Form **990**

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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0047

pen to Public

Inspection calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 A For the 2009 D Employer identification number Name of organization
AFFORDABLE HOUSING RESOURCES INC B Check if applicable use IRS Address change 58-1857324 label or Doing Business As E Telephone number Name change print or type. See Specific (615) 251-0025 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 490,043 Terminated tions. City or town, state or country, and ZIP + 4 Nashville, TN 37203 Amended return Application pending Name and address of principal officer Is this a group return for Erwin D Latimer affiliates? 1011 Cherry Avenue Nashville, TN 37203 H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) 4947(a)(1) or Γ Tax-exempt status H(c) Group exemption number > **Website:** ► ahrhousing org K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1988 M State of legal domicile TN Summary Briefly describe the organization's mission or most significant activities To provide housing, lending & counseling to low-income families Activities & Governance Check this box ►√ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) . . . 12 Total number of employees (Part V, line 2a) . . . 0 Total number of volunteers (estimate if necessary) . 0 Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 942,568 851,713 Program service revenue (Part VIII, line 2g) . 401,573 -361,670 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 40,864 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -466,651 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 918,354 490,043 102,534 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 132.542 14 Benefits paid to or for members (Part IX, column (A), line 4) \cdot . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 793.080 553.094 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 1,472,750 5,368,525 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,398,372 6,024,153 19 Revenue less expenses Subtract line 18 from line 12 . -1.480.018 -5,534,110 t Assets or Nd Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 54,546,101 7,393,405 Total liabilities (Part X, line 26) . . 50,435,175 8,816,743 Net assets or fund balances Subtract line 21 from line 20 4,110,926 -1,423,338 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign 2010-08-04 Here Signature of officer Wayne Reed Director of Finance Type or print name and title Preparer's signature Date Check if Preparer's identifying number Paid empolyed 🕨 🔽 Preparer's Firm's name (or yours EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) .

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To provide housing, lending & counseling to low-income families

| 2 | _ | on undertake any significa 0 or 990-EZ? | | ng the year which were not listed or | TYes ▼ No |
|----|---------------------|--|---------------------------------|---|-----------------|
| | If "Yes," describe | these new services on Sc | hedule O | | |
| 3 | Did the organizati | <u>~</u> , | nake significant changes | ın how ıt conducts, any program | ┌ Yes ┌ No |
| | If "Yes," describe | these changes on Schedu | ıle O | | |
| 4 | Section 501(c)(3 |) and 501(c)(4) organizat | ons and section 4947(a) | tion's three largest program service (1) trusts are required to report the h program service reported | |
| 4a | (Code |) (Expenses \$ | 5,237,274 including gr | ants of \$ 101,167) (Revenu | e \$ -629,494) |
| | | | | 8 houses sold in 2009 and 14 in inventory) e owned for development was sold for a lo | |
| 4b | (Code |) (Expenses \$ | 402,261 including gr | ants of \$ 179,072) (Revenu | e \$ 440,386) |
| | To provide lending, | down-payment and closing cost | assistance to low-income fam | ilies (384 clients) | _ |
| 4c | (Code |) (Expenses \$ | 248,631 including gr | ants of \$ 33,416) (Revenu | e \$ 229,649) |
| | To provide homeow | nership and foreclosure counsel | ing to low-income families (1,3 | 74 families served) | |
| 4d | O ther program s | ervices (Describe in Sch | edule O) | | |
| | (Expenses \$ | 0 inc | uding grants of \$ | 0) (Revenue \$ | 0) |
| 4e | Total program se | ervice expenses > \$ | 5,888,166 | | |

| Dart TV | Checklist o | f Required | Schedules |
|---------|-------------|------------|-------------------|
| | CHECKHISLU | ı Keuulieu | Juliculies |

| | | | Yes | No |
|-----|---|-----|-----|---------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 💋 | 2 | Yes | |
| 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 | | Νο |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | No |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where 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 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | Yes | |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Νο |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | | | |
| | 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. | | | |
| | ◆ 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. | | | |
| | ◆ 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. | | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Yes | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | ĺ | ĺ | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Ì | l No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Νο |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 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 | | Νο |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Νο |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 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 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I | 25a | | Νο |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | |
| | | 28a | | Νo |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV | 28b | | Νo |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | Νο |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | Yes | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I | 33 | | Νo |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | No |
| 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 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 20 | Yes | |

| | (<i>-</i>) |
|--------|---|
| Part V | Statements Regarding Other IRS Filings and Tax Compliance |
| | |

| | | | Yes | No |
|----|---|-----|-----|----|
| la | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | | |
| | 1a 24 | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return | | | |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 2b | Yes | |
| 3 | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | Νo |
| Ь | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| а | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| Ь | If "Yes," enter the name of the foreign country 🕨 | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 1 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot . | 5a | | Νo |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | Νo |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Νo |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Νo |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Νo |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | Yes | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | Yes | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| Ь | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| L | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| ≀a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |

1011 Cherry Avenue Nashville, TN 37203 (615) 251-0025

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Se | ction A. Governing Body and Management | | | |
|---------|--|---------|----------|--------------|
| | | | Yes | No |
| | | | | |
| 4_ | | | | |
| 1a b | Enter the number of voting members of the governing body 1a 13 Enter the number of voting members that are independent 1b 13 | | | |
| 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 | | Νo |
| 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 | | Νο |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | Νo |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | Νo |
| 6 | Does the organization have members or stockholders? | 6 | | Νο |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | Νo |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | Νο |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 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 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal | | | |
| Re | venue Code.) | | | |
| | | | Yes | No |
| | Does the organization have local chapters, branches, or affiliates? | 10a | | Νo |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | Νο |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 16- | | NI - |
| b | taxable entity during the year? | 16a | | No |
| | participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ction C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | ne orga | nızatıor | n ▶ - |
| | Eddie Latimer | | | |

