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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

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

OMB No 1545-0047

Open to Public Inspection

A F	or the 2	2012 calendar year, or tax year beginning $AUG 2, 2012$ and ending	DEC 31, 201	2
В	heck if pplicable	C Name of organization	D Employer iden	tification number
	Address change	Housing Affordability Trust		
	Name change Initial	Doing Business As	46-	-1003393
X	_lreturn ∏Termin-	Number and street (or P 0 box if mall is not delivered to street address) 800 Shades Creek Parkway 225	•	ber 5-868-6156
	⊸ated]Amended _return		G Gross receipts \$	22,106,371.
X	Applica-	Birmingham, AL 35209-4526	H(a) Is this a grou	
	pending	F Name and address of principal officer:Roger L. Brown	for affiliates?	Yes X No
-		800 Shades Creek Parkway, Ste. 225, Birmir		
		npt status: X 501(c)(3)		h a list. (see instructions)
			H(c) Group exemp	M State of legal domicile TN
		Summary	rear of formation 2012	I M State of legal domicile 114
		riefly describe the organization's mission or most significant activities: The miss	ion of Housi	na
Activities & Governance	A	ffordability Trust is to provide financial	support to c	qualified
rua		neck this box if the organization discontinued its operations or disposed of		
ove.	1	umber of voting members of the governing body (Part VI, line 1a)		3 1
2	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4 1
es	5 To	otal number of ındıvıduals employed in calendar year 2012 (Part V, line 2a)		5 0
Ξ	6 To	otal number of volunteers (estimate if necessary)	[6 0
Act	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12	Į:	7a 0.
_	b N∈	et unrelated business taxable income from Form 990-T, line 34	ļ,	7b 0.
			Prior Year	Current Year
ne		ontributions and grants (Part VIII, line 1h)		20,000,000.
Revenue		ogram service revenue (Part VIII, line 2g)		0.
Re		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		15,306.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20 015 206
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,015,306.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
		enefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.
Expenses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		24,584.
e e		ofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25)		0.
Ä				3,505.
		ther expenses (Part IX, <u>column (A), lines 11a, 11d, 11f-24e)</u> etal expenses. Add lines 13·17 (must equal P <u>art IX, column (A), line 25)</u>		28,089.
		evenue less expenses. Subtract line 18 from line 12 1.25		19,987,217.
-89.	19 Re		Beginning of Current Ye	
ets	20 To	otal assets (Part X, line 16)	Dogmining of Carrent 10	19,987,217.
Ass J Ba		otal liabilities (Part X, line 26)		0.
Net Assets or Fund Balances		et assets or fund balances. Subtract line 21 from line 20_		19,987,217.
Pa		Signature Block	·	
Unde	er penaltie	es of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best o	f my knowledge and belief, it is
true,	correct, a	and complete Declaration of preparer other than officer) is based on all information of which pre	parer has any knowledge	
		y sen y moun	9/	12/13
Sigr	, ,	Signature or officer	Date '/	1
Her	e	Roger L. Brown, Synovus, Regional Manager	<u> </u>	
	<u> </u>	Type or print name and title		
		rint/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		erard J Kassouf Deron Rossouf	9-6-13 self-em	
Prep		Imis name L. Paul Kassouf & Co., PC	Firm's EIN	63-0590670
Use	UNI Y F	im's address 2208 University Boulevard		205 442 2500
		Birmingham, AL 35233-2393	Phone no	205-443-2500
May	the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No

I. e	TO THE CRIEST OF REQUIRED SCHEDULES		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	110
	If "Yes," complete Schedule A	1	Х	-
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	1 '		}
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		- "	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		•	
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X:	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			_
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Form 990 (2012) Housing Affordability Trust Part W Checklist of Required Schedules (continued)

			Yes	No_
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
00	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	00		v
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		X
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	İ		
	Schedule J	00		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		İ	v
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		-	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		$\frac{x}{x}$
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
	If "Yes," complete Schedule R, Part V, line 2	36]	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990 (2012)

	Check if Schedule O contains a response to any question in this Part V	·		$\underline{\sqcup}$
	5. H		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4 8		
b	Enter the helicate of Fernice V. Ze interested in fine far Enter of in flot application			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
20	(gambling) winnings to prize winners?	1c		
28				
h	filed for the calendar year ending with or within the year covered by this return	ii		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	70		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds directly or indirectly to pay promiums on a personal benefit contract?	7.		X
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	Ì	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	provide an experience of		990	

Form 990 (2012)

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		1	
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u> X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	In Schedule O how this was done	12c	X	v
13	Did the organization have a written whistleblower policy?	13_		X
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
Đ	Other officers or key employees of the organization	15b	Λ	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
_	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
D	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
500	tion C. Disclosure	100		
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.	ai	, J. (d)	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•	
	Synovus Trust Company - 205-868-6156			
	800 Shades Creek Parkway, Suite 225, Birmingham, AL 35209-4526			
282000				

Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization						nsat					
(A)	(B)	(C) Position						(D)	(E)	(F)	
Name and Title	Average	(do not check more that				than		Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both a officer and a director/trustee				tee)	compensation	compensation	amount of	
	week (list any	<u> </u>				T	T	from the	from related	other	
	hours for	1 20				-		organization	organizations (W-2/1099-MISC)	compensation from the	
	related	융	15 15 15 15 15 15 15 15 15 15 15 15 15 1					(W-2/1099-MISC)	(** 2) 1033 (*1100)	organization	
	organizations	幫	a fa		B	E C		(1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		and related	
	below	Individual frustee or director	Institutional trustee	h	Кеу етріоуев	3 ST CC				organizations	
	line)	횰	TS#	Officer	Keye	Highest compensated employee	For				
(1) Jane Bailey	1.00							_			
Trust Advisory Board Member		X		_				0.	0.	0.	
(2) Keith Hall	1.00					1		_			
Trust Advisory Board Member		X		<u> </u>			<u> </u>	0.	0.	0.	
(3) Hugo Isom	1.00							_	_	_	
Trust Advisory Board Member	<u> </u>	X	<u> </u>		L_			0.	0.	0.	
(4) Perry Shuttlesworth	1.00								_	_	
Trust Advisory Board Member	1-1-0-0	Х		_			_	0.	0.	0.	
(5) Synovus Trust Company, N.A.	40.00					i					
Trustee		ļ	X			_	-	0.	0.	24,584.	
		ļ		ŀ							
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232007 12-10-12

12.54	1 VII Section A. Officers, Directors, Trus	1							_					
	(A) Name and title	(B) Average hours per		not c	Pos heck		than		(D) Reportable	(E) Reportable	_		(F) stimate	
		week (list any hours for related organizations below line)	individual trustee or director (profile and a director/tu (profile and a director/tu (profile and a director/tu (profile and a director/tu (profile and a director) (profil				itee)	compensation from the organization (W-2/1099-MISC)	compensatio from related organizations (W-2/1099-MIS	ed other			ition e ion ed	
														-
												_		
				_										
							Ļ				0		4 - 5	0.4
С	Sub-total Total from continuation sheets to Part V	I, Section A				-	>		0.		0.		4,5	0.
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) w	ho r	0. eceived more than \$100	,000 of reportable	0 . e		4,5	04.
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual			•		-					3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? <i>If "Yes</i> ,	" со	mple	ete S	Sche	edul	e J f	for such individual			4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					_		elat	ed organization or indivi	dual for services		5		X
1	Complete this table for your five highest co										pens	ation f	rom	
	the organization. Report compensation for (A) Name and business			enai ONI		vith	or w	/ithir	n the organization's tax to (B) Description of s			(C	c) nsatio	
	, talle and bealiness		140	<u>JIVI</u>	<u>.</u>		.,,		Description of s	CIVICES		ompe	isatio	
						_								
														
						-								
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mıte	d to		se li 0	stec	d above) who received m	nore than				
	T. T. T. T. T. T. T. T. T. T. T. T. T. T				•		-					Form	990 //	2012)

232008 12-10-12

					cdability	Trust		46-100	3393 Page 9
Pa	rt 1	/	Statement of Reve	nue					
			Check if Schedule O cont	tains a response	to any question i			·	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ats sts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
ا ڳڙي			Fundraising events	1c					
ar it			Related organizations	1d					
S,E			Government grants (contribut						
Sign			All other contributions, gifts, gran						
돌		•	similar amounts not included abo	l i	20,000,000.				
E 2		~	Noncash contributions included in lines		20,000,000.				
SE S		_	Total. Add lines 1a-1f	s 1a-11° \$		20,000,000.			
			Total. Add lines 1a-11		Business Code	20,000,000.	<u> </u>		
	_	_			Business Code				1
Š.	2	a							
Se al		Ь							
ΕŞ		C							
Rea		d							
Program Service Revenue		e	All sales and annual consists which						
_			All other program service reve	enue .					
-	_		Total. Add lines 2a-2f						
1	3		Investment income (including	aiviaenas, intei	- I	11 270	11 270		
- 1	_		other similar amounts)			11,370.	11,370.		
	4		Income from investment of ta	x-exempt bond	proceeds P				-
	5		Royalties	6 DI	(3. Damana)				
1	_		•	(i) Real	(ii) Personal				
	6	a	Gross rents		+				
		þ	Less: rental expenses		 				
		С	Rental income or (loss)				1		
	_		Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ıi) Other				
			assets other than inventory	2,095,001	•				
		þ	Less: cost or other basis						
			and sales expenses	2,091,065	+				
			Gain or (loss)	3,936					
			Net gain or (loss)		•	3,936.			3,936.
9	8	а	Gross income from fundraising						
e le			including \$						
Other Revenue			contributions reported on line	•					
ě			Part IV, line 18		-				
₹			Less: direct expenses		·				1
			Net income or (loss) from fun				ļ		
	9	а	Gross income from gaming a						1
			Part IV, line 19	-	•				
			Less: direct expenses .		PL				
			Net income or (loss) from gan	-					
	10	а	Gross sales of inventory, less	returns					
			and allowances	•	3				
			Less: cost of goods sold		·				
		С	Net income or (loss) from sale		<u> </u>				-
			Miscellaneous Revenu	ne	Business Code				
	11	а							-
		b	•						_
		C			-				
		d	All other revenue					 	
1		е	Total. Add lines 11a-11d						

	Check if Schedule O contains a respon		s Part IX (B)	(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				······································
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States. See Part IV, lines 15 and 16				 ,
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	24,584.		24,584.	
6	trustees, and key employees	24/304.		24,304.	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management		·		
b	Legal .	<u>-</u>			
C	Accounting				
ď					
e	Professional fundraising services See Part IV, line 17				***
f	Investment management fees				
9	· · · · · ·				
	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion .			 	
13	Office expenses				
14	Information technology				
15	Royalties			-	
16	Occupancy Travel				
17 18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance .	3,455.		3,455.	
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Miscellaneous	50.		50.	
ь					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	28,089.	0.	28,089.	0.
26	Joint costs. Complete this line only if the organization		· · · · · · · · · · · · · · · · · · ·		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here I if following SOP 98-2 (ASC 958-720)			1	

نتت		Check if Schedule O contains a response to any	question in this Part X			
		One of the second of the secon	quantity with the party of the	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			1	
	2	Savings and temporary cash investments	[2	504,633.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		trustees, key employees, and highest compensa	ted employees. Complete			
	1	Part II of Schedule L .	<u>.</u>		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			J
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
-	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	16,557,584.
	12	Investments - other securities. See Part IV, line 1	1	0.	12	2,925,000.
	13	Investments - program-related. See Part IV, line 1	ıı [13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	0.	16	19,987,217.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable	[18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former	officers, directors, trustees,	.,		1 7 77715
ap		key employees, highest compensated employee	s, and disqualified persons.			
_		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties .		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958)), check here ▶ ☐ and			
es		complete lines 27 through 29, and lines 33 and	d 34.			
JE B	27	Unrestricted net assets			27	
Sali	28	Temporarily restricted net assets			28	
ᅙ	29	Permanently restricted net assets	<u></u>		29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 🗓			
٥		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds	<u>.</u>	0.	30	19,987,217.
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq	ulpment fund .	0.	31	0.
<u> </u>	32	Retained earnings, endowment, accumulated in	come, or other funds .	0.	32	0.
Z	33	Total net assets or fund balances	<u>L</u>	0.	33	19,987,217.
	34	Total liabilities and net assets/fund balances		0.	34	19,987,217.

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

3b

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. ► See separate instructions.

2012
Open to Public

Inspection

Name of the organization

Employer identification number

			Aliordabili			_			4	6-1003	393	
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	t.) See inst	ructions.				
The organ	nization is not a	a private foundation	because it is: (For lines 1	through 1	11, check (only one b	ox.)					
1 🖳	A church, co	nvention of churche	s, or association of churc	ches desci	ribed ın se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🖳	A hospital or	a cooperative hospi	ıtal service organization o	described	n section	170(b)(1)	(A)(iii).					
4 📖	A medical res	search organization	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospital	's nam	e,
_	city, and stat									<u>-</u> _		
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Complete)	ete Part II.)									
6	A federal, sta	ite, or local governm	ent or governmental unit	described	d in sectio	n 170(b)(1	I)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ental unit o	r from the	general	public desc	nbed II	n
		(b)(1)(A)(vi). (Comple										
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi). ((Complete	Part II.)							
9	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	embershi	p fees, a	nd gross re	ceipts 1	from
			nctions - subject to certa	-						_		
			axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 3	0, 197	5.
		509(a)(2). (Complete	•									
10 🖳	-	-	perated exclusively to tes		-			-				
11			perated exclusively for th							-		or
			ations described in section				2). See se c	etion 509(a)(3). Ch	eck the box	tnat	
	I		organization and compleype II c Ty		netionally i		م ۱	Tvn	o III - No	n-functional	lu intoc	rotod
e 🗌		· ·	at the organization is not	•	•	-					-	
•		•	than one or more publicly		•	-	=		•	•		''
f		=	tten determination from t						σ(α)(1) σ ι	30000011 000	/(u)(-).	
•	•	rganization, check t				pc 1, 1) pc	, II, OI 13 PC	, ,,,				
g		•	organization accepted ar	v aff or co	ontribution	from anv	of the follo	owing per	sons?		•	
9	•		firectly controls, either al	• •		=				·.	Yes	No
	••		upported organization?	3		,		(.,	,	11g(i)		
	_	-	n described in (i) above?	•				•	•	11g(ii)		
	• • •	•	person described in (i) o		∍?	•				11g(iii)		
h			about the supported or									
		Ū	• • • • • • • • • • • • • • • • • • