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)

2013

OMB No. 1545-1150

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

		ue Service	and and	ing TITE	1 20	, 20	1 Δ
		2013 calendar year, or tax year beginning JUL 1, 2013	and end				ification number
B C	heck if oplicable	C Name of organization	» m T ∩» T	- 1	2 cilibi	oyor ruone	
	Addres	as change AUTISM HOUSING DEVELOPMENT CORPOR	ATION	i	A E	-269	2263
	Name	change OF PITTSBURGH, INC.		Doom/ouito	13.70	ohone num	
	Initial	Number and street (or P.O. box, if mail is not delivered to street address)					1-7308
	Termin	nated 11676 PERRY HIGHWAY		1104			
	Amen	City or town, state or province, country, and ZIP or foreign postal code				p Exempti	on
	Aoplica	WEXFORD, PA 15090-8755				ber 🕨	tru instinction in not
G A	ccoun	ting Method: X Cash Accrual Other (specify) ▶					if the organization is not
1 1	Vebsit	e: ▶ WWW.AHDCP.ORG		1 507			ch Schedule B
J 1	ax-ex	empt status (check only one) — X 501(c)(3) 501(c) () (insert no.)		or 527	(For	m 990, 990	D-EZ, or 990-PF).
K F	orm of	organization: X Corporation Trust Association					
1 /	Add line	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 o	or more, or if tota	al assets (Part	II,		152 025
C	olumn	(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	TB-I			S S	153,035.
Pa	art I	Revenue, Expenses, and Changes in Net Assets of Fund	Dalances	(see the mand	LUUIIS	ioi i aitij	v
		Check if the organization used Schedule O to respond to any question in this Part I					153,035.
	1	Contributions, gifts, grants, and similar amounts received				1	153,033.
	2	Program service revenue including government fees and contracts				2	
	3	Membership dues and assessments				3	
	4	Investment income				4	
	5a	Gross amount from sale of assets other than inventory				0.00	
	b	Less: cost or other basis and sales expenses	5b				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				5c	
	6	Gaming and fundraising events					
ø	a	Gross income from gaming (attach Schedule G if greater than					
Š		\$15,000)	6a				
Revenue	b	Gross income from fundraising events (not including \$	of contribution	1S			
œ		from fundraising events reported on line 1) (attach Schedule G if the sum of such	a				
		gross income and contributions exceeds \$15,000)	6b				
	C	Less: direct expenses from gaming and fundraising events	6c			Time 2	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract line 6c) .			6d	
	7a	Gross sales of inventory, less returns and allowances	7a				
	Ь	Less: cost of goods sold		-	-		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8	Other revenue (describe in Schedule 0)				8	152 025
_	9	Total revenue . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	153,035.
	10	Grants and similar amounts paid (list in Schedule 0)				10	
	11	Benefits paid to or for members				11	66 006
es	12	Salaries, other compensation, and employee benefits				12	66,986. 69,228.
Sus	13	Professional fees and other payments to independent contractors		NTT TI 0		13	
Expenses	14	Occupancy, rent, utilities, and maintenance SI	SE SCHE	סקדור ס		14	3,852.
ш	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule 0) SI	- COTT	NITE O		15	11,795.
	16	Other expenses (describe in Schedule 0)	SE SCHE	OUR O		16	151,861.
_	17	Total expenses. Add lines 10 through 16			•	17	1,174.
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	1,1/4.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				40	27 267
AS		(must agree with end-of-year figure reported on prior year's return)				19	-37,367.
Net	20				THE PARTY OF THE P	20	-36,193.
	21				_	21	Form 990-EZ (2013
1 1 1	A Ea	Panarwork Daduction Act Notice see the senarate instructions					rulli 33U-EL 12013

Form **8868**

(Rev. January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

ternal Reven		F Information about 1 of the cost	100 M					Y
If you ar	e filing for an Aut	omatic 3-Month Extension, complete	e only Par	t I and check this box			▶ □	Δ
	en e	Stienel (Not Automatic) 3-Month Ext	ension, co	omplete only Part II (on page 2 of t	nis torm).			
		to a standard a	n automat	ic 3-month extension on a previous	v illeu rom	n 8868.		diam.
and the state of t		I - otropically file Form 8868 If V	all need a	3-HIGHLI AUTOMIATIC CALCUSION OF THE	o to mo lo	110111110	a corpora	ition
and the court is	FILE Form COO T	or an additional (not automatic) 3-mon	tn extensi	on of time. You can electronically in	C I OIIII OOG	o to roque		150000000000
	el of the form	no listed in Part I or Part II with the exc	eption of I	Form 8870, Information Return for i	ransiers As	Sociated v	With Ocita	ille i
ersonal F	Benefit Contracts	which must be sent to the IRS in paper	er format (see instructions). For more details o	n the elect	ronic filing	of this for	m,
isit www.	irs gov/efile and o	lick on e-file for Charities & Nonprofits.						
Part I	Automati	c 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).			
corpora	tion required to fil	e Form 990-T and requesting an autom	natic 6-mo	nth extension - check this box and o	complete		. F	\neg
ort Look							P L	
M other c	orporations (inclu	ding 1120-C filers), partnerships, REMI	Cs, and tr	usts must use Form 7004 to reques	t an extens	ion or ume		20
o file inco	me tax returns.				Enter filer	's identity	ing numb	100
ype or	Name of exemp	ot organization or other filer, see instruc	ctions.		Employer	identification	on number	r (EIN) or
orint	AUTISM I	HOUSING DEVELOPMENT	CORPO	DRATION		45 00	.00063	
	OF PITTS	SBURGH, INC.					92263	<u> </u>
ile by the lue date for	Number, street	, and room or suite no. If a P.O. box, se	ee instruct	tions.	Social sec	urity numb	er (SSN)	
ling your	11676 PI	ERRY HIGHWAY, NO. 11	L04					
eturn. See nstructions.	City, town or p	ost office, state, and ZIP code. For a fo	reign add	ress, see instructions.				
	WEXFORD	, PA 15090-8755						
							i i	Λ11
Enter the	Return code for t	he return that this application is for (file	a separa	te application for each return)				0 1
Applicati	on	* * * * * * * * * * * * * * * * * * *	Return	Application				Return
s For			Code	Is For				Code
	or Form 990-EZ	7	01	Form 990-T (corporation)				07
Form 990	mal Kenny - 24 to 1 VV - 100		02	Form 1041-A				08
	20 (individual)		03	Form 4720 (other than individual)				09
Form 990	7.20 (individual)							10
)-T (sec. 401(a) or	408(a) trust)	05	Form 6069				11
)-T (trust other tha		06	Form 8870				12
		ELLTOT FRANK		100000160 Nz		2002 7202		
• The bo	ooks are in the ca	re of ▶ 11676 PERRY HI	GHWAY	, SUITE 1104 - WEX	FORD,	PA 1	2090-	3755
Teleph	none No. > 41	2-841-7308		Fax No. ▶				
• If the	organization does	not have an office or place of busines	s in the U	nited States, check this box				
If this	is for a Group Re	turn, enter the organization's four digit	Group Ex	emption Number (GEN)	If this is for	the whole	group, ch	eck this
box >	. If it is for pa	art of the group, check this box	and atta	ach a list with the names and EINs o	of all memb	ers the ext	ension is f	or.
1 re	quest an automa	tic 3-month (6 months for a corporation	n required	to file Form 990-T) extension of time	e until			
	FEBRUARY	17, 2015 , to file the exemp	ot organiza	ation return for the organization nam	ed above.	The extens	sion	
is f	or the organization	on's return for:						
•	calendar ve	ar or		222 3222				
•	X tax year beg	ginning JUL 1, 2013	, ar	nd ending JUN 30, 2014	l .	_·		
45%								
2 Ift	he tax year enter	ed in line 1 is for less than 12 months,	check reas	son: L Initial return L	Final retur	n		
		counting period						
3a Ift	his application is	for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any				•
	15.15	its. See instructions.		70.0	3a	\$		0.
b If t	his application is	for Forms 990-PF, 990-T, 4720, or 606	9, enter ar	ny refundable credits and				020
		ents made. Include any prior year over			3b	\$		0.
c Ba	lance due. Subtr	act line 3b from line 3a. Include your p	ayment w	ith this form, if required,				120
hv	using FETPS (Ele	ectronic Federal Tax Payment System).	See instr	uctions.	Зс	\$		0
Caution	. If you are going	to make an electronic funds withdrawa	ıl (direct d	ebit) with this Form 8868, see Form	8453-EO a	nd Form 88	379-EO for	r paymen
	ALC: NO STATE OF THE PARTY OF T	and Demonstrayle Destruction Ant Matter	coo inst	ructions		Form	n 8868 (Re	v. 1-2014
323841	For Privacy Act a	and Paperwork Reduction Act Notice	, see inst	i ucuona.		1 0111	. 5555 (1.16	
12-31-13				2 20				

	990-EZ (2013) OF PITTSBURGH, INC.		4	5-	269226	3 Page 2
orm	990-EZ (2013) OF PITTSBURGH, INC. 1 II Balance Sheets (see the instructions for Part II)			12		Note to
Pai	Check if the organization used Schedule O to resp	and to any duestion i	n this Part II			X
	Check if the organization used Schedule O to resp	(A)	Beginning of year	T		d of year
			6,869.	22		8,349.
22	Cash, savings, and investments		0,003.	23		
23	Land and buildings		764.	_		458.
24	Other assets (describe in Schedule O) SEE SCHEDULE O		7,633.			8,807.
25	Total assets Total liabilities (describe in Schedule 0) SEE SCHEDULE O					45,000.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE O		45,000.	26		26 103
	to a declarate (line 27 of column (R) must agree with line 21)		-37,367.	27		-36,193.
Da	HILL Statement of Program Service Accomplishmen	its (see the instruction	ns for Part III)		Exp	enses
ı a	Check if the organization used Schedule O to resp	ond to any question	in this Part III	X	(Required f	nd 501(c)(4)
Mhot	is the organization's primary exempt purpose? SEE SCHEDULE O				organizatio	ns and section
viiai	ibe the organization's program service accomplishments for each of its three largest program.	services, as measured by expenses.	In a clear and concise			trusts; optional
Descr	ibe the organization's program service accomplishments for each of its times largest programs er, describe the services provided, the number of persons benefited, and other relevant inform	ation for each program title.			for others.)	
- i	BEGAN SELECTION OF PROPERTY FOR DEV	ELOPMENT OF LO	OW-INCOME			
28	HOUSING FOR ADULTS WITH AUTISM.				1 1	
	HOUSING FOR ADULIS WITH ACTION.			_		
		wents shook horo			28a	134,695.
	(Grants \$) If this amount includes foreign g	rants, check here			-	
29				-		
				_		
				_	00.	
	(Grants \$) If this amount includes foreign of	grants, check here		\underline{H}	29a	
30				_		
				_		
	(Grants \$) If this amount includes foreign	grants, check here	>		30a	
01	Other program services (describe in Schedule O)					
	그런 그리	grants, check here	>		31a	
	1				32	134,695.
32	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees (list each one ev	ven if not compensated -	see th	e instructions f	or Part IV)
P	Check if the organization used Schedule O to res	nond to any question	in this Part IV	2.114		
_	Check if the organization used Schedule of to res	(b) Average hours	(C) Reportable	(d) H	ealth benefits,	(e) Estimated
	() No City	per week devoted to	compensation (Forms W-2/1099-MISC)		tributions to loyee benefit	amount of other
	(a) Name and title	position	(if not paid, enter -0-)	plans	, and deferred	compensation
			200			
	LIOT FRANK	30.00	62,000.		0.	0.
_	RESIDENT	30.00	02,000.	\vdash		-
DA	VID MCMASTER	1 00	0		0.	0.
SE	CRETARY/TREASURER	1.00	0.	-	0.	0.
	AN HASSELBUSCH	1			0.	0.
	OARD MEMBER	1.00	0.	_	0.	l
KA	AREN MARKLE				^	
	DARD MEMBER	1.00	0.		0.	0.
	REDDYE STOVER	100 miles				
	DARD MEMBER	1.00	0.	<u>L</u> _	0.	0.
	ARK VEREZ					
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Form 990-EZ (2013)