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if the organization did r | ot compens | ate any | curr | ent o | or fo | rmer o | ffıce | r, director, trustee o | or key employee | |
|--|-------------------------|-----------------------------------|-------------------------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) Average hours | | (C) Position (check all that apply) | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| William Harris Secretary | 2 | х | | | | | | 0 | 0 | C |
| Perry Blanford Treasurer | 2 | х | | | | | | 0 | 0 | C |
| David Crane President | 0 | х | | | | | | 0 | 0 | C |
| ED Latimer Exec Director/CEO | 40 | | | х | х | х | | 82,875 | 49,000 | C |
| Frank Latimer Staff | 30 | | | | × | | | 42,094 | 0 | C |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

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

| (A) Name and Titl | e (B) Average hours per week | | tion a Institutional Trustee | che | | Highest compensated | Former | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | | (F) Estima amount of compens from to organizati relate organiza | ted fother ation he on and |
|-------------------------|---|-----------|------------------------------|------------|-------|--|----------|--|--|---------|---|--|
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| | | | ٠. | <u> </u> | | <u>. </u> | | 124,969 | 49,0 | 00 | | 0 |
| 2 Total number of indiv | ıduals (ıncludıng but not ble compensatıon from th | lımıted t | o tho | se l | | d above | e) wh | no received more tha | ın | | | |
| | | | | | | | | | | | Yes | No |
| | list any former officer, di complete Schedule J for suc | | | | | | | | ated employee | 3 | | N o |
| | ted on line 1a, is the sum ted organizations greater | | | | | | | | | 4 | | |
| | l on line 1a receive or ac | crue con | npens | - satio | n fro | om anv | unre | elated organization f | or services | -4 | | N o |
| , , | nization? If "Yes," complet | | | | | | | | | 5 | | N o |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|---------------------------------------|----------------------------|
| Wieland Contracting 2107 Gladstone Avenue Nashville, TN 37211 | Contractor | 111,411 |
| | | |
| | | |
| | | |
| | | |
| 2. Total number of independent contractors (including but not limited to those listed above) | who received more than | |

| Form 9 | • | • | | | | | | Page 9 |
|--|--------------|--|---|--------------------|----------------------|--|---|---|
| Part \ | /1111 | Statement of | of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| nts ots | 1a | Federated cam | paigns 1a | 0 | | | | |
| Contributions, gifts, grants and other similar amounts | ь | Membership du | es 1b | 0 | | | | |
| | C | Fundraising eve | ents 1 c | 0 | | | | |
| <u>≅,≅</u> | d | | zations 1d | | | | | |
| tions, gif er similar | e | Government grant | | | | | | |
| atío er. | f | All other contribution similar amounts no | ons, gifts, grants, and 1f ot included above | 851,713 | | | | |
| Contribu | g | Noncash contri | butions included in | | | | | |
| | ١. | lines 1a-1f \$ _ | s 1a-1f | ▶ | 851,713 | | | |
| ပ္က | h | Total. Add lines | 5 14-11 | | 031,713 | | | |
| e E | 2a | Mortgage & servici | ing food | Business Code | 62.042 | 62.042 | 0 | |
| Program Serwice Revenue | b | Loan interest | ing rees | 522,291 522,291 | 62,842 135,333 | 62,842 135,333 | 0 | 0 |
| | " | Rent income | | 233,000 | 10,923 | 10,923 | 0 | 0 |
| | d | Homebuyer educa | tion | 522,291 | 69,649 | 69,649 | 0 | 0 |
| જુ | e | Gaın(loss) on sale | | 233,000 | -640,417 | -640,417 | 0 | 0 |
| Ē | f | All other progra | am service revenue | | 0 | 0 | 0 | 0 |
| Š | | - | 2 26 | | 264 672 | | | |
| | g 3 | | ome (including dividen | | -361,670 | | | |
| | | | ar amounts) | - | | | | |
| | 4 | | stment of tax-exempt bond | ⊢ | | | | |
| | 5 | Royalties | <u></u> | ▶ | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a b | Gross Rents Less rental | | | | | | |
| | - | expenses Rental income | 0 | 0 | | | | |
| | С | or (loss) | _ | | | | | |
| | d | Net rental inco | me or (loss) | + | | | | |
| | 7a | Gross amount from sales of | (ı) Securities | (II) O ther | | | | |
| | | assets other than inventory | | | | | | |
| | ь | Less cost or | | | | | | |
| | | other basis and sales expenses | | | | | | |
| | c | Gain or (loss) | 0 | 0 | | | | |
| | d 8a | | rom fundraising | | | | | |
| ė | | events (not inc | | | | | | |
| Other Revenue | | \$ of contributions | s reported on line 1c) | | | | | |
| Ве | | | ne 18 | | | | | |
| <u>.</u> | | | a | 0 | | | | |
| 듩 | b c | | penses b (loss) from fundraising | | | | | |
| _ | 9a | Gross income f | rom gamıng actıvıtıes | | | | | |
| | | See Part IV, III | ne 19 a | | | | | |
| | b | | penses b (loss) from gaming acti | | | | | |
| | 10a | Gross sales of | | vities | | | | |
| | | returns and allo | | | | | | |
| | b | | oods sold b | | | | | |
| | С | Net income or i | (loss) from sales of inv | Business Code | | | | |
| | 11a | ттосепапеои: | s Kevellue | Dusiliess Code | | | | |
| | ь | | | + | | | | |
| | c | | | | | | | |
| | d | All other reven | ue | | | | | |
| | е | Total. Add lines | s 11a-11d | | 0 | | | |
| | 4.5 | T-4 * | C Tu | *_ | U | | | |
| | 12 | iotal revenue. | See Instructions . | • • • | 490,043 | -361,670 | 0 | o |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| _ | Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). | | | | | | | | | |
|----|---|-----------------------|-----------------------------|---------------------------------|-------------------------|--|--|--|--|--|
| | | | (B) (C), and | (D). | (D) | | | | | |
| | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses | | | | | |
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 3,927 | 3,927 | | | | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 98,607 | 98,607 | | | | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 0 | 0 | | | | | | | |
| 4 | Benefits paid to or for members | 0 | 0 | | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 82,875 | 70,444 | 12,431 | 0 | | | | | |
| 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 | 0 | 0 | 0 | | | | | |
| 7 | Other salaries and wages | 367,063 | 312,004 | 55,059 | 0 | | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 6,285 | 5,342 | 943 | 0 | | | | | |
| 9 | Other employee benefits | 59,977 | 50,980 | 8,997 | 0 | | | | | |
| 10 | Payroll taxes | 36,894 | 31,360 | 5,534 | 0 | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | | |
| а | Management | 0 | 0 | 0 | 0 | | | | | |
| b | Legal | 19,801 | 17,343 | 2,458 | 0 | | | | | |
| c | Accounting | 126,509 | 107,533 | 18,976 | 0 | | | | | |
| d | Lobbying | 0 | 0 | 0 | 0 | | | | | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | 0 | | | | | |
| f | Investment management fees | 0 | 0 | 0 | 0 | | | | | |
| g | Other | 26,151 | 22,228 | 3,923 | 0 | | | | | |
| 12 | Advertising and promotion | 12,866 | 10,936 | 1,930 | 0 | | | | | |
| 13 | Office expenses | 38,798 | 32,978 | 5,820 | 0 | | | | | |
| 14 | Information technology | 9,329 | 7,930 | 1,399 | 0 | | | | | |
| 15 | Royalties | 0 | 0 | 0 | 0 | | | | | |
| 16 | Occupancy | 42,907 | 36,471 | 6,436 | 0 | | | | | |
| 17 | Travel | 12,457 | 10,588 | 1,869 | 0 | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 | | | | | |
| 19 | Conferences, conventions, and meetings | 549 | 549 | 0 | 0 | | | | | |
| 20 | Interest | 29,723 | 29,723 | 0 | 0 | | | | | |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 | | | | | |
| 22 | Depreciation, depletion, and amortization | 100,734 | 97,105 | 3,629 | 0 | | | | | |
| 23 | Insurance | 25,496 | 21,672 | 3,824 | 0 | | | | | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | | | | | | |
| а | A uto & truck | 10,311 | 10,311 | 0 | 0 | | | | | |
| b | Telephone | 18,395 | 15,636 | 2,759 | 0 | | | | | |
| c | Mortgage banking expense | 20,190 | 20,190 | 0 | 0 | | | | | |
| d | Provision for loan losses | 60,000 | 60,000 | 0 | 0 | | | | | |
| е | Loss on inventory in receivership | 4,814,309 | 4,814,309 | 0 | 0 | | | | | |
| f | All other expenses | | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 6,024,153 | 5,888,166 | 135,987 | 0 | | | | | |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | | | | | | |

Part X Balance Sheet (A) (B) Beginning of year End of year 177.801 186.188 1 1 Cash—non-interest-bearing 50.971 2 57,431 2 οl 3 Ω 3 4 138.842 4 326.912 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of ol 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of ol 0 6 Notes and loans receivable, net 2,744,611 2,124,907 Inventories for sale or use 50.952.753 4,243,098 8,530 4,568 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete 671.117 10a 10a Part VI of Schedule D 454.951 10c 10b 240.361 430.756 b Less accumulated depreciation οl 11 0 11 οl 0 12 12 Investments—other securities See Part IV, line 11 ol 13 13 Investments—program-related See Part IV, line 11 . . 14 ol 14 0 21.604 15.583 15 15 16 54,546,101 16 7,393,405 Total assets. Add lines 1 through 15 (must equal line 34) . . . 695,029 2.725.735 17 17 Accounts payable and accrued expenses . ol 0 18 18 ol 0 19 19 0 0 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 0 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 O 22 46,941,726 8,121,714 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 767.714 25 Other liabilities Complete Part X of Schedule D 25 0 26 **Total liabilities.** Add lines 17 through 25 50,435,175 8,816,743 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. -158,190 -5.570.983 27 27 Unrestricted net assets 28 2.414.850 28 2.293.379 Temporarily restricted net assets Fund 1.854.266 1.854.266 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 4,110,926 -1,423,338 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 54.546.101 7,393,405 34

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | Yes | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes," to 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 | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both | | | |
| | Separate basis Consolidated basis Both consolidated and separated basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| 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 | 3b | | |

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A Public Charity Status and Public Support

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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. See separate instructions.

