November 7, 2007

Ms. Claire B. Dokmecian
Vice President of Finance
Area III Properties, Inc.
2927 Lake Avenue
Fort Wayne, IN 46805

Dear Claire:

Enclosed is the 2006 U.S. Form 990, *Return of Organization Exempt from Income Tax*, for Area III Properties, Inc. The return should be signed and dated by an authorized officer or fiduciary and mailed on or before **November 15, 2007** to:

Internal Revenue Service Center
Ogden, UT 84201-0027

Also enclosed is the 2006 Indiana Form NP-20, *Indiana Nonprofit Organization's Annual Report*, for Area III Properties, Inc.. The report should be signed and dated by an authorized officer or fiduciary and mailed on or before **November 15, 2007** to:

Indiana Department of Revenue
Nonprofit Section
PO Box 7147
Indianapolis, IN 46207-7147

No payment is due with the report.

We recommend that you file by certified mail with return receipts requested. You should retain all mailing receipts for proof of the filing date, and you should retain the enclosed copy of the returns permanently.

We prepared these returns based on information provided to us by you or your staff. You have the final responsibility for the accuracy and completeness of these returns, so you should review them carefully for any errors or omissions before you file them. Federal Form 990 contains several new questions this year due to heightened IRS scrutiny of nonprofits, so be sure to review that return with special care. Please let us know if you have questions about anything in these returns or if you believe anything in them is inaccurate or incomplete.

We appreciate the opportunity to serve you. Please feel free to contact me if you have any questions.

Sincerely,

Richard J. Cullar
Certified Public Accountant

Enclosures

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047 **2006**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning Jan 1 **, 2006, and ending** Jun 30 , 2007

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See specific instructions.

C Name of organization: Area III Properties, Inc.

Number and street (or P.O. box if mail is not delivered to street addr) Room/suite: 2927 Lake Avenue

City, town or country: Fort Wayne State: IN ZIP code + 4: 46805

D Employer Identification Number 35-2143576

E Telephone number (260) 745-1200

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ►

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? [ ] Yes [X] No

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included? [ ] Yes [ ] No (If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

G Web site: ► N/A

J Organization type (check only one) ► [X] 501(c) (2) ◄ (insert no.) [ ] 4947(a)(1) **or** [ ] 527

I Group Exemption Number ►

K Check here ► [ ] if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check ► [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 81,809.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

REVENUE	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b			
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash $ ______ noncash $ ______)			1e	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	809.
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a	81,000.		
	b	Less: rental expenses	6b	63,143.		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	17,857.
	7	Other investment income (describe ►)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory		8a	
b	Less: cost or other basis and sales expenses		8b	
c	Gain or (loss) (attach schedule)		8c	

REVENUE	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	
	9	Special events and activities (attach schedule). If any amount is from **gaming,** check here ► [ ]				
	a	Gross revenue (not including $ ______ of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	18,666.
EXPENSES	13	Program services (from line 44, column (B))			13	
	14	Management and general (from line 44, column (C))			14	
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	0.
NET ASSETS	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	18,666.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	135,086.
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	153,752.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		**(A) Total**	**(B)** Program services	**(C)** Management and general	**(D)** Fundraising
22a Grants paid from donor advised funds (attach sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ► ☐	**22a**				
22b Other grants and allocations (att sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ► ☐	**22b**				
23 Specific assistance to individuals (attach schedule)	**23**				
24 Benefits paid to or for members (attach schedule)	**24**				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	**25a**	0.			
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	**25b**				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	**25c**				
26 Salaries and wages of employees not included on lines 25a, b, and c	**26**				
27 Pension plan contributions not included on lines 25a, b, and c	**27**				
28 Employee benefits not included on lines 25a - 27	**28**				
29 Payroll taxes	**29**				
30 Professional fundraising fees	**30**				
31 Accounting fees	**31**				
32 Legal fees	**32**				
33 Supplies	**33**				
34 Telephone	**34**				
35 Postage and shipping	**35**				
36 Occupancy	**36**				
37 Equipment rental and maintenance	**37**				
38 Printing and publications	**38**				
39 Travel	**39**				
40 Conferences, conventions, and meetings	**40**				
41 Interest	**41**				
42 Depreciation, depletion, etc (attach schedule)	**42**				
43 Other expenses not covered above (itemize):					
a	**43a**				
b	**43b**				
c	**43c**				
d	**43d**				
e	**43e**				
f	**43f**				
g	**43g**				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	**44**	0.			