OF PITTSBURGH, INC.

art	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Lait	<u> </u>	X
			Yes	No
	id the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		j	
	-xi-it- in Sahadula O	33		X
1	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	to the control of the organization's name Otherwise explain the change on Schedule U (see Illistructions)	34		X
a F	locuments if they reflect a change to the organization's hards. Settlet these specified the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			.,
	" O Co and 7g among others\?	35a	27 /	X
	5 Noo" to line 25g, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule U	35b	N/	A
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			.,
	a military and the year? If "Vas " complete Schedule C. Part III	35c		X
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			٠,
3	pomplete applicable parts of Schedule N	36	NAME AND TO	X
a	Enter amount of political expenditures, direct or indirect, as described in the instructions	2005243000	100	v
h .	Did the organization file Form 1120-POL for this year?	37b	Description	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	The state of		
	n a prior year and still outstanding at the end of the tax year covered by this return?	38a	(E)4 ¹	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
	Continue 501(a)/7) organizations Enter			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	Tomas,	100	
)a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	ocation 4011 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	190		
-	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?		1	١
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	Sign.		655
•	or disqualified persons during the year under sections 4912, 4955, and 4958			
н	Section 501(c)(3) and 501(c)(4) proprietions. Enter amount of tax on line 400 reimbursed by the			134
u	organization		1.3	
	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	40e		X
1	List the states with which a copy of this return is filed PA	J	30.00	
20	The appropriate to book again care of FILITOT FRANK	41-7	730	8
2 a	Located at 11676 PERRY HIGHWAY, SUITE 1104, WEXFORD, PA ZIP+4	1509	0-06	875
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1000		
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Ye	s N
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	5.3.	100	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Σ
	If "Ves " enter the name of the foreign Country:			- Turk
3	Section 4947(a)(1) ponexempt 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	N/I	A	
		_	Ye	s N
14 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		1 2
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	320		
-	of Form 990-EZ	44b		2
C	Did the organization receive any payments for indoor tanning services during the year?	440		2
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	10,000	347	
·	in Schedule O	440	1	
150	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ı	2
ls.	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	(<u>m)</u> (m)		
JU	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45t)	
	512(D)(13)? If Yes, Form 990 and Schedule in may fleed to be completed instead of Form 990-52 (See instructions)	Farm	990-	7