Inspection **Employer identification number**

| | | e organiz | zation RESOURCES IN | | | | - | | Employer ide | entification r | number |
|-------|------------|--|-------------------------------|--------------------------------------|-------------------------|---------------------|------------------------------------|------------------------|-------------------|--------------------------|--|
| ALLOR | DADLL | 11003110 | KESOOKCES IN | | | | | | 58-185732 | 4 | |
| Pa | rt I | Reas | on for Pul | olic Charity Stat | us (All org | ganızatıons | must compl | lete this pai | rt.) See ıns | tructions | |
| The | rganı — | | | e foundation because | | | | |) | | |
| 1 | | | | on of churches, or as | | | | (1)(A)(i). | | | |
| 2 | <u>_</u> | | | ın section 170(b)(1) | | | | | | | |
| 3 | <u> </u> | | | perative hospital ser | | | | | | | |
| 4 | ı | | cal research l's name, cıt | organization operate y, and state | ed in conjun | ction with a | hospital desci | ribed in secti | on 170(b)(1) |)(A)(iii). Ento | er the |
| 5 | Г | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) | | | | | | | — ed ın | | |
| 6 | Γ | A feder | al, state, or | local government or | government | al unit desc | rıbed ın sectio | n 170(b)(1)(| A)(v). | | |
| 7 | Γ | describ | ed in | t normally receives a | | al part of its | support from a | ı government | al unit or froi | m the genera | l public |
| 8 | \vdash | | | described in section | | A)(vi) (Cor | nplete Part II |) | | | |
| 9 | Ī | | | t normally receives | | | | | tions, memb | ership fees, a | and gross |
| | • | | | ties related to its ex | | | | | | | |
| | | ıts supp | port from gro | ss investment incon | ne and unrel | lated busine | ss taxable ınc | ome (less se | ction 511 ta | x) from busin | nesses |
| | | acquire | d by the org | anızatıon after June : | 30,1975 S | ee section 5 | 509(a)(2). (Co | mplete Part 1 | III) | | |
| 10 | Γ | Anorga | anızatıon org | anızed and operated | exclusively | to test for p | public safety S | See section 5 0 | 09(a)(4). | | |
| 11 | Γ | Anorga | anızatıon org | anızed and operated | exclusively | for the ben | efit of, to perfo | rm the functi | ons of, or to | carry out the | purposes of |
| | | | | supported organiza | | | | | | section 509 | (a)(3). Check |
| | | | _that descrit Type I | oes the type of suppo Type II | | | complete lines [- Functionally | | _ | ┌ Type II | (I Other |
| _ | _ | | • • | x, I certify that the o | | | • | _ | d hy ana ar ma | | |
| е | , | other th | - | on managers and oth | - | | • | • | • | • | • |
| f | | check t | his box | eceived a written de | | | | | | I supporting | organization, |
| g | | | q persons? | 006, has the organiz | ation accep | ited any gni | or contribution | ii ii oiii aiiy oi | tile | | |
| | | (i) a pe | rson who dir | ectly or indirectly co | ntrols, eithe | er alone or t | ogether with p | ersons descr | ıbed ın (ıı) | | Yes No |
| | | and (III) |) below, the g | overning body of the | the suppor | ted organiza | ation? | | | 11g(i) | |
| | | (ii) a fa | mıly membe | r of a person describ | ed in (i) abo | ove? | | | | 11g(ii) | |
| | | (iii) a 3 | 5% controll | ed entity of a person | described i | ın (ı) or (ıı) a | above? | | | 11g(iii) | <u>) </u> |
| h | | Provide | the followin | g information about t | the supporte | ed organizat | ion(s) | | | | |
| | | | | (iii) | (iv) |) | (v) | | (vi) | | |
| | (i) | | | Type of organization | Is th | | Did you no | tify the | Is th | | |
| | Name | | (ii) | (described on | organiza col (i) lis | | organizat | | organizat | | (vii) |
| : | suppo | rted | EIN | lines 1- 9 above | your gov | | col (ı) of | | col (ı) org | | A mount of support? |
| 0 | rganız | ation | | or IRC section | docum | | suppoi | rt? | in the U | S? | зарроге |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | † |
| | | | | matractions)) | † · · · · · · | + | 1.35 | + | + | 1 | + |
| | | | | | | | | + | | | + |
| | | | | | | | + | + | | | + |
| | | | | | | | | + | | | 1 |
| | | | + | | + | _ | | + | + | + | + |

Total

ınstructions

| P | Support Schedule (Complete only if yo | | | | | and 170(b) | (1)(A)(vi) |
|---------|--|--------------------------|--------------------|---------------------|---------------------|-----------------|------------------|
| S | ection A. Public Support | a checked tile | DOX OII IIIC 3, | ,, or o or rare. | ÷·/ | | |
| | endar year (or fiscal year beginning | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | ın) | (a) 2005 | (b) 2006 | (6) 2007 | (d) 2008 | (e) 2009 | (I) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual | | | | | | |
| _ | grants ") Tax revenues levied for the | | | | | | |
| 2 | organization's benefit and either | | | | | | |
| | paid to or expended on its | | | | | | |
| | behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| - | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, column | | | | | | |
| _ | (f) Dublic Support Subtract line F from | | | | | | |
| 6 | Public Support. Subtract line 5 from line 4 | | | | | | |
| S | ection B. Total Support | 1 | | - | | | |
| | endar year (or fiscal year beginning | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | ın) | (a) 2005 | (b) 2000 | (6) 2007 | (d) 2008 | (e) 2009 | (1) Total |
| 7 | A mounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| 9 | sources Net income from unrelated | | | | | | |
| 9 | business activities, whether or | | | | | | |
| | not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 10 | Other income (Explain in Part | | | | | | |
| | IV) Do not include gain or loss | | | | | | |
| | from the sale of capital assets | | | | | | |
| 11 | Total support (Add lines 7 | | | | | | |
| 4.5 | through 10) | /5 | | | | | |
| 12 | Gross receipts from related activities | , | • | | | 12 | |
| 13 | First Five Years If the Form 990 is f | or the organizati | on's first, second | , third, fourth, or | fifth tax year as a | 501(c)(3) orga | inization, ▶□ |
| | check this box and stop here | | | | | | -1 |
| S | ection C. Computation of Pub | lic Support P | ercentage | | | | |
| 14 | Public Support Percentage for 2009 | | | 11 column (f)) | | 14 | |
| 15 | Public Support Percentage for 2008 | Schedule A . Pa | rt II. line 14 | | | 15 | |
| | 33 1/3% support test—2009. If the | • | , | v on line 13 and | line 14 is 33 1/30 | | k this hox |
| | and stop here. The organization qua | - | | · | IIIIC 14 13 33 1/3/ | o or more, ence | ▶ □ |
| ь | 33 1/3% support test—2008. If the | | | | 5a, and line 15 is | 33 1/3% or moi | |
| | box and stop here. The organization | | | | , | | ▶ |
| 17a | 10%-facts-and-circumstances test- | -2009. If the org | anızatıon dıd not | check a box on lı | ne 13, 16a, or 16 | b and line 14 | |
| | ıs 10% or more, and ıf the organizat | | | | | | |
| | in Part IV how the organization mee | ts the "facts and | l cırcumstances" | test The organiz | ration qualifies as | a publicly supp | |
| L | organization | _2009 Ifthe c== | onization did net | chack a bay as li | no 12 165 164 | or 17a and line | ▶□ |
| D | 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ | _ | | | | | |
| | Explain in Part IV how the organizat | | | | | | clv |
| | supported organization | | | | gaao., quu | | ▶ ┌ |
| 10 | Deiveta Farmdation Ifthe averages | on did not obselv | a hay an line 12 | 16- 16- 17- | 17 | hay and cas | • |

▶□

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

(Complete only if you checked the box on line 9 of Part I.)

| Se | ction A. Public Support | | | | | | |
|------|--|--------------------|--------------------|---------------------|-------------------|-----------------|--------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 471,807 | 631,071 | 237,746 | 942,568 | 851,713 | 3,134,90 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 1,125,330 | 755,709 | 335,384 | -65,078 | -372,810 | 1,778,53 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | 0 | 0 | 0 | 0 | 0 | (|
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | (|
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | (|
| 6 | Total. Add lines 1 through 5 | 1,597,137 | 1,386,780 | 573,130 | 877,490 | 478,903 | 4,913,440 |
| 7a | A mounts included on lines 1, 2, and 3 received from disqualified persons | 83,000 | 123,933 | 41,000 | 215,675 | 7,000 | 470,608 |
| Ь | A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | 0 | 0 | 0 | 0 | 0 | (|
| _ | Add lines 7a and 7b | 83,000 | 123,933 | 41,000 | 215,675 | 7,000 | 470,608 |
| 8 | Public Support (Subtract line 7c from line 6) | , | , | , | , | , | 4,442,832 |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | A mounts from line 6 | 1,597,137 | 1,386,780 | 573,130 | 877,490 | 478,903 | 4,913,440 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar | 22,928 | 35,462 | 65,060 | 40,864 | 11,140 | 175,454 |
| Ь | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 0 | 0 | 0 | 0 | 0 | (|
| С | Add lines 10a and 10b | 22,928 | 35,462 | 65,060 | 40,864 | 11,140 | 175,454 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | (|
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 0 | 0 | 0 | 0 | 0 | (|
| 13 | Total support (Add lines 9, 10c, 11 and 12) | 1,620,065 | 1,422,242 | 638,190 | 918,354 | 490,043 | 5,088,894 |
| 14 | First Five Years If the Form 990 is for check this box and stop here | or the organizatio | n's first, second, | thırd, fourth, or f | fth tax year as a | 501(c)(3) organ | ızatıon, ▶┌ |
| Se | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 15 | Public Support Percentage for 2009 | | | 3 column (f)) | | 15 | 87 304 % |
| 16 | Public support percentage from 200 | 8 Schedule A , Pa | rt III, line 15 | | | 16 | 90 082 % |
| | | | | | | | |

| 15 | 87 | 304 | % |
|----|----|-----|---|
| 16 | 90 | 082 | % |

Section D. Computation of Investment Income Percentage

Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))

Investment income percentage from 2008 Schedule A, Part III, line 17

| 17 | 3 448 | % |
|----|-------|---|
| 18 | 2 344 | % |

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493216007160

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| | ne of the organization | | Emp | loyer identification number |
|-----|---|--|-------------------|--|
| AFF | ORDABLE HOUSING RESOURCES INC | | 58- | 1857324 |
| Pa | rt I Organizations Maintaining Donor A | | unds | or Accounts. Complete if the |
| | organization answered "Yes" to Form 9 | 90, Part IV, line 6. (a) Donor advised funds | | b) Funds and other accounts |
| | Total number at end of year | (a) Donor advised funds | | by runus and other accounts |
| | Aggregate contributions to (during year) | | | |
| | | | | |
| | Aggregate grants from (during year) | | | |
| | Aggregate value at end of year | | | <u> </u> |
| | Did the organization inform all donors and donor adv funds are the organization's property, subject to the | _ | or advı | Sed ∀es No |
| | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beconferring impermissible private benefit | | | |
| a | t II Conservation Easements. Complete | of the organization answered "Yes" to | o Forn | n 990. Part IV. line 7. |
| | Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year | organization (check all that apply) tion or pleasure) Preservation of an Preservation of a c | histor ertifie | ically importantly land area d historic structure |
| | easement on the last day of the tax year | Γ | | Held at the End of the Year |
| а | Total number of conservation easements | ľ | 2a | ried at the Lid of the Teal |
| b | Total acreage restricted by conservation easement: | s | 2b | |
| c | Number of conservation easements on a certified hi | - | 2c | |
| d | Number of conservation easements included in (c) a | ` ´ | 2d | |
| | Number of conservation easements modified, transf the taxable year ▶ | erred, released, extinguished, or terminate | d by th | e organization during |
| | Number of states where property subject to conserv | | | |
| | Does the organization have a written policy regarding enforcement of the conservation easements it holds | | lling of | violations, and Yes No |
| | Staff and volunteer hours devoted to monitoring, ins | | | |
| | A mount of expenses incurred in monitoring, inspect | ing, and enforcing conservation easements | during | the year ► \$ |
| | Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$? | 2(d) above satisfy the requirements of sec | tion | ┌ Yes |
| | In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease | the footnote to the organization's financial | | |
| ar | Complete if the organization answered | | or Otl | her Similar Assets. |
| а | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi | d for public exhibition, education or researc | h ın fu | |
| b | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item | public exhibition, education, or research in | | · |
| | (i) Revenues included in Form 990, Part VIII, line : | 1 | | ► \$ |
| | (ii) Assets included in Form 990, Part X | | | ► \$ |
| | If the organization received or held works of art, his following amounts required to be reported under SFA | | r finan | cial gain, provide the |
| а | Revenues included in Form 990, Part VIII, line 1 | | | ▶ \$ |
| b | Assets included in Form 990, Part X | | | ► \$ |

| 'ar | 444 Organizations Maintaining Co | illections of Ar | t, His | tori | <u>cai ir</u> | <u>easur</u> | es, or O | tne | <u>r Similar As</u> | <u>sets</u> | (cont | inued) |
|-----|---|----------------------|----------|----------|--------------------------|--------------|--------------|-----------|------------------------------|----------------|----------|--------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check an | ny of th | ne foll | owing t | hat are | a significa | ant u | se of its collect | ion | | |
| а | Public exhibition | | d | \sqcap | Loan o | rexch | ange progr | ams | | | | |
| ь | Scholarly research | | e | Γ | Other | | | | | | | |
| c | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | aın hov | w the | / furthe | r the or | ganızatıon | 's ex | empt purpose i | n | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | , | | | | | | ┌ Yes | Г | No |
| Paı | t IV Escrow and Custodial Arrang | | | | | | answere | d "Y | es" to Form 9 | 90, | | |
| | Part IV, line 9, or reported an an | | • | | | | | | | | | |
| | Is the organization an agent, trustee, custod included on Form 990, Part X? | | | | | ions or | other ass | ets r | | ┌ Yes | F | No |
| b | If "Yes," explain the arrangement in Part XIV | / and complete the | follow | ring ta | able | | _ | | | | | |
| | | | | | | | - | _ | An | ount | | |
| с | Beginning balance | | | | | | - | 1c | | | | |
| d | Additions during the year | | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | - | 1e | | | | |
| f | Ending balance | | | | | | | 1f | | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, lin | ne 21? | | | | | | | Yes | <u> </u> | No |
| | If "Yes," explain the arrangement in Part XIV | | | | | | | | | | | |
| Pa | rt V Endowment Funds. Complete | | | | | | | | | (-)F | - V | - Dl- |
| la | Beginning of year balance | (a)Current Year | (B) | Prior \ | rear | (c) Iwo | Years Back | (a) | Three Years Back | (e) Fou | r Year | ѕ васк |
| b | Contributions | | | | | | | | | | | |
| c | Investment earnings or losses | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | |
| e | Other expenditures for facilities | | | | | | | | | | | |
| _ | and programs | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | | |
| 2 | Provide the estimated percentage of the yea | r end balance held | as | | | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | % | | | | | | | | | | |
| b | Permanent endowment 🕨 % | | | | | | | | | | | |
| с | Term endowment ► % | | | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiz | ation | that a | re held | and ad | mınıstered | d for | the | _ | | |
| | organization by | | | | | | | | [<u>a</u> | ., Ye | s I | No_ |
| | (i) unrelated organizations | | | • | | | | • | 3a(| | + | |
| h | (ii) related organizations If "Yes" to 3a(ii), are the related organizatio | | | | | • | | • | 3a(3t | | + | |
| 4 | Describe in Part XIV the intended uses of th | | | | | • | | • | | | | |
| Pai | t VI Investments—Land, Buildings | | | | | 90, Pa | rt X, line | 10. | | | | |
| | Description of investment | | | (a |) Cost or sis (invest | other | (b)Cost or o | other | (c) Accumulated depreciation | l (d |) Book | value |
| 1a | Land | | | | | 0 | 53 | 3,500 | | \top | | 53,500 |
| b | Buildings | | | | | 0 | 530 |),221 | 157,2 | 38 | | 72,983 |
| | Leasehold improvements | | | | | 0 | | 0 | | 0 | | , (|
| | Equipment | | | | | 0 | 72 | 2,396 | 68,1 | 23 | | 4,273 |
| _ | Other | | | | | 0 | | 5,000 | 15,0 | 00 | | . (|

430,756

| (a) Description of security or category | | | d of valuation |
|---|-----------------------------------|----------------------|---------------------------------------|
| (including name of security) | (b) Book value | | f-year market value |
| Financial derivatives | 0 | | |
| Closely-held equity interests | 0 | | |
| Other | | | |
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| | _ | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related. See | e Form 990, Part X, line : T | | d of valuation |
| (a) Description of investment type | (b) Book value | | d of valuation f-year market value |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin | | | |
| (a) Descrip | | | (b) Book value |
| Escrow funds | | | 15,583 |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 | 5.) | | 15,583 |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X | | | 15,583 |
| | | | 15,583 |
| Part X Other Liabilities. See Form 990, Part X | , line 25. | | 15,583 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability | , line 25. (b) A mount | | 15,583 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | 15,583 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | 15,583 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | 15,583 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | 15,583 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | 15,583 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | , , , , , , , | 15,583 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | 15,583 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | 15,583 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | 15,583 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | 15,583 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | 15,583 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | 15,583 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | 15,583 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | 15,583 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | 15,583 |

| | ts | Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | Рa |
|------------|--------|---|-----|
| 490,043 | 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 |
| 6,024,153 | 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 |
| -5,534,110 | 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 |
| 0 | 4 | Net unrealized gains (losses) on investments | 4 |
| 0 | 5 | Donated services and use of facilities | 5 |
| 0 | 6 | Investment expenses | 6 |
| 0 | 7 | Prior period adjustments | 7 |
| 0 | 8 | Other (Describe in Part XIV) | 8 |
| 0 | 9 | Total adjustments (net) Add lines 4 - 8 | 9 |
| -5,534,110 | 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 |
| | | XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | |
| 490,043 | 1 | Total revenue, gains, and other support per audited financial statements | 1 |
| | | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | 2 |
| | | Net unrealized gains on investments | а |
| | | Donated services and use of facilities | ь |
| | | Recoveries of prior year grants | С |
| | | Other (Describe in Part XIV) 2d 0 | d |
| 0 | 2e | Add lines 2a through 2d | e |
| 490,043 | 3 | Subtract line 2e from line 1 | 3 |
| | | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 4 |
| | | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0 | а |
| | | Other (Describe in Part XIV) 4b 0 | b |
| 0 | 4c | Add lines 4a and 4b | c |
| 490,043 | 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 |
| rn | per Re | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses | Par |
| 6,024,153 | 1 | Total expenses and losses per audited financial statements | 1 |
| | | A mounts included on line 1 but not on Form 990, Part IX, line 25 | 2 |
| | | Donated services and use of facilities | а |
| | | Prior year adjustments | ь |
| | | Other losses | С |
| | | Other (Describe in Part XIV) 2d 0 | d |
| 0 | 2e | Add lines 2a through 2d | e |
| 6,024,153 | 3 | Subtract line 2e from line 1 | 3 |
| | | A mounts included on Form 990, Part IX, line 25, but not on line 1: | 4 |
| | | Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 | а |
| | | Other (Describe in Part XIV) 4b 0 | ь |
| | | | С |
| 0 | 4c | Add lines 4a and 4b | • |
| 6,024,153 | 4c 5 | Add lines 4a and 4b | 5 |

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

Identifier Return Reference Explanation

additional information

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Schedule I

(Form 990)

Name of the organization

DLN: 93493216007160

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury Attach to Form 990 Internal Revenue Service

Open to Public Inspect ion Employer identification number

| ٩FF | ORDABLE HOUSING RES | OURCES INC | | | | | 58-1857324 | |
|-----|--|------------------------|------------------------------------|--------------------------------------|----------------------|---|----------------------|---------------------------------------|
| Pa | art I General Infor | mation on Grants | and Assistance | | | | • | |
| | Does the organization m the selection criteria use Describe in Part IV the o | ed to award the grants | orassistance? | | · | | • | ▽ Yes 「N |
| Pa | Form 990, Part | IV, line 21 for any | recipient that receive | d more than \$5,000. | Check this box if no | Complete if the orga o one recipient receive | ed more than \$5,000 | 0. Use |
| (8 | a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | ` ' | (f) Method of valuation (book, FMV, appraisal, other) | 107 | (h) Purpose of grant or assistance |
| | | | | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| of non-cash assistance |
|------------------------|
| |
| |
| |
| _ _ _ |

| Ident if ier | Return Reference | Explanation |
|------------------|----------------------------|---|
| SchI_P01_S00_L01 | Schedule I, Part I, Line 1 | This is done under the supervision of the Executive Director |
| SchI_P01_S00_L02 | Schedule I, Part I, Line 2 | The company uses fund accounting, where all funds received are accounted for and all expenses are segregated to that fund |
| | | |
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DLN: 93493216007160 OMB No 1545-0047

Liquidation, Termination, Dissolution or Significant Disposition of Assets ▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.

> ► Attach certified copies of any articles of dissolution, resolutions or plans. ► Attach to Form 990 or 990-EZ.

Open to Public Inspect ion

Department of the Treasury

SCHEDULE N

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization AFFORDABLE HOUSING RESOURCES INC Employer identification number 58-1857324

Part I Liquidation, Termination or Dissolution. Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

| 1 | (a)Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (d)Method of determining FMV for asset(s) distributed or transaction expenses | (e)EIN of recipient | (f) Name and address of recipient | (g)IRC section of recipient(s) (if tax-exempt) or type of entity |
|---|---|---------------------------------|--|---------------------|--|---|
| | | | | | | |

| 2 Did or will any officer, director, trustee, or key employee of the organizati | on |
|---|----|
|---|----|

Become a director or trustee of a successor or transferee organization?

Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III 🕨

| | Yes | No |
|----|-----|----|
| | | |
| 2a | | |
| 2b | | |
| 2c | | |
| 2d | | |

| Sche | dule N (Form 990 or 990-EZ) 2009 | | | | | | | Рa | ige 2 |
|------|---|---------------------------------|---|---|--------------------------|--|-------------------|--|--------------|
| Pa | rt I Liquidation, Termination | or Dissolutio | n (continued) | | | | | | |
| | Note. If the organization distributed all | of its assets duri | ng the tax year, then For | m 990, Part X, column (I | B) should equal -0- | | | Yes | No |
| 3 | Did the organization distribute its asset | s in accordance | with its governing instrui | ment(s)? If "No," describ | e ın Part III | | 3 | | |
| 4a | Did the organization request or receive | a determination l | etter from EO Determina | tions that the organizati | on's exempt status wa | s terminated? | 4a | | <u> </u> |
| ь | (If "Yes," provide the date of the letter | <u> </u> | <u> </u> | | | | | | |
| 5a | Is the organization required to notify the | e attorney genera | al or other appropriate st | ate official of its intent to | o dissolve, liquidate, o | rterminate? | 5a | | |
| ь | If "Yes," did the organization provide su | ch notice? . | | | | | 5b | | |
| 6 | Did the organization discharge or pay al | l liabilities in acc | ordance with state laws? | | | | 6 | | |
| 7a | Did the organization have any tax-exem | pt bonds outstar | nding during the year? | | | | 7a | | |
| b | Did the organization discharge or defeas | se tax-exempt bo | ond liabilities in accordar | nce with the Internal Rev | enue Code and state l | aws? | . 7b | | |
| c | If "Yes," describe in Part III how the org | janization defeas | ed or otherwise settled t | hese liabilities If "No," e | explain in Part III | | | | |
| Par | Form 990, Part IV, line 32, o | | | | | s. Complete if the organization an | swered | l "Yes | " to |
| 1 | (a)Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (c)Fair market value of asset(s) distributed or amount of transaction expenses | | (e)EIN of recipient | (f)Name and address of recipient | of rec tax-exe | RC sections (s) (s) (s) (s) (s) (s) (s) (s) (s) (s |) (ıf |
| De | veloped property at 5th & Main Street | 09-30-2009 | 37,417,633 | Book value of assets taken into receivership | | Cheadle & Cheadle Receivership 2404 Crestmoor Road Nashville,TN 37215 | | | |
| | | | | | | | | | |

| | <u>-</u> | | Yes | No |
|-------------|--|----|-----|----|
| 2 D | ıd or wıll any officer, dırector, trustee, or key employee of the organızatıon | | | |
| a Be | ecome a director or trustee of a successor or transferee organization? | 2a | | |
| b Be | ecome an employee of, or independent contractor for, a successor or transferee organization? | 2b | | |
| c Be | ecome a direct or indirect owner of a successor or transferee organization? | 2c | | |
| d Re | eceive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? | 2d | | |

