 WILMETTE, IL 60091			7-853-1234
May	the		cuss this return with the preparer shown above? (see instructions)			X Yes No
			eduction Act Notice, see the separate instructions.	<u> </u>		Form 990 (2018)
						, Julia (EU 10)

Fo	rm 990 (2018) Pa	ge 2
P	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Refly describe the organization's mission TO SPONSOR, ON A CHARITABLE BASIS, THE PURCHASE, DEVELOPMENT,	
	CONSTRUCTION, AND OPERATION OF HOUSING FACILITIES AND SERVICES FOR	
	THE ELDERLY AND HANDICAPPED OR FOR PERSONS OF LOW AND MODERATE	
	INCOME.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	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?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$including grants of \$) (Revenue \$) LOW_INCOME_HOUSING	
		_
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)	
		_
		_
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	_
A ~1	Other program convices (Describe in Schedule O.)	
	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
_	Total prógram service expenses ►	
JSA	Potent program service expenses P	

Fórm 990 (2018)

Га	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,"		162	140
•	complete Schedule A	. 1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		1	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	i i	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		}	v
•	complete Schedule D, Part III	8	\vdash	Х
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		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? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
1 Z a		12a		х
h	Schedule D, Parts XI and XII	IZa	1	
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	.,
	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			х
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	\dashv	
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	'	+	- -
. •	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	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		Х

Par	t IV Checklist of Required Schedules (continued)		_	
			Yes	No
22 、	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
·	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23	1	Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	- -		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	- -		7 %
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	'		• :
а	A current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	10.0		
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		1	
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part			_	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>	\bot
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	;	-4	- 1
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	. 1	·	
	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
	reportable gaming (gambling) winnings to prize winners?	1c		
C A		Form S	990 (2	2018)

Рa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		6	Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		4.30	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		1	. 15 . 1
t	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<u> </u>	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1. A. A.	· · ·
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		i	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b	If "Yes," enter the name of the foreign country	T. I	25	1.377
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		12 × 1	
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			†
- u	solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	of f "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		
Ü	gifts were not tax deductible?	6ь		İ
7	Organizations that may receive deductible contributions under section 170(c).	HELEN	¥	830
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1.4
a	and services provided to the payor?	7a	34-100	Z-111.
.	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	237	THE STATE OF	5%:
		7	AUX" C	123 (Z
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	, , , , , , , , , , , , , , , , , , , ,			
9		7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	200	Fre	77.00 ±
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	in side	X
	sponsoring organization have excess business holdings at any time during the year?		STA AL	
9	Sponsoring organizations maintaining donor advised funds.	(· · · · · I	25162	3301312
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	BALLAN A	9c (8)	23.24
10	Section 501(c)(7) organizations. Enter		1	
	Initiation fees and capital contributions included on Part VIII, line 12	13.5		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]		3.4	
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources			3
ı a -	against amounts due or received from them)	12a	1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	522	1732	il alimit
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	WC13	14.3-13
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u>कुल्</u> च	300.00
	Note. See the instructions for additional information the organization must report on Schedule O		計劃	
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		照	到
_			協	
	Enter the amount of reserves on hand	14a	KLY/CII	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		
5	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) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N	EE 1	200	
c		16		X
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		28	
	n 199, complete i omi 4720, conedule o	از قبال مد:		-104

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		<u> </u>	X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	٠,		
	If there are material differences in voting rights among members of the governing body, or	٠ - ا		-
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		,	
b	i marini di			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			,
	any other officer, director, trustee, or key employee?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		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	200	2	
	the year by the following.	23.44	.	
а	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		<u>X</u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue)	
		I	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Ť	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	14.	,: 1	, , , , , , , , , , , , , , , , , , ,
12a		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		İ	
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<u> </u>
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>
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?		الشنا	1. 1
а	The digatization of occ, exceptive birdetor, or top management official 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	15a		<u>x</u>
b	Other difference of the digulation of the digulation of the digulation of the difference of the digulation of the digula	15b	- , -	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		7.	1.1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		-4	\$.J X
	with a taxable critity during the year	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			12
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		Liki .	
Secti	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed TL.	10==		47-1
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	(Secti	оп 50	1(C)
	Own website Another's website X 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 into	roct n	olicy	and
13	financial statements available to the public during the tax year	icor b	oncy,	unu
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•		
	EAST LAKE MANAGEMENT 2850 S MICHIGAN AVE CHICAGO, IL 60616			

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

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

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

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

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

(A) Name and Title	(B) Average hours per	1 '		Pos heck		e than o		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	or direct	_	a Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1)CLIFFORD ROME	0.				,					
DIRECTOR	0.	Х						0.	0.	0
(2)AUBREY SCHWARTZ	0.									
SECRETARY	0.	Х	<u> </u>	Х			_	0.	0.	0.
(3)MARSHALL SNOW	0.							_	_	_
DIRECTOR	0.	Х		Х	_		_	0.	0.	0
(4)	-									
(5)										
(6)										····
(7)										
(8)										
(9)	<u> </u>									
(10)						-				
(11)										
(12)				_	-					
(13)				_						
(14)										