	13)	OT	T T T T P	SBURGH	, 11								- 1	Yes	No
Did the orga	nization	engage	, directly o	r indirectly, ir	n politica	I campaign ac	tivities on behal	f of or in oppositi	on to candi	dates for pu	blic offic	ce?	46	191 100 E	X
If "Yes," com	noiete So	chedule	C, Part I												
rt VI Se	ectior	n 501	c)(3) or	ganizatio	ons or	1iy	a 47 40h and	52, and comple	te the tab	les for line	s 50 an	nd 51.			0.15
All	l sectio	n 501(d	:)(3) orgai	nizations mu	ust ansv	wer question	5 47 450 and	in this Part VI							_
Ch	neck if t	the org	anization	used Sched	dule O t	o respond to	any question	i ii i diis i die vi			(1		- 19	Yes	
			0.000.0			agation 501/h	\ election in effe	ect during the tax	vear? If "Ye	s," complete	e Sch. C,	, Part II	47		X
Did the orga	anization	n engage	in lobbyir	ig activities o	r nave a	(4)(A)(#)2 If "V	oe " complete S	chedule E		55 S			48	1	X
Is the organ	nization a	a schoo	as describ	oed in section	1 170(0)((1)(A)(II): II 1 oboritoble relat	ted organization	?	*************				49a		X
													49b		
If "Yes," was	s the rela	ated org	anization a	I Section 527	oct comm	nancated emnl	ovees (other th	an officers, direct	ors, trustee	s and key er	mployees	s) who ea	ch rec	eived r	nor
Complete th	nis table	tor the	organizauc	the organiza	tion If th	nere is none, e	nter "None."			-0.00cm	707	200 E			_
than \$100,0	000 01 0	(a) Nam	audi iidii	of each emplo	ovee	1010 10 110110, 0	(b)	Average hours	(c) F	Reportable	(d) Hea	Ith benefits butions to) Estim	
	. ((a) Nam	s and the	or each emple	oyoo		perv	week devoted to	compens W-2/1	sation (Forms 099-MISC)	employ	yee benefit and deferred		ount of mpens	
				1	ONE			position			comp	pensation	- 00	пропо	1110
	-												_		_
	-			1	-10			W West State		Rama Processing					
													1		_
-													1		
Misse division										3 3					
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											1				
Complete t	this table	le for the	organizat	ion's five high	hest com	pensated inde	ependent contra	ctors who each re	ceived mo	re than \$10	0,000 of	compens	ation	from th	е
Complete to	this table	le for the ere is no	organizat ne, enter "	ion's five high	hest com NONE	pensated inde	ependent contra	ctors who each re	ceived mor		0,000 of			from th	_
Complete to	this table	le for the ere is no	organizat ne, enter "	ion's five high None."	hest com NONE	pensated inde	ependent contra	ctors who each re			0,000 of			-	_
Complete to	this table	le for the ere is no	organizat ne, enter "	ion's five high None."	hest com NONE	pensated inde	ependent contra	ctors who each re			0,000 of			-	_
Complete to organization (a) Na	this tabli	le for the	e organizat ine, enter " ss address	ion's five high	hest com NONE spendent	pensated inde	ependent contra	ctors who each re			0,000 of			-	_
d Total num Did the or charitable	this table on. If the ame and onber of or organizati e trusts r	le for the ere is no id busine other inc ion com must att	e organizat one, enter " ss address dependent plete Sche ach a com	ion's five high None." S of each inde	hest com NONE pendent ach rece All sect	pensated indet contractor diving over \$10 tion 501(c)(3)	oo,000 organizations a	nd 4947(a)(1) no	(b) Type of	f service		(c)	Comp	Yes [n
d Total num Did the or charitable	this table on. If the ame and onber of or organizati e trusts r	le for the ere is no id busine other inc ion com must att	e organizat one, enter " ss address dependent plete Sche ach a com	ion's five high None." S of each inde	hest com NONE pendent ach rece All sect	pensated indet contractor diving over \$10 tion 501(c)(3)	ppendent contra	nd 4947(a)(1) no	(b) Type of	f service		(c)	Comp	Yes [n
d Total num 2 Did the or charitable	this table on. If the ame and	le for the ere is no id busine other inc ion com must att	e organizatione, enter " ss address dependent plete Sche ach a comment nave e	ion's five high None." S of each inde	hest com NONE pendent ach rece All sect	pensated indet contractor diving over \$10 tion 501(c)(3)	oo,000 organizations a	nd 4947(a)(1) no	(b) Type of	f service		(c)	Comp	Yes [n
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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. AUTISM HOUSING DEVELOPMENT CORPORATION

Employer identification number 45-2692263

Reason for Public Charity Status (All organizations must complete this part.) See instructions.			OF DITT	SBURGH, INC.						45	-2092203	
the organization is not a private foundation because it is: [For lines 1 through 11, check only one box.] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A chorol described in section 170(b)(1)(A)(iii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's city, and state: 5	Dort I	Reason fo	or Public Char	ity Status (All organizat	tions must	complete	this part.)	See instru	uctions.			
A church, convention of churches, or association of controles described in 174(b)(1)(r/k/k/k/k/k/k/k) A respective of section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's city, and state: A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public describes section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross reconstitives related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross in income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of more publicly supported organization and complete lines 11e through 11h. a Type I b Type II c Type III Functionally integrated d Type III Non-functionally a Type II by Type III Pype III Py	-all!	i - tien is not a t	orivate foundation	because it is: (For lines 1	through 11	1, check or	ly one bo	x.)				
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By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(f) if the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Type of organization (organization in col. (i) listed in your organization in col. (i) organization in col. (ii) organization in the understand in the supported organization in col. (ii) organization in the understand in		describes the	type of supporting	g organization and comple	ete lines 11	1e through	11n.					
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foundation managers and other than one or more publicly supported organizations described in section sos(a)(1) of soc(a)(1) of soc(a)	е 🗀	By checking t	this box, I certify th	nat the organization is not	controlled	directly or	indirectly	by one or	more disq	(a)(1) or	section 509(a)(2)	1
supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) 11g(iii)		foundation m	anagers and other	than one or more publicly	y supporte	d organiza	tions desc	cribed in si	ection 509	(a)(1) Of	Section 303(a)(2)	
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (i) Name of supported organization (described on lines 1-9 above or IRC section governing document? (ii) Is the organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iii) organ	f	If the organiza	ation received a w	ritten determination from t	the IRS tha	at it is a Ty	pe I, Type	ii, or Type) III			
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Did you notify the organization in col. (i) Is the organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiiii) organization in col. (iiiiii) organization in col. (iiiiiii		supporting or	rganization, check	this box				of the follo	owing pers	one?		100
the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) 11g(iii)	g	Since August	t 17, 2006, has the	organization accepted ar	ny gift or co	ontribution	trom any	or the lond	in (ii) and (ii	ii) helow	Yes	No
(ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported organization (iii) EIN (iiii) Type of organization (described on lines 1-9 above or IRC section (i) organization (ii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iiii) organization in col. (iii) organization in col. (iiii) organization in col. (iiiiii) organization in col. (iiiiii) organization in c		(i) A person	n who directly or ir	ndirectly controls, either al	lone or tog	ether with	persons c	jescribed i	iri (ii) ariu (ii	ii) below		1
(ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section organization (solution) (ii) organization in col. (i) listed in your governing document? (ii) of your support? (iii) Type of organization in col. (i) listed in your governing document? (ii) of your support?		the gove	eming body of the	supported organization?							1000	
h Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (solution organization in col. (i) listed in your governing document? (iv) Did you notify the organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiiii) organization in col. (iiiii) organization in col. (iiiii) organization in col. (iiiiii) organization in col. (iiiiiii) organization in col. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		(ii) A family	member of a pers	on described in (i) above?	·						Table 100 (100 (100 (100 (100 (100 (100 (100	
(i) Name of supported organization organization organization (ii) EIN (iii) Type of organization (iv) Is the organization organization in col. (i) listed in your organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iiiiii) organization in col. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		(iii) A 35% (controlled entity of	a person described in (i)	or (II) abov	e:	************					
(ii) Name of supported organization (iii) FIN (iii) Type of organization (iv) is ted in your organization in col. (i) listed in your organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiiiii) organizatio	h	Provide the f	ollowing information	on about the supported or	ganization	(S).						
(ii) Name of supported organization (iii) Fin (described on lines 1-9 above or IRC section (see instructions)) (organization in col. (i) listed in your organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iv) organization in col. (Tume ,	(iv) Is the	organization	(v) Did vo	u notify the	(vi) ls	the .	(vii) Amount of m	onetar
above or IRC section governing document? (i) of your support? 'U.S.?			(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) li	isted in your	organizat	tion in col.	Torganizado	on in col.	support	
(see instructions)) Yes No	0	rganization		above or IRC section	governing	document?	(i) of you	r support?	U.S.	.?		
				(see instructions))	Yes	No	Yes	No	Yes	No		
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Form 990 or 990-EZ.

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Schedule A (Form 990 or 990-EZ) 2013 OF PITTSBURGH, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total (e) 2013 (c) 2011 (d) 2012 Calendar year (or fiscal year beginning in) (b) 2010 (a) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total (d) 2012 (e) 2013 (a) 2009 (c) 2011 (b) 2010 Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 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 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))

16a 33 1/3% support test - 2013. 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	P
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	•

15 Public support percentage from 2012 Schedule A, Part II, line 14

17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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

Schedule A (Form 990 or 990-EZ) 2013

15

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

865	qualify under the tests listed bel	ow, please comp	lete rait ii.j			- · · · · · · · · · · · · · · · · · · ·	
	tion A. Public Support	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	50 15 N	(a) 2009	(6) 2010	1 (0,201)	(-)		
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")			100,001.	97,879.	153,035	350,915.
	rear Standard Standard Standard Control of the Standard S						
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 Gross receipts from activities that						
3	are not an unrelated trade or bus- iness under section 513		$w_{-\mu}$				
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to			1			
	the organization without charge					150 005	1 250 015
6	Total. Add lines 1 through 5			100,001.	97,879.	153,035	. 350,915.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		11133				0.
	amount on line 13 for the year		h	 			0.
	Add lines 7a and 7b	To the second of					350,915.
	Public support (Subtract line 7c from line 6.)			STHE-HOWARD		E Zamban Tanzania	
A	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	(a) 2000	(2) 2010	100,001.	97,879.	153,035	. 350,915.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
1	Unrelated business taxable income			1		1	
	(less section 511 taxes) from businesses acquired after June 30, 1975					¥	
	Net income from unrelated business activities not included in line 10b, whether or not the business is		-				
10	regularly carried on Other income. Do not include gain		4	+		- W-10/35	
12	or loss from the sale of capital						
12	assets (Explain in Part IV.)			100,001.	97,879	153,035	. 350,915.
14	First five years. If the Form 990 is for	the organization	's first, second, t			on 501(c)(3) orga	nization,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Pe	ercentage				
15	Public support percentage for 2013 (I	ine 8, column (f)	divided by line 13	3, column (f))		15	%
16						16	%
	ction D. Computation of Inves	stment Incon	ne Percentag	je			
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2012 Schedule A	, Part III, line 17			18	%
19	a 33 1/3% support tests - 2013. If the	organization did	not check the bo	ox on line 14, and line	e 15 is more than	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box a	nd stop here. Th	e organization qu	ualifies as a publicly	supported organi	zation	▶└┘
	b 33 1/3% support tests - 2012. If the	organization did	not check a box	on line 14 or line 19a	a, and line 16 is m	ore than 33 1/39	6, and
	line 18 is not more than 33 1/3%, che	ck this box and	stop here. The o	rganization qualifies	as a publicly sup	ported organizati	on
20	Private foundation. If the organization	n did not check a	a box on line 14,	19a, or 19b, check t	nis box and see ii	nstructions	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

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

AUTISM HOUSING DEVELOPMENT CORPORATION Emplo OF PITTSBURGH, INC.

Employer identification number 45-2692263

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITI	ES,	AND M	AINTEN	IANC	E:_
DESCRIPTION OF EXPENSES:			AMOU		
DEPRECIATION				3	306.
OTHER EXPENSES				3,5	546.
TOTAL TO FORM 990-EZ, LINE 14				3,8	352.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:					
DESCRIPTION OF OTHER EXPENSES:		- 1887	AMO		
BANK FEES					278.
INSURANCE				2,	121.
OFFICE EXPENSES				6,	796.
GRANT EXPENSE				2,	500.
BUSINESS REGISTRATION					100.
TOTAL TO FORM 990-EZ, LINE 16			40 40 8	11,	795.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:					
DESCRIPTION BEG.	OF	YEAR	END	OF	YEAR
OTHER DEPRECIABLE ASSETS	- 25	764.	- ji-		458.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:					
DESCRIPTION BEG.	OF	YEAR	END	OF	YEAR
LOANS PAYABLE	45	,000.	76 76 1	45,	000.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - DEVEL HOUSING FOR ADULTS WITH AUTISM.	OPMI	ENT OF	LOW-	INCO)ME

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Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

AUTISM HOUSING DEVELOPMENT CORPORATION Emplo OF PITTSBURGH, INC.

Employer identification number 45-2692263

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.