2016 Exempt Organization Business Tax Return prepared for:

2 Angels Affordable Housing Foundation 5213 Elkhart St. Denver, CO 80239

> JAT Accounting and Tax, LC 70 E Red Pine Drive Alpine, UT 84004

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2 Angels Affordable Housing Foundation 5213 Elkhart St. Denver, CO 80239

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2016

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

A		the 2016 calendar year, or tax year beginning Jul 8 , 2016, and ending Dec 31	, 2016
4			mployer identification number
-	4		1-3176792
X	Initial r	Number and street (or P.O. box, if mail is not delivered to street address) Popularity	elephone number
	1		720) 626-1269
-		City or town, state or province, country, and ZIP or foreign postal code	
		IF G	roup Exemption umber
G	Acco	unting Method: ☐ Cash ☐ Accrual Other (specify) ► ☐ ☐ H Check ► ☐	if the organization is not
1			attach Schedule B
J	Tax-e	xempt status (check only one) $- \times 501(c)(3) = 501(c)(0)$ (Form 990, 1)	990-EZ, or 990-PF).
K		of organization: X Corporation Trust Association Other	Railed Clark
L	Add I asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total is (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. - \$
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	
		Check if the organization used Schedule O to respond to any question in this Part I	
	1	Contributions, gifts, grants, and similar amounts received	
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	4
	1	Gross amount from sale of assets other than inventory	4
	755		
		Less: cost or other basis and sales expenses	
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a	
R E V E	200	Gross income from fundraising events (not including \$ of contributions	
NUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b	
E	c	E Less: direct expenses from gaming and fundraising events 6 c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d
	7 a	Gross sales of inventory, less returns and allowances	
	b	Less: cost of goods sold	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c
	8	Other revenue (describe in Schedule O)	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 0.
	10	Grants and similar amounts paid (list in Schedule O)	10
	11	Benefits paid to or for members	11
E	12	Salaries, other compensation, and employee benefits	12
E X P	13	Professional fees and other payments to independent contractors	13
E N	14	Occupancy, rent, utilities, and maintenance	14
N S E S	15	Printing, publications, postage, and shipping	15
S	16	Other expenses (describe in Schedule O)	5.57
	17	Total expenses. Add lines 10 through 16	
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	
A S S E T S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	0.
탺	20	figure reported on prior year's return)	19
S	20	Other changes in net assets or fund balances (explain in Schedule O)	20
-	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 0.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2016)

Form	1990-EZ (2016) 2 Angels Afforda	ble Housing Found	ation	81-	317	6792 Page 2
Par	t II Balance Sheets (see the instru	uctions for Part II)	1114			Indiana III S I To I
	Check if the organization used Schedu	le O to respond to any question	on in this Part II	(A) Beginning of year	· · ·	(B) End of year
01	497		-		22	(B) End of year
22	Cash, savings, and investments			0.	23	0.
23	Land and buildings			0.	24	
24	Other assets (describe in Schedule O)			0.	-	0.
25	Total assets				25	
26	Total liabilities (describe in Schedule O).			0.	26	0.
27	Net assets or fund balances (line 27 of co				27	0.
Pai	rt III Statement of Program Service Ac	complishments (see the ins	structions for Part III)			Expenses
	Check if the organization used Sche	dule O to respond to any ques	stion in this Part III			ired for section 501
What	is the organization's primary exempt purpose? See	Organization's Primary Exem	pt Purpose			and 501(c)(4) izations; optional
Desc	cribe the organization's program service account of the sure of the service account of the	anner, describe the services t	provided, the number	of persons		ners.)
bene	fited, and other relevant information for each	program title.	action of the contracting payments of			Faller Inch
28	No activity yet					
	(Grants S 0) If this	amount includes foreign gran	nts, check here		28 a	0.
29	, · · · · · · · · · · · · · · · · · · ·	0 0	•			
	(Grants \$) If this	amount includes foreign gran	nts. check here		29 a	
30	/ I the	aouik molddos foreign grai	, 0.1001(11010 1 1 1			6 7 11 12 2 7 7 7
30						
		, _, _,			20-	
	**************************************	amount includes foreign gran			30 a	
31	Other program services (describe in Sched					
		s amount includes foreign grai			31 a	465
32	Total program service expenses (add line				32	0.
Pa	rt IV List of Officers, Directors,					
	Check if the organization used Sche	dule O to respond to any que	stion in this Part IV			
	- G5-	(b) Average hours per	(c) Reportable compensation	on (d) Health benefits, contributions to employe	99	(e) Estimated amount of
	(a) Name and title	week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and defended compensation	red	other compensation
				compensation	_	
<u>Ch</u>	awishi Sepulveda					
Pre	esident	20.00		0.	0.	0.
<u>E1</u> :	rae Epps					
Vi	ce President	10.00		0.	0.	0.
Da	vid_Sepulveda					
Di	rector of Operations	10.00		0.	0.	0.
-						
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BA	4	TEEA0812 1	2/22/16			Form 990-EZ (2016)

Page 2

81-3176792

the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		
22 Did the exemination energy is any similar to the three desired and the UNION		Yes No
Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they refler a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		V
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34	X
(such as those reported on lines 2, 6a, and 7a, among others)?	35 a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a		
b Did the organization file Form 1120-POL for this year?	37 b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:	700	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities	DAY.	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► ; section 4912 ► ; section 4955 ►		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		
reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax		
shelter transaction? If 'Yes,' complete Form 8886-T	40 e	X
42 a The organization's books are in care of books are in care of Chawishi Sepulved Telephone no. ► (720 Located at ► 5213 Elkhart St. Denver CO ZIP+4 ► 8023		-1269
		Yes No
b 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)?		Yes No
b 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)?		The second second
financial account in a foreign country (such as a bank account, securities account, or other financial account)?		The second second
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financial account in a foreign country (such as a bank account, securities account, or other financial account)?		The second second
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	X
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financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	X X X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b 42 c	X X X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to lies 44a has the expension filed a Form 700 to separt these payments?	42 b 42 c 44 a 44 b 44 c	X X X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year?	42 b 42 c 44 a 44 b	Yes No X X X X X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	42 b 42 c 44 a 44 b 44 c 44 d	X X X

Form 990-E	Z(2016) 2 Angels Affordable	e Housing Found	dation		81-31	76792		Page 4
		market and a second	1 200 - 1 10 52	C C 1 1 10	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	- A 8	Yes	No
	e organization engage, directly or indirectly dates for public office? If 'Yes,' complete So					4	16	Х
Part VI								1
	All section 501(c)(3) organization for lines 50 and 51.	s must answer que	estions 47-49b ar	nd 52, and c	omplete the	e tables	ě _	
1	Check if the organization used Schedule	O to respond to any que	estion in this Part VI					<u>.</u> П
	e organization engage in lobbying activities	The state of the s	10710	175.0		[4	Yes	No X
0.5050000000000000000000000000000000000	organization a school as described in secti					_	18	Х
	e organization make any transfers to an ex						19 a	X
	i, was the related organization a section 52 lete this table for the organization's five hig					3 22 22 2	19 b	
emplo	yees) who each received more than \$100,0	000 of compensation from	om the organization.	If there is none	, enter 'None.	' Noy		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MISO	ation contribution	alth benefits, ns to employee ns, and deferred pensation		mated amou compensati	
none								
		1 1 1 1						
	A tred							
f Total	number of other employees paid over \$100	0,000	- 11					
	elete this table for the organization's five hig ensation from the organization. If there is n		pendent contractors	who each rece	ived more tha	ın \$100,0	00 of	
•	(a) Name and business address of each independent con		(b)	Type of service		(c)	Compensati	ion
none	and business address of sacrimaspendent son		(-)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1-7		
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Quelto	date.		-	310	gr.lm.,	1	57 L	
			111					
		11.57 #			DI		11 1	
			, 85					
d Total	number of other independent contractors e	each receiving over \$100	0.000			1,000	State No.	
	ne organization complete Schedule A? Note						Anna and an	
	leted Schedule A				dae and helief it is		Yes	No
true, correct, ar	s of perjury, I declare that I have examined this return, inc nd complete. Declaration of preparer (other than officer) is	s based on all information of whi	ich preparer has any knowle	edge.	uge and belief, it is			
	Signature of officer			03/ Date	24/17			
Sign Here				Presid	dent			
11010	Chawishi K Sepulveda Type or print name and title			11631				
-	Print/Type preparer's name	Preparer's signature	Date		Check L if	PTIN	F 50000 12	
Paid	Charles W. Whitehead	Charles W. Wh.	itehead 04/0	3/17	self-employed	P00372	2650	
Preparer	Firm's name ► <u>JAT Accounting</u>				Firm's EIN	87-0	625077	7
Use Only	Firm's address ► 70 E Red Pine D	TIVE				5, 0		-