_	1
Page	ı

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
•	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unie	Pos heck ss pe	rson	than both is Highest compensated is or employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E Repor compensa relat organiz (W-2/109	table tion from ed ations	Est am comp fro orga and	timated out of other oensation on the inization related inizations
								_					
					_								
					i				0.		0.		0.
d Total (add lir	ontinuation sheets to Part VII, Sense 1b and 1c)	ection A	· · · ·	· • •			• •	re	0.	\$100,000	0.		0.
	mpensation from the organization		0.									١.	Yes No
	anization list any former office line 1a? If "Yes," complete Schedu										ated	3	X
organization	ridual listed on line 1a, is the s and related organizations gre	ater than	\$15	0,00	002	lf	"Yes,	an " c	d other compens	ation from e J for	the such	4	X
	on listed on line 1a receive or endered to the organization? If "Ye											5	X
Section B. Indep	endent Contractors												
	s table for your five highest comp n from the organization. Report co												
	(A) Name and business addr	ress							(B) Description of ser	vices	С	(C) ompensa	ition
				,				_	· · · · · · · · · · · · · · · · · · ·				
<u> </u>				-									
	of independent contractors (in 00,000 in compensation from the				ited	to 0		e lis	sted above) who	received		· Ç	- ,

Pa	Irt VI			nco or noto to o	ov line in this Bort	VIII		
		Check if Schedule O c		rise of note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
rants	1a b		1			(A) 法 法 法 法 法 法 法 法 法 法 法 法 法 法 法 法 法 法 法	Relivation	
ons, Gifts, Grants Similar Amounts	C	Fundraising events	1c					
ions, (r Simil	e	Related organizations Government grants (contributions)	utions) 1e					
Contributions, and Other Sin	'.	All other contributions, gifts, and similar amounts not include	d above . 1f					
	g h	Noncash contributions included Total. Add lines 1a-1f			DAL SECTION SIX TOWNS O.		京 出版 计 光樓	
Service Revenue	2a b c			Business Code		258,000	文····································	
Program	e f	All other program service rev			0.	\$ \$27,85 M.Y. 36.		
	3	Total. Add lines 2a-2f Investment income (inc	cluding divider		0.	12. 12.00% × 11.4	ing - distant the straightfull	
	5	and other similar amounts). Income from investment of Royalties	tax-exempt bond	proceeds . >	0. 0. 0.	2:	ነስ ተፈል _{በና} ግሞው እነ የር ሚያ ነፃ ኞ	
	6a b	Gross rents	, and a second					
	d 7a	Rental income or (loss) Net rental income or (loss) . Gross amount from sales of	(ı) Secunties	>	0.			
	Ь , в	assets other than inventory Less cost or other basis						
•	c	and sales expenses Gain or (loss)						
ø	d 8a	Net gain or (loss) Gross income from fundra			0.			
Other Revenue		events (not including \$ of contributions reported on See Part IV, line 18	ine 1c)	0.				
Othe	b c	Less direct expenses Net income or (loss) from full	b		0.			
	9a	Gross income from gaming See Part IV, line 19		0.				
	b 'c	Less direct expenses			0.			
	10a	Net income or (loss) from ga Gross sales of inventor						
	ь	returns and allowances a		0.				
	С	Net income or (loss) from sale	es of inventory	▶	0.			
	11a	Muscellaneous Veacune		223635 6046	and the second second	MANUAL PROPERTY OF THE PARTY OF		
	b							
	C L	All other revenue						
	d	All other revenue			<u> </u>			
	12	Total revenue. See instruction	,		0.			

Part IX' Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations mu	ust complete all colum	ns All other organizat	ions must complete co	olumn (A)
	Check if Schedule O contains a res	ponse or note to any l	ine in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				表。这些是一种
٠	and domestic governments See Part IV, line 21	0.			
•	-				Ward Color Color
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.	.		
				1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REAL TRANSPORT
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0.		2004年6月	31 70 15 15
	Individuals. See Part IV, lines 15 and 16	0.	<u> </u>		
	Benefits paid to or for members	<u> </u>	<u>'</u>	2 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND PART OF THE PROPERTY OF THE PARTY OF THE
5	Compensation of current officers, directors,	0.			
	trustees, and key employees	<u> </u>	•		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include	1			
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			,
	Payroll taxes	0.			
	Fees for services (non-employees)				
	Management	0.			İ
	Legal	0.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17.	0.	第一一成次海沟	10世纪20世纪20世纪20世纪20世纪20世纪20世纪20世纪20世纪20世纪2	
	Investment management fees	0.			
	Other (If line 11g amount exceeds 10% of line 25, column				
9	•	٠ 0.			
12	(A) amount, list line 11g expenses on Schedule O)	0.			
	Office expenses	Ö.			
	·	0.	· · · · · · · · · · · · · · · · · · ·		•
	Information technology	0.			
	Royalties	0.			
	Occupancy	0.			
	Travèl				<u>_</u>
18	Payments of travel or entertainment expenses	٥.			·
	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates,	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	PORTUGE AND AND AND AND AND AND AND AND AND AND	Res Service and Company	TANKAN SAMBARA SAMBAR	· Land arrange distribution of
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If			12/1/17/5 1.3	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)			SOUTH COMPANY TO THE SECOND	ALTERNATION DE LA COMPANION DE
	LICENSES, PERMITS, TAXES	376.		376.	
b	PROFESSIONAL FEES	10,400.	·	10,400.	
С					
d			<u>-</u>		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,776.	•	10,776.	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralizing solicitation. Check here				-
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720)	0.			

	n 990 (Page I I
Pa	irt X				
		Check if Schedule O contains a response or note to any line in this	Part X		
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	641,542	1	599,516
	2	Savings and temporary cash investments		2	0.
	3	Pledges and grants receivable, net		3	0.
	4	Accounts receivable, net		4	٠٥.
	5	Loans and other receivables from current and former officers, directors,	G ALL S	100	
	İ	trustees, key employees, and highest compensated employees		3	
	6	Complete Part II of Schedule L 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 instructions) Complete Part II of Schedule L		5 6	0.
ssets	7	Notes and loans receivable, net		7	0.
SS	8	Inventories for sale or use		8	0.
٩	9	Prepaid expenses and deferred charges		9	0.
	10a	Land, buildings, and equipment cost or		第 語	ALCOHOLD TO THE REAL PROPERTY.
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities See Part IV, line 11		12	0.
	13	Investments - program-related See Part IV, line 11		13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets See Part IV, line 11	1,431,812.		1,463,062.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	2,062,578.
	17	Accounts payable and accrued expenses		17	0.
	18	Grants payable		18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		15	
12		trustees, key employees, highest compensated employees, and	100 April 100 Ap		The state of the s
Liabilities		disqualified persons Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties \dots		23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X	125 406		125 406
		of Schedule D	125,496. 125,496.		125,496. 125,496.
\dashv	26	Total liabilities. Add lines 17 through 25	125, 490.	26	
Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.		≓.p°,	The second of
<u>a</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
Fund	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.		5.4	
	30	Capital stock or trust principal, or current funds	0.	30	0.
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds	1,947,858.	32	1,937,082.
Ž	33	Total net assets or fund balances	1,947,858.	33	1,937,082.
	34	Total liabilities and net assets/fund balances	2,073,354.	34	2,062,578.
					Form 990 (2018)

Form 990 (2018) Page 12 Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI. 0. 1 10,776. 2 -10,776.3 1,947,858. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 0. 5 5 0. 6 6 0. 7 7 Investment expenses 0. 8 8 0. 9 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 1,937,082. 10 Part XII **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990 | Cash | X | Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?...... 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 2b b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis Separate basis c 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 Х 3a b If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

JSA

Form 990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AFFORDABLE HOUSING PRESERVATION - II CHAPTER

Employer identification number

C/0) E	AST LAKE MANAGEMEN	T				84-11735	585			
Pa	rt I	Reason for Public Ch	arity Status (All	organizations must	comple	te this par	t) See instruction:	S			
The	orga	anization is not a private for	undation because	it is (For lines 1 throu	ugh 12, c	heck only o	ne box.)				
1 2 3		A church, convention of ch A school described in sect A hospital or a cooperative	tion 170(b)(1)(A)(ii	i). (Attach Schedule E	(Form 9	990 or 990-l	EZ)) /	27			
4		A medical research organ hospital's name, city, and s	ization operated in state	ion operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
5	Ш	An organization operated		a college or univers	ity owne	ed or opera	ated by a governme	ental unit described i			
_		section 170(b)(1)(A)(iv). (•								
6		A federal, state, or local g	•			•					
1	Х	An organization that norm	-	•	upport ti	rom a gove	ernmental unit or tr	om the general publi			
_		described in section 170(b			- 0 11						
8	\vdash	A community trust describ	•			•					
9	Ш	An agricultural research or	_			· ·	•	•			
		or university or a non-land	-grant conege or a	griculture (see instruc	illons). E	inter the na	ame, city, and state o	r the college or			
10		An organization that normal receipts from activities relasupport from gross investracquired by the organization	ated to its exempt ment income and u on after June 30, 1	functions - subject to inrelated business tax 975 See section 50 9	certain e able inc (a)(2). (exceptions, ome (less : Complete F	, and (2) no more tha section 511 tax) from Part III)	n 331/3 % of its			
11	-	An organization organized			_						
12		An organization organized		<u>-</u>	·-			•			
		of one or more publicly su	• •	-				, ,, ,			
		Check the box in lines 12a	_		• •		•	, , ,			
а		J Type I. A supporting org	·		•	• •	•				
		the supported organization				ajority of the	ne directors or truste	es of the			
_		supporting organization									
b	<u> </u>	_ Type II. A supporting org control or management of organization(s) You mus	of the supporting of	organization vested in			• •				
C		Type III functionally inte	grated. A supporti	ng organization opera				ly integrated with,			
d		Type III non-functionally						ted organization(s)			
_	_	that is not functionally into	•		•		• • •	• , ,			
		_ requirement (see instruct			-			· an allonavonoso			
е		Check this box if the orga		-				l. Type III			
		functionally integrated, or						. 21			
f	Ente	er the number of supported					. .				
g	Pro	vide the following information	on about the suppo	orted organization(s)							
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization			v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
											

(E)

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

Page 2

	(Complete only if you check Part III. If the organization fa						alify under
Sec	ction A. Public Support		-		· - · · ·		
_	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		_ 0.	0.	0.	0.	0.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	C Norman abranta v 1996.	dalar dan bum Abumaron	P - 1 parent parent makes A P	f on more year (fig. 1927). As	3.4.3.5	0.
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)						0.
6	Public support. Subtract line 5 from line 4	PARTHUS		The state of the s	THE STATE OF	発酵(袋)すること	0.
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						0.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28,595.	53,089.	79,531.	,		161,215.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			4			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	France To and the American	COS TOTAL SOURCE PARTY.	erous section of the contract	2 Pro Translate has		0.
11	Total support. Add lines 7 through 10	MALE SE		THE YEAR			161,215.
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<i>.</i>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2018 (li						<u> </u>
15	Public support percentage from 2017						<u>%</u>
16a	331/3% support test - 2018. If the org	-					
	box and stop here. The organization quality and stop here.						
D	331/3% support test - 2017. If the org this box and stop here. The organization						
170	10%-facts-and-circumstances test - 2	•		_			
114	10% or more, and if the organization						
	Part VI how the organization meets t					•	
	organization			-	•	•	▶
b	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the orga	-					
	Explain in Part VI how the organization						•
18	supported organization						▶ ∐
	instructions						
					9.	chedule A (Form 99	0 or 990-E71 2018

	edule A (Form 990 or 990-EZ) 2018	5		1' F00/ \/0\			Page 3		
Pa	rt 🗓 Support Schedule for Orga					- 1 4 1 5			
	(Complete only if you checked the box on line 10 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.)								
	<u> </u>	laility under the	e tests listed b	elow, please c	omplete Part	<u>") </u>			
Sec	ction A. Public Support			<u>, </u>					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees								
	received (Do not include any "unusual grants")								
2	Gross receipts from admissions, merchandise				T				
	sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
			-				 		
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			1		1			
	or expended on its behalf								
5	The value of services or facilities					ŀ			
	furnished by a governmental unit to the		ļ	i /					
	organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and 3			/		<u> </u>			
	received from disqualified persons		ĺ						
b	Amounts included on lines 2 and 3					 			
	received from other than disqualified			/			[
	persons that exceed the greater of \$5,000		/	ſ			Ì		
	or 1% of the amount on line 13 for the year					 	<u> </u>		
С	Add lines 7a and 7b	and the second of the second o	7 7 7	***	page 14. to 1.Er .	·.			
8	Public support. (Subtract line 7c from					अ स्ट्रिक			
	line 6)	Same and the same		الآء - ي حبينا	A 2034 4 .	र विकेट र	l		
	tion B. Total Support					···	,		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
9	Amounts from line 6		<u> </u>						
10 a	Gross income from interest, dividends,								
	payments received on securities loans, rents, royalties, and income from similar								
	sources								
ь	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
_	Add lines 10a and 10b	<i>′</i>							
11	Net income from unrelated business								
• •	activities not included in line 10b,								
	whether or not the business is regularly			1					
	carried on				<u> </u>				
12	Other income Do not include gain or					i			
	loss from the sale of capital assets			i					
	(Explain in Part VI)	_							
13	Total support. (Add lines 9, 10c, 11,								
	and 12)				<u> </u>				
14	First five years. If the Form 990 is for	or the organizat	ion's first, secor	nd, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)		
	organization, check this box and stop here.	<u></u>	<u> </u>			<u> </u>	, . ▶ │		
Sec	tion C. Computation of Public Supp	ort Percenta	ge						
15	Public support percentage for 2018 (line 8,	column (f), divide	ed by line 13, colur	ກn (f))		. 15	%		
16	Public support percentage from 2017 Sche	dule A, Part III, lin	e 15			16	%		
	tion D. Computation of Investment								
17	Investment income percentage for 2018 (lin			3 column (f))		17	%		
	Investment income percentage for 2017 Sinvestment income percentage from 2017 Sinvestment income percentage from 2017 Sinvestment income percentage from 2018 Sinvestment income percentage for 2018 Sinvestment income percentage for 2018 Sinvestment income percentage for 2018 Sinvestment income percentage for 2018 Sinvestment income percentage from 2018 Sinvestment					18	 %		
18									
19 a	331/8% support tests - 2018. If the org						. [
	17/is not more than 331/3 %, check thi								
b	b 381/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and								
/	line 18 is not more than 331/3%, check			•		• • • •			
20/	Private foundation. If the organization of	did not check a	box on line 1	4, 19a, or 19b,					
JSÁ					S	chedule A (Form 9:	90 or 990-EZ) 2018		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sect	tion 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	1	11	
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).	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	3a	·-	-
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	3b		
С	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	F±_ 3c	<u> </u>	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
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	4b	<u> </u>	
С	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	4c	1	
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 c	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		J
· 6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
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 or 990-EZ)	8		
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 .	9a		_
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) 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.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
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)	10b		

Sćhed	AFFORDABLE HOUSING PRESERVATION - II CHAPTER 84-11	73585		Page 5
Par	Supporting Organizations (continued)			
			Yes	No
11 .	Has the organization accepted a gift or contribution from any of the following persons?	1.7%	经验	3
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	類数	证明	
	below, the governing body of a supported organization?	11a		
b		11b		
<u>c</u>		11c		
Sect	ion B. Type I Supporting Organizations			
		E Services	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		5-7	14
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		3, 3	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		251	28.
	controlled the organization's activities. If the organization had more than one supported organization,		70	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1324		-53
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1,~~~	, .	(*******
2	Did the organization operate for the benefit of any supported organization other than the supported	(7.0) 1 2-3 -0-2	374	- 1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	7.2	(e)	: श्रंभ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	3,407	765	
C4				
Sect	on C. Type II Supporting Organizations		Yes	No
_		17277	162	7444.24 140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		38	
	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			2
	the supported organization(s).	4	الكتب	1.52.3
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	17. 7	· 7	N TO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of		1.4.3	
	the organization's governing documents in effect on the date of notification, to the extent not previously	1		7.0
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	2. 7	10.1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	132	32	1,6
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	3.E)E)	- +-	324
	significant voice in the organization's investment policies and in directing the use of the organization's	1	a ; †	ुद्ध
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	371-3	المراجعة	
	supported organizations played in this regard	3		
Secti	on 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 in	structio	ns)	
а	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			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (se		— ` ⊤	
2	Activities Test. Answer (a) and (b) below.	المحيرا	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			2,5
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		الد'اده	4,5
	those supported organizations and explain how these activities directly furthered their exempt purposes,			أبسر
	how the organization was responsive to those supported organizations, and how the organization determined		الث	1-113
	that these activities constituted substantially all of its activities	2a	, 	~, ~,
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	F.A.	- 8	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	15.541.	***	· 🔃
	reasons for the organization's position that its supported organization(s) would have engaged in these	* * *	الف	
	activities but for the organization's involvement	2b		17 ⁷ .73
3	Parent of Supported Organizations Answer (a) and (b) below.	130	<u> </u>	3
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	تأ أفضدًا: [المتتنا	انتست

Did the organization have the power to regula

trustees of each of the supported organizations? Provide details in Part VI.

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

Schedule A (Form 990 or 990-EZ) 2018

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizat	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trus	st on Nov 20, 1970 (explain	ıın Part VI) See
instructions. All other Type III non-functionally integrated supporting organi	zatioi	ns must complete Section	s 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	Ŋ	2. 是一个 对	1000
instructions for short tax year or assets held for part of year)	53	"一个的是一个一个	E Toman
a Average monthly value of securities	1a	l	
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	45		
factors (explain in detail in Part VI)			II THE PARTY OF TH
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		<u> </u>
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	亚洲 工工	,
2 Enter 85% of line 1	2	10 TO 10 TO	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	新加州	
4 Enter greater of line 2 or line 3	4	SAME THE TOTAL STREET	
5 Income tax imposed in prior year	5	SVERISE LANGE	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		MARKET PROPERTY.	
emergency temporary reduction (see instructions)	6	STATE OF THE STATE	<u></u>
7 Check here if the current year is the organization's first as a non-functionally	/ integ		rganization (see
instructions)			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A' (Form 990 or 990-EZ) 2018

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
1.	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
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	n the organization is resp	onsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			** •
	instructions.			
3	Excess distributions carryover, if any, to 2018	The state of the s		
а	From 2013	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	From 2014	, , , , , , , , , , , , , , , , , , , ,	**	a.
С	From 2015	and the second second		
d	From 2016		r	, .,
е	From 2017	13.7.7 A. E. J.		_
f	Total of lines 3a through e		-	, , , , ,
g	Applied to underdistributions of prior years	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, s
h	Applied to 2018 distributable amount		•	
i	Carryover from 2013 not applied (see instructions)		,	
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			* C 150
4	Distributions for 2018 from			
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount	被开启的时候,在15gm	, , , , , , , , , , , , , , , , , , ,	
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			يمذيكها برام
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h		,	
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7	1	-	, ,
а	Excess from 2014	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
b	Excess from 2015		•	: -
С	Excess from 2016	A		
d	Excess from 2017			
е	Excess from 2018		-	

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

Internal Revenue Service Solution AFFORDABLE HOUSING PRESERVATION - II CHAPTER Em

ion. Inspectio
Employer identification number

Open to Public Inspection

OMB No 1545-0047

C/O EAST LAKE MANAGEMENT 84-1173585 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year > _ Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV. line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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Page	4

Jung the organization's accussion, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply) a Public exhibition description of the organization and explain how they further the organization's exempt purpose in Part XIII b 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 solict or receive donations of art, historical treasures, or other similar assets to be sold to rase funds rather than to be maintained as part of the organization's collection? \to Ves \ No Part XIII 5 During the year did the organization answered "Yes" on 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, 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, 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, line 21 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escription and the part of the organization and the part of the organization and the part of the organization and the following table. 4 Amount 5 Beginning balance 5 Both of the organization answered "Yes" on Form 990, Part IV, line 10. 6 Current year 1a Beginning of year balance 9 Portion before the current year end balance (line 1g, column (a)) held as a Beginning of year balance 9 Portion of year balance 9 Portion of year balance 9 Portion of year balance 9 Portion of year balance 9 Portion of year balance 9 Portion of year balance 9 Portion of year balance 9 Portion of year balance 9 Portion of year ba	P	art II Organizations Maintain	ing Col	lections o	f Art, Hist	orical Tr	easure	s, o	Othe	r Similar	Assets (continue	d)
a Public exhibition d	3	Using the organization's acquisiti	on, acce	ession, and	other reco	ords, chec	k any	of the	e follov	ving that	are a sig	nificant us	se of its
b Scholarly research e Other		collection items (check all that app	oly)										
c	а	Public exhibition			d [Loan	or exch	ange	progra	ıms			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII	b	Scholarly research			e	Other							
Summy 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?	С	Preservation for future gene	erations		_					•			
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?	4	Provide a description of the orga	nization'	s collection	s and exp	lain how	they fu	rther	the or	ganizatıor	n's exemp	t purpose	in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		XIII									·	,	
Part V Escrow and Custodial Arrangements	5	During the year, did the organization	on solicit	or receive	donations	of art, hist	torical ti	reası	ıres, or	other sım	ılar		
Complete if the organization answered "Yes" on 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? 1b if "Yes," explain the arrangement in Part XIII and complete the following table. 1c Beginning balance 1d Additions during the year 1d Both development of Ending balance 1d Ending balance 1d Ending balance 1d Ending balance 1d Ending balance 1d Ending balance 1d Ending balance 1d Ending balance 1d If Ending balance 1d Ending balance 1d If Ending balanc		assets to be sold to raise funds rati	her than	to be maint	tained as p	art of the	organiz	ation	's colle	ction?	[Yes	No
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?	Pa	art IV Escrow and Custodial A	rrange	ments.									
ncluded on Form 990, Part X?			ation an	swered "Y	es" on Fo	rm 990, I	Part IV,	line	9, or r	eported a	an amou	nt on For	m
ncluded on Form 990, Part X?	1a	Is the organization an agent, truste	e, custo	odian or oth	er interme	diary for d	contribu	tions	or othe	r assets n	ot		
b If "Yes," explain the arrangement in Part XIII and complete the following table. c Beginning balance		included on Form 990, Part X?									[Yes	No
c Beginning balance d Additions during the year. e Distributions during the year. 1 te 1 Ending balance 1 f Ending balance 2 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 prowded on Part XIII Check here if the explanation answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Check here if the explana	b											_	
d Additions during the year					•	Ū					Amoun		
d Additions during the year	С	Beginning balance						1c			-		
e Distributions during the year	d												
f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrive or tutal liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrive or tutal liability? 2c Describe in Part XIII Check here if the explanation has been provided on Part XIII 2c Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2c Describe in Part XIII Check here if the explanation has been provided on Part XIII 2d Beginning of year balance. 2d Describe in Part XIII Check here if the explanation has been provided on Part XIII 2d Beginning of year balance. 2d Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a bard designated or quasi-endowment	е												
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f										-		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions	2a							or cu	stodial	account la	ability?	Yes	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions	b	If "Yes," explain the arrangement i	n Part X	III Check h	ere if the e	xplanation	has be	en pi	ovided	on Part XI	١	 	
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back	عصف												
1a Beginning of year balance		Complete if the organiza	ation an	swered "Ye	es" on Fo	rm 990, F	Part IV,	line	10.				
b Contributions			(a) Cu	urrent year	(b) Pri	or year	(c) Tw	o year	s back	(d) Three	years back	, (e) Four ye	ars back
b Contributions	1a	Beginning of year balance											
c Net investment earnings, gains, and losses													
and losses	c												
d Grants or scholarships e Other expenditures for facilities and programs	_												
e Other expenditures for facilities and programs	d												
and programs		·											
f Administrative expenses		•											
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶	f									- "			
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment % Temporarily restricted endowment % The percentages on 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 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value		-											
a Board designated or quasi-endowment Permanent endowment	_	•			end balanc	e (line 1q.	column	(a))	held as				
The percentages on 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	а					, ,		,					
The percentages on 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 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation (other) 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).	b	Permanent endowment ▶	%										
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 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 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) Fotal Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)	С	Temporarily restricted endowment	▶	%									
organization by (i) unrelated organizations. (ii) related organizations. b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1 a 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). Fotal. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).		The percentages on lines 2a, 2b, a	ind 2c st	rould equal	100%								
(i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)	3 a	Are there endowment funds not in	the poss	ession of th	ne organiza	ation that	are held	d and	l admır	istered for	the		
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		,										Ye	s No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		• • •										3a(i)	
A 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Equipment (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Column (e) Part X, Column (e), line 10c													
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 other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (e) Ceasehold improvements.	b	If "Yes" on line 3a(ii), are the relate	ed organ	ızatıons lıste	d as require	ed on Sch	edule R	?				3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value					tion's endo	wment fur	nds			····			
Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value	Pa	t VI Land, Buildings, and Equ	ipment	i. swered "Y	es" on Foi	m 990 F	Part IV	line	11a S	See Form	990 Pa	rt X line	10
total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)		Description of property	ation and							-7			
b Buildings									depre	eciation			
c Leasehold improvements	1 a							j.		是 海湖			
d Equipment	b	<u> </u>											
e Other	C	•						-+					
Fotal. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)▶	d	• •											
					- 000 C= 1	V action	· (O) :		. 1				
	ota	i. Add lines 1a through 1e (Column	(a) mus	ı equal Forn	ii 990, Part	x, column	(B), IIN	e 100	<i></i>	▶	0-1	de D. Commission	200) 2012