Part III Supplemental Information. Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

Identifier Return Reference Explanation

Schedule N (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493216007160

OMB No 1545-0047

2000

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization
AFFORDABLE HOUSING RESOURCES INC

 ${\bf Employer\ identification\ number}$

58-1857324

| ldentifier | Return Reference | Explanation |
|------------------|--|---|
| F990_P04_S00_L09 | Form 990, Part IV, Line 9 | Affordable Housing Resources provides mortgage and foreclosure counseling only it does not get involved in negotiations |
| F990_P04_S00_L32 | Form 990, Part IV, Line 32 | A development that Affordable Housing Resources owned 100% went into receivership in 2009. This accounted for 75% of total assets, and accounted a \$4.3M loss in 2009. |
| F990_P04_S00_L34 | Form 990, Part IV, Line 34 | Affordable Housing Resources is related to The Resource Foundation (EIN 58-1786925) There are certain individuals who sit on both Board of Directors |
| F990_P06_S0B_L11 | Form 990, Part VI, Section B, Line 11 | The form 990 is reviewed by the Executive Director before it is filed |
| F990_P06_S0B_L15 | Form 990, Part VI, Section B, Line 15 | The Executive Director's salary is reviewed and approved by the Board of Directors |
| F990_P06_S0C_L19 | Form 990, Part VI, Section C, Line 19 | Upon request |

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DLN: 93493216007160

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions.

Related Organizations and Unrelated Partnerships

Internal Revenue Service

Part I

Name of the organization **Employer identification number** AFFORDABLE HOUSING RESOURCES INC 58-1857324

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Name, address, and EIN of disregarded entity

(b) Primary activity

(c) Legal domicile (state or foreign country)

(d) Total income

(e) End-of-year assets

(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.)

Name, address, and EIN of related organization

(b) Primary activity

Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

The Resource Foundation

1011 Cherry Avenue

Nashville, TN 37203 58-1786925

To provide affordable housing to low-income families

LA

501(c)(3)

N/A

| Part III | Identification of Related Organizations Taxab | ble as a Partnership (Co | mplete if the organization answered | d "Yes" on Form | 990, Part IV | /, line 34 |
|----------|--|---------------------------------|-------------------------------------|-----------------|--------------|------------|
| | because it had one or more related organizations tr | reated as a partnership dur | ing the tax year.) | | | |
| | (c) | (-) | | (h) | (i) | |

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

(d) Direct controlling entity (e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h) (i)
Disproprtionate allocations? Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

(j) General or managing partner?

Yes No

Yes

No

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

(a)
Name, address, and EIN of related organization

(b) Primary activity (c)
Legal domicile
(state or
foreign
country)

(d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f)
Share of total income
(g)
Share of end-of-year assets

(h) of Percentage year ownership

(6)

| Part V | Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.) | | | |
|----------------------------|--|------------|-----------------|----|
| Note | e. Complete line 1 if any entity is listed in Parts II, III or IV | | Yes | No |
| 1 During | the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Rece | eıpt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entıty | 1a | | No |
| b Gıft, | , grant, or capital contribution to other organization(s) | 1b | | No |
| c Gift, | grant, or capital contribution from other organization(s) | 1c | | No |
| d Loar | ns or loan guarantees to or for other organization(s) | 1d | Yes | |
| e Loar | ns or loan guarantees by other organization(s) | 1e | | No |
| f Sale | of assets to other organization(s) | 1f | | No |
| g Purd | chase of assets from other organization(s) | 1g | | No |
| h Excl | hange of assets | 1h | | No |
| i Leas | e of facilities, equipment, or other assets to other organization(s) | 1i | | No |
| j Leas | se of facilities, equipment, or other assets from other organization(s) | 1j | | No |
| k Perf | formance of services or membership or fundraising solicitations for other organization(s) | 1k | | No |
| I Perfo | ormance of services or membership or fundraising solicitations by other organization(s) | 1 I | | No |
| m Shar | ring of facilities, equipment, mailing lists, or other assets | 1m | | No |
| n Shai | ring of paid employees | 1n | | No |
| o Rein | mbursement paid to other organization for expenses | 10 | | No |
| p Rein | nbursement paid by other organization for expenses | 1р | Yes | |
| q Othe | er transfer of cash or property to other organization(s) | 1q | | No |
| r Othe | er transfer of cash or property from other organization(s) | 1r | | No |
| 2 If the 1) 2) 3) | e 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 (b) Transaction Name of other organization type(a-r) Ame | | c) : involve | :d |

Part VI 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 or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity (b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

EIN: 58-1857324

Name: AFFORDABLE HOUSING RESOURCES INC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

| | Business Code | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|------------------------------|---------------|----------------------|--|---|--|
| Mortgage & servicing fees | 522,291 | 62,842 | 62,842 | 0 | 0 |
| Loan interest | 522,291 | 135,333 | 135,333 | 0 | 0 |
| Rent income | 233,000 | 10,923 | 10,923 | 0 | 0 |
| Homebuyer education | 522,291 | 69,649 | 69,649 | 0 | 0 |
| Gaın(loss) on sale of houses | 233,000 | -640,417 | -640,417 | 0 | 0 |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| A uto & truck | 10,311 | 10,311 | 0 | 0 |
| Telephone | 18,395 | 15,636 | 2,759 | 0 |
| Mortgage banking expense | 20,190 | 20,190 | 0 | 0 |
| Provision for loan losses | 60,000 | 60,000 | 0 | 0 |
| Loss on inventory in receivership | 4,814,309 | 4,814,309 | 0 | 0 |