UT 84004

Phone no. (801) 763-8210

Form 990-EZ (2016)

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.

at www.irs.gov/form990.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Total

Angels Affordable Housing Foundation

Employer identification number

Pari	Reason for Public Ch			complet	e this	nart \ See instruction	ne .
THE RESERVE OF THE PARTY.	rganization is not a private found						15.
1	A church, convention of chu						
2	A school described in section					(~)(י).	
3	A hospital or a cooperative h				,,	Lensia Le	
4	A medical research organiza						
-	name, city, and state:	ation operated in conjui	iction with a nospital des	cribed in	section	170(b)(1)(A)(III). Enter t	ne nospital's
5							
5	An organization operated for section 170(b)(1)(A)(iv).	r the benefit of a college Complete Part II.)	e or university owned or	operated	by a go	vernmental unit described	d in
6	A federal, state, or local government	ernment or governmen	tal unit described in sect	ion 170(b)(1)(A)	(v).	
7	An organization that normall in section 170(b)(1)(A)(vi).	y receives a substantia (Complete Part II.)	I part of its support from	a governr	mental u	init or from the general po	ublic described
8	A community trust described	in section 170(b)(1)(A	A)(vi). (Complete Part II.)				
9	An agricultural research orga				in coniu	nction with a land-grant of	college
	or university or a non-land-g	rant college of agricultu	ure (see instructions). En	ter the na	me, city	, and state of the college	or
	university:		_			,	
10	X An organization that normall from activities related to its e investment income and unre June 30, 1975. See section	exempt functions—subjected business taxable 509(a)(2). (Complete F	ect to certain exceptions, income (less section 51° Part III.)	and (2) n I tax) fron	o more n busine	than 33-1/3% of its suppersists acquired by the org	ort from aross
11	An organization organized a	nd operated exclusively	y to test for public safety.	See sec	tion 509	9(a)(4).	
12	An organization organized at or more publicly supported of lines 12a through 12d that do	rganizations described	in section 509(a)(1) or s	section 5	09(a)(2)	See section 509(a)(3)	urposes of one Check the box in
а	Type I. A supporting organiz organization(s) the power to complete Part IV, Sections	ation operated, superv	ised, or controlled by its	supported	organi	ration(s) typically by givi	ng the supported tion. You must
b	Type II. A supporting organize management of the supporting must complete Part IV, Sec	ng organization vested	ntrolled in connection wit in the same persons tha	th its supp t control c	oorted o	rganization(s), by having ge the supported organiz	control or ation(s). You
С	Type III functionally integration organization(s) (see instruction	ated. A supporting orga	anization operated in con lete Part IV. Sections A	nection w	ith, and	functionally integrated w	rith, its supported
d	Type III non-functionally in functionally integrated. The cinstructions). You must com	tegrated. A supporting	organization operated in	connect	ion with	its supported organization an attentiveness require	on(s) that is not ement (see
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writter	determination from the	IRS that it	is a Ty	pe I, Type II, Type III fun	ctionally
f	Enter the number of supported of						No. 10 Tel 10
	Provide the following information						
(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizati in your go docun	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
	11 941 1500	A PARTY OF THE PAR		Yes	No	1 1	
						20	9 3
(A)						Marile X	
		1513				Maria La Maria	
(B)						UND I WASHINGTON	
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(C)	Lawrence		Endez Li	1.15		harden and the second	
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(D)				-5	AL ST	J. K	merching to the
(F)		1291				125	
(E)			The state of the s	-0-15/	worlden	Bonzol at the	Name to a subject of