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м	ao	e	-

Part VII	Investments - Other Securities.				Page
. are vii	Complete if the organization answered	"Yes" on Form 990), Part IV, I	ne 11b. See Form 990), Part X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year mar	ation
(1) Financi	al derivatives				
	r-held equity interests				
(A)					
(B)					
(C)					
(D)					·
(E)					
(F)					
(G)					
(H)					
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)			- * / (sa)	S. B. S. S. S. S. S. S. S. S. S. S. S. S. S.
Part VIII					
	Complete if the organization answered	'Yes" on Form 990	, Part IV, II	ne 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value		(c) Method of valua	
				Cost or end-of-year mark	ket value
(1)					
(2)					
(3)					
(4)				·	
(5)					
(6)					
(7)					
(8)					 .
(9)			Marie Marie Control	de 19 Au 1991 Colonidado	
	(b) must equal Form 990, Part X, col (B) line 13)			中國2 有時期	
Part IX	Other Assets.	Wast Farm 000	Down N. J.	444 C F 000	D=4 V 1 = 45
 	Complete if the organization answered "		, Part IV, III	ne 11a See Form 990	
AN DUE	(a) Desc	ription			(b) Book value
	FROM ELM				734,607
	FROM AFFORDABLE HSG PRES TO/FROM 51ST STREET Y				570,000
 					62,455
	SIT - ROOSEVELT II FROM ELH PARTNERS				46,000
	ROM ELH PARINERS				50,000
(6)					
(7)					
(8)					-
(9)	man (h) must a sual Form 000 Bort V and (B) Ira	n 45 \			1 462 063
	mn (b) must equal Form 990, Part X, col (B) line	9 13)		<u> </u>	1,463,062
Part X	Other Liabilities. Complete if the organization answered " line 25.	Yes" on Form 990,	Part IV, Iır	e 11e or 11f See Fori	m 990, Part X,
	(a) Description of liability	(b) Book value			
	al income taxes	3 , = ====			

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO AFFORDABLE HOUSING PRE	ES 125,496.	
(3)		
(4)		
(5)		
(6)		等
(7)		
(8)		
(9)		0
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25) ▶ 125,496.	1995 A. S. C. C. C. C. C. C. C. C. C. C. C. C. C.