Joint Costs. Check . ► ☒ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ► ☐ **Yes** ☒ **No**

If 'Yes,' enter **(i)** the aggregate amount of these joint costs $ ____; **(ii)** the amount allocated to Program services $ ____; **(iii)** the amount allocated to Management and general $ ____; and **(iv)** the amount allocated to Fundraising $ ____.

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► Refer to statement. All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
b (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
e Other program services (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►	

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

					(A) Beginning of year		(B) End of year
ASSETS	45	Cash — non-interest-bearing			64,299.	45	70,058.
	46	Savings and temporary cash investments				46	
	47a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
	54a	Investments — publicly-traded securities ► ☐ Cost ☐ FMV				54a	
	b	Investments — other securities (attach sch) ► ☐ Cost ☐ FMV				54b	
	55a	Investments — land, buildings, & equipment: basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments — other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis	57a	1,817,637.			
	b	Less: accumulated depreciation (attach schedule) L-57 Stmt	57b	134,150.	1,700,067.	57c	1,683,487.
	58	Other assets, including program-related investments (describe ►)				58	
	59	**Total assets** (must equal line 74). Add lines 45 through 58			1,764,366.	59	1,753,545.
LIABILITIES	60	Accounts payable and accrued expenses				60	
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)			1,629,280.	64b	1,599,793.
	65	Other liabilities (describe ►)				65	
	66	**Total liabilities.** Add lines 60 through 65			1,629,280.	66	1,599,793.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here** ► [X] and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			135,086.	67	153,752.
	68	Temporarily restricted				68	
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			135,086.	73	153,752.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			1,764,366.	74	1,753,545.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return *(See the instructions.)*

				N/A
a	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line **a** but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify):	b4		
	Add lines **b1** through **b4**		b	
c	Subtract line **b** from line **a**		c	
d	Amounts included on Part I, line 12, but not on line **a:**			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines **d1** and **d2**		d	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ►		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

				N/A
a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line **a** but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify):	b4		
	Add lines **b1** through **b4**		b	
c	Subtract line **b** from line **a**		c	
d	Amounts included on Part I, line 17, but not on line **a:**			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines **d1** and **d2**		d	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ►		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees

(List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(if not paid, enter -0-)**	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances
Barbra Frymier LaGranger, IN	Chair 1	0.	0.	0.
Julie Sanchez Fort Wayne, IN	Vice Chair 1	0.	0.	0.
Mark Coratti Huntington, IN	Secretary 1	0.	0.	0.
Sarah Kennedy Fort Wayne, IN	Treasurer 1	0.	0.	0.
Steve Adair Fort Wayne, IN	Board member 1	0.	0.	0.
See List of Officers, Etc. Statement				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings ► 10			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	**75b**		X
c	Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'	**75c**	X	
	If 'Yes,' attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	**75d**	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (if not paid, enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	**76**		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	**77**		X
	If 'Yes,' attach a conformed copy of the changes.			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	**78b**		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	**79**		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	**80a**	X	
b	If 'Yes,' enter the name of the organization ► Aging and In-Homes Services of Northeast Indiana, Inc. and check whether it is [X] exempt **or** [ ] nonexempt.			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) **81a** 0.			
b	Did the organization file **Form 1120-POL** for this year?	**81b**		X

Part VI Other Information *(continued)*

			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b		
85 *501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?		85a	N/A	
b Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b	N/A	
If 'Yes' was answered to either 85a or 85b**, do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c Dues, assessments, and similar amounts from members	85c N/A			
d Section 162(e) lobbying and political expenditures	85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A	
86 *501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87 *501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders	87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI ►		88b		X
89 a *501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►				
b *501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		89b	N/A	
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►				
d Enter: Amount of tax on line 89c, above, 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?		89e		X
f *All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g *For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g	N/A	

90 a List the states with which a copy of this return is filed ► Indiana

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) **90b** 0

91 a The books are in care of ► Claire Dokmecian Telephone number ► (260) 745-1200

Located at ► 2927 Lake Avenue, Fort Wayne, IN ZIP + 4 ► 46805

		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)?	91b		X
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.			

Part VI **Other Information** *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ►	**91 c**		X

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** — Check here ► ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ► **92**

Part VII **Analysis of Income-Producing Activities** *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	**(B)** Amount	**(C)** Exclusion code	**(D)** Amount	**(E)** Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	809.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					17,857.
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				809.	17,857.

105 **Total** (add line 104, columns (B), (D), and (E)) ► 18,666.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII **Relationship of Activities to the Accomplishment of Exempt Purposes** *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
97a	Rent income is collected from Aging and In-Home Services of
	Northeast Indiana, Inc. Holding title to property rented by
	this organization is the Organization's exempt purpose.

Part IX **Information Regarding Taxable Subsidiaries and Disregarded Entities** *(See the instructions.)* N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	**(B)** Percentage of ownership interest	**(C)** Nature of activities	**(D)** Total income	**(E)** End-of-year assets
	%			
	%			
	%			
	%			

Part X **Information Regarding Transfers Associated with Personal Benefit Contracts** *(See the instructions.)*

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ **Yes** ☒ **No**
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ **Yes** ☒ **No**
Note: *If 'Yes' to* **(b),** *file Form 8870* **and** *Form 4720 (see instructions).*

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

N/A

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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.

▶ Signature of officer | Date

▶ Diann McCormick, President
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See General Instruction W)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	CULLAR & ASSOCIATES PC CPAS 209 N MAIN ST, SUITE 200 SOUTH BEND IN 46601	EIN ▶	Phone no. ▶ (574) 288-8320

Additional Information

Page 3, Part III - What is the Organization's Primary Exempt Purpose?

The Organization's primary exempt purpose is to hold title to property, collecting income therefrom and turning over the entire amount, less expenses, at least annually to Aging and In-Home Services of Northeast Indiana, Inc., so long as that corporation remains exempt from taxation pursuant to Section 501(c)(3) of the Internal Revenue Code.

Form 990, Page 5, Part V-A
List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Roger Gump Fort Wayne, IN	Board member 1	0.	0.	0.
Kristi Harkenrider Fort Wayne, IN	Board member 1	0.	0.	0.
Suzon Motz Fort Wayne, IN	Board member 1	0.	0.	0.
Dick Sager Auburn, IN	Board member 1	0.	0.	0.
Paul Wolfgram Fort Wayne, IN	Board member 1	0.	0.	0.
Diann McCormick Fort Wayne, IN	President 1	0.	0.	0.

Form 990, Page 4, Part IV, Lines 57a & 57b
Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Land	159,675.	0.	159,675.
Building	1,657,962.	134,150.	1,523,812.
Total	1,817,637.	134,150.	1,683,487.

Explanation Statement

Form/Line: Form 990, Part V-A line 75c
Explanation of: Receipt of Compensation from Other Companies

The Organization is related through common control and management with Aging and In-Home Services of Northeast Indiana, Inc., TIN 35-1341437, an organization exempt from tax under IRC Section 501(c)(3). Compensation paid to the Organization's President, Diann McCormick, by the related organization for its fiscal year June 30, 2007 was $53,965 in compensation and $4,769 in contributions to employee benefit and deferred compensation plans.

Supporting Statement of:

Form 990 p 1/Line 6b

Description	Amount
Repairs and maintenance	415.
Interest expense	44,137.
Insurance	1,668.
Accounting	300.
Depreciation	16,579.
Miscellaneous	44.
Total	63,143.

Supporting Statement of:

Form 990 p 4/Line 64b, column (A)

Description	Amount
Mortgage note payable, bank	1,629,280.
Total	1,629,280.

Supporting Statement of:

Form 990 p 4/Line 64b, column (B)

Description	Amount
Mortgage note payable, bank	1,269,817.
Mortgage note payable, bank	71,817.
Note payable, Aging and In-Home Services of Northeast Indiana, a related entity	258,159.
Total	1,599,793.