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) - 1 Gis, grants contributions, and membratish lies received. (Di not all membratish lies and lies or separation without charge. 2 Tax revenues leveled for the organization without charge. 3 The value of services or floating and the properties of the comment of the configuration without charge. 4 Total. Add lies 1 through 3. 5 The portion of total contributions by each person (other than a governmental organization without charge. 4 Total. Add lies 1 through 3. 5 The portion of total contributions by each person (other than a governmental organization) public of the amount shown on lie 11, column (1). 6 Public support. Statistic lies 5 from line 4. 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, rysyalles and income from the lies of the properties of the	Sec	tion A. Public Support						A A nailte										
membership tess received. (Do not include agricultural plants) of the form the selection of the common	Cale: begir	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total										
organization's benefit and either paid to or expended on its behalf or expended or	1	membership fees received. (Do not																
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 contributions by each person (other than a governmental organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . 6 Public support. Subtract line 5 form line 4 . 8 Gross income from interest, dividends, payments received on securities basis, rents, similar sources . 9 Not income from interest, dividends, payments received on securities basis, rents, similar sources . 9 Not income from unrelated business activities, whether or not the business is regularly carried on . 10 Other income. Do not include gain or loss from the said of capital assets (Explain in Part VI.) . 11 Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions). 12 Gross receipts from related activities, etc. (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 8 Section C. Computation of Public Support Percentage 14 Public support percentage from 2015 Schedule A. Part II, line 14 . 15 Public support percentage from 2015 Schedule A. Part II, line 14 . 16 33-1/3% support test—2016. If the organization of not check the box on line 13 or 16a, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . 17 10 10/4-facts-and-circumstances test—2016, If the organization did not check a box on line 13 or 16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization in Part VII how the organization meets the facts-and-circumstances test—104 line to reganization the second organization and the programment of the programment	2	organization's benefit and either paid to or expended																
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1, column (f) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received business activities, whether or not the business is regularly carried on rover from unrelated business activities, whether or not the business is regularly actived to the payment of th		facilities furnished by a governmental unit to the organization without charge						>										
contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 shown on line 11, column (f) . 6 Public support. Subtract line 5 from line 4	4						536.18											
Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	t Established		utions by each person han a governmental publicly supported ation) included on line 1 peeds 2% of the amount		outions by each person than a governmental r publicly supported ization) included on line 1 kceeds 2% of the amount											
Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total or Amounts from line 4	6	Public support. Subtract line 5 from line 4																
beginning in) > 7 Amounts from line 4	Sec	tion B. Total Support																
8 Gross income from interest, dividends, payments received on securities loans, rents, royallies and income from similar sources . 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 infruegh 10. 12 Gross receipts from related activities, etc. (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2015 Schedule A, Part III, line 14. 15 Public support percentage from 2015 Schedule A, Part III, line 14. 16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 15 34-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, the organization did not check a box on line 13, 16a, or 16b, and line 14 is 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, the organization qualifies as a publicly byported organization.	Cale: begir	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total										
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gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10	9	business activities, whether or not the business is regularly																
through 10		gain or loss from the sale of capital assets (Explain in						mage										
Section C. Computation of Public Support Percentage	11																	
Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activiti	es, etc. (see instru	ictions)			12	uni olar										
Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	13							▶ □										
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and stop here. The organization qualifies as a publicly supported organization	15	Public support percentage from 20	115 Schedule A, P	art II, line 14			15											
and stop here. The organization qualifies as a publicly supported organization	16a	33-1/3% support test—2016. If the and stop here. The organization of	ne organization did qualifies as a publi	not check the box cly supported orga	c on line 13, and lin Inization	e 14 is 33-1/3% or	more, check this be	°×▶										
or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did qualifies as a publi	not check a box o cly supported orga	n line 13 or 16a, ar anization	nd line 15 is 33-1/3	% or more, check th	nis box										
	17a	or more and if the organization m	oate the 'facte-and	-circumetances' to	et check this how a	and stop here by	plain in Part VI how	▶ 🗍										
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' te st. The organizatio	est, check this box a n qualifies as a pub	and stop nere. Explicly supported org	ganization	►										
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organiz	zation did not chec	k a box on line 13,	, 16a, 16b, 17a, or													

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

Sec	tion A. Public Support					Thought bills	9 (16)
Calen	dar year (or fiscal year beginning in) >	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include			4 1101		presidents by	e dell'estate
2	any 'unusual grants.')					0.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.					e yd han e	Ming Am
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					5356 33	
6	Total. Add lines 1 through 5				B. 13 3 11	0.	0.
	Amounts included on lines 1, 2, and 3 received from disqualified persons					0.	V.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	2.57.00	ariis (di	EL PORTE	Po .	ally and	
C	Add lines 7a and 7b		I deline the		a dead the		130
8	Public support. (Subtract line 7c from line 6.)						0.
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) >	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
10a	Amounts from line 6					0.	0.
	income (less section 511 taxes) from businesses acquired after June 30, 1975						D Extraodica
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	le re av re	s fire tan s	real Jan e and	e de la companya de l	Company Hotels	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-		Fact Line 3	als more than		100 T
13	Total support. (Add lines 9, 10c, 11, and 12.)		the officers	the way to be be	mahaziruzzak e-1	0.	0.
14	First five years. If the Form 990 is organization, check this box and st	for the organizat	ion's first, second,	third, fourth, or fift	h tax year as a sec	tion 501(c)(3)	× X
Sec	tion C. Computation of Pub	lic Support	Percentage	or purpositive share	ALL DATE RATING	STORED WITH STA	P. S 1-1
		the grant management along the property of the control of the cont	A commence of the commence of	see acceptory and suffer a part of the model of the		the state of the s	90
	Public support percentage from 20°					16	90
	tion D. Computation of Inve						
17	Investment income percentage for	2016 (line 10c, co	olumn (f) divided by	line 13, column (f))		90
18	Investment income percentage from						90
19a	33-1/3% support tests-2016. If the	e organization di	d not check the box	on line 14, and li	ne 15 is more than	33-1/3% and line 1	7
b	is not more than 33-1/3%, check thi 33-1/3% support tests—2015. If th line 18 is not more than 33-1/3%, cl	e organization di	d not check a box of	on line 14 or line 1	9a and line 16 is n	ore than 33-1/39/	and
20	Private foundation. If the organiza	tion did not chec	k a box on line 14,	19a, or 19b, check	k this box and see i	nstructions	H
			and the same of the control of the same of	The same of the sa		The second secon	

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.)

Sec	tion A. All Supporting Organizations		Yes	No
			Tes	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		
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		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c	00	
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		
ŀ	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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
58	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).	5a		
			E-35(2)	
	• 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?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 (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		
9:	a 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	800	
	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	1607	
-	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		
10a	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		
ŀ	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		

	t IV Supporting Organizations (continued)	92	Р	age 5
rai	Supporting Organizations (Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	NO
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	1157	
1	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c	6-1	¥
Sec	tion B. Type I Supporting Organizations	12270		
	to the control of the least the control of the second three and the control of th		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		-	
	SECURITY TO A SECURITY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PRO	Z.C. SPOR	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	and a restriction of the control of	Sun II	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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 the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	- Total	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		-117	
-		INSTALL	1	
.1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	:).		
ā	The organization satisfied the Activities Test, Complete line 2 below.			
Ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions).		
2	Activities Test. Answer (a) and (b) below			
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
1/2	The second secon	Zd		
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
	each of the supported organizations? Provide details in Part VI.	3a		1253
l .	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.	3b		

1	Type III Non-Functionally Integrated 509(a)(3) Supporting Org Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations	Nov. 20,	1970 (explain in Part V	/I). See gh E.
ec	tion 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		0 1 7 1
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	4 7	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		Fail to was end	100 000 0000
а	Average monthly value of securities	1 a	CAN AMORAL VI	and the second
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1 c		
d	I Total (add lines 1a, 1b, and 1c)	1 d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		The street of
3	Subtract line 2 from line 1d.	3		1 01 12
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	and the same of th	arti net
6	Multiply line 5 by .035.	6		i no hita
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C — Distributable Amount		mini de talo se el el el	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		The same of the sa
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	MORNOTON CONSIDER	200,000, 200,000
4	Enter greater of line 2 or line 3.	4	CALL STATE	
5	2 3W-MAY 1910-3C-3/A VICTOR ■ 00 1914-4C-1/A COLOR ■ 00 1914-4C-1/A	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		IX Let make
			III supporting organiza	

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	0				
	tion D - Distributions	indext to at table	and the second	Current Year				
1	Amounts paid to supported organizations to accomplish exempt purpos	es	1980					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations	1000					
4	Amounts paid to acquire exempt-use assets		enoticalities					
5	Qualified set-aside amounts (prior IRS approval required)		V 1973 (1987 - 5					
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	tion is responsive (provi	de details					
9	Distributable amount for 2016 from Section C, line 6		Complete State Comple					
10	Line 8 amount divided by Line 9 amount	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	T-/stree 3					
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6			7				
	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.		Exercise II. to sull, a text					
3	Excess distributions carryover, if any, to 2016:							
a	A STATE OF THE PROPERTY OF THE PARTY OF THE							
b								
С	From 2013							
d	From 2014							
е	From 2015							
	Total of lines 3a through e							
	Applied to underdistributions of prior years							
	Applied to 2016 distributable amount		11.20.00					
	Carryover from 2011 not applied (see instructions)		NEW LAND DE LA COMPANIE DE LA COMPAN	irtiga seed intellige ik				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2016 from Section D,	A STATE OF THE STA						
a	Applied to underdistributions of prior years			Market State of the Asset				
	Applied to 2016 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		2 months to many					
1	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			To be				
7 E	excess distributions carryover to 2017. Add lines 3j and 4c.							
	Breakdown of line 7:			AL RECENSE OF THE PARTY OF THE				

e Excess from 2016 . . . BAA

a

b Excess from 2013 c Excess from 2014 . . . d Excess from 2015 . . .

Schedule A (Form 990 or 990-EZ) 2016

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.)

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning \underline{Jul} 8_ , 2016, and ending \underline{Dec} 31_, 20_2016

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service ► Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2016

Name of exempt organization 2 Angels Affordable Housing Foundation 81-3176792 Chawishi K Sepulveda President Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1 a Form 990 check here . . . ▶ D b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. m X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature 03/24/2017 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 87458454321 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. ERO's signature 04/03/2017 ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2016)

Form 990-EZ, Part III, Statement of Program Service Accomplishments **Organization's Primary Exempt Purpose**

To provide a comfortable living and sense of pride to low-to-moderate income families, veterans, and first time home buyers through affordable housing and home ownership.