^{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.

•		84-1173585
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Page 4
1 .	Total revenue, gains, and other support per audited financial statements	1
a b c	Donated services and use of facilities	
d e 3	Other (Describe in Part XIII)	3
4 a b	Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	
c 5 Part	Add lines 4a and 4b	5
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 2 a	Total expenses and losses per audited financial statements	1 623
b c	Brier year adjustments 2b	
d e 3	Other (Describe in Part XIII)	2e 3
4 a b	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	
5 Part	Add lines 4a and 4b	5
rovid , Part	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line 4, Part X, line nation
		

JSA 8E1271 1 000

Part XIII Supplemental Information (continued)

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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

AFFORDABLE HOUSING PRESERVATION - II CHAPTER

Employer identification number

C/O EAST LAKE MANAGEMENT

84-1173585

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

THE ORGANIZATION REVIEWS THE INFORMATION CONTAINED IN THE 990 STATEMENTS AND INQUIRES OF THE PREPARER IF THEY HAVE ANY QUESTIONS.

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

THE ORGANIZATION MAKES ITS FORM 990 AND 1023 AVAILABLE UPON REQUEST.

R

84-1173585

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part I

(1)

(2)

3

<u>4</u>

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► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information. AFFORDABLE HOUSING PRESERVATION - II CHAPTER

OMB No 1545-0047

Employer identification number 84-1173585

> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 C/O EAST LAKE MANAGEMENT

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II

(a)	(a)	(3)	(p)	(0)	E		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public chanty status (if section 501(c)(3))	trolling /	Section 512(b)(13) controlled entity?	12(b)(13) olled ty?
						Yes	٩
(1) AFFORDABLE HSG PRESERV FOUNDATION 74-2308721							
2850 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	LOW INC HSG	IL	501(C)(3)	7	N/A		×
(2) AFFORDABLE HSG PRES FOUND 51 ST Y 20-2209605							
2255 S. WABASH AVENUE CHICAGO, IL 60616	LOW INC HSG	IL	501(C)(3)	7	A/A		×
(3) AFFORDABLE HSG PRESERV FOUND III CHAP 84-1173586							
2850 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	LOW INC HSG	II	501(C)(3)	7	N/A		×
(4) AFFORDABLE/WEST END FOUNDATION INACTIVE							:
2850 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	INACTIVE	IL	501(C)(3)	7	A/N		×
(5) AFFORD HSG PRESERV FOUND CHAP II AHPF INACTIVE							
2255 SOUTH WABASH AVENUE CHICAGO, IL 60616	INACTIVE	IL	501(C)(3)	7	N/A		×
(9)							
	Г				•		
× (2)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	; 				Schedule R (Form 990) 2018	R (Form 9	90) 2018
Ġ						•	

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Schedule R (Form 990) 2018

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. Part III

Nan T	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionato allocationa?	(1) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
			:					Yes No		Yes No	Γ'-
(1)											
										-	
(2)								-		-	
(3)	,							_			
(4)											
										-	
(2)								-			
(9)											
							-				
(2)		•								-	
								_	-	•	
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ans line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	ted Organizations d one or more rel	s Taxable ated org	e as a Corporati anizations treate	a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV ations treated as a corporation or trust during the tax year	ete if the organ	lization answer	ed "Yes	s" on Form 990,	Part	

(a) . Name, address, and EIN of related organization	(b) Primary activity	(c) Legat domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	(i) Section
		(state or foreign country)	entity	(C com, S com, or trust)		end-of-year assets ownership 512(b)(13) controlled	ownership	ontrolled
								Yes No
(1)								
(2)								1
(3)								-
(4)								-
(5)								
	~	_	,					
(9)								-
			•					_
< (7)					3			-
-						Schedule R (Form 990) 2018	R (Form 99)) 2018

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Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Yes No Method of determining 製造 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 Ε 무 9 4 9 ₹ Transactions With Related Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Amount involved Reimbursement paid to related organization(s) for expenses. 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? Transaction type (a-s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity....... Performance of services or membership or fundraising solicitations for related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property from related organization(s). (a)
Name of related organization Part V 9 3 3 3 9 Ξ

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

From by Sulfry From	(b) (b) (c) (d) (e)	(q)	(0)	(p)	(e)	ε	(6)	Ê	0	3	3
Train lat under Train lat	Name, address, and EiN of entry	Primary activity		Predominant income (related, unrelated, excluded	Are all partners section 501(c)(3)	Share of total income	Share of end-of-year assets	Disproportionate altocations?		General or managing partner?	Percentage ownership
				from tax under sections 512-514)	Yes No				(Form 1065)		
								1			!
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			-								
		,									
		1									

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Schedule R (Form 990) 2018

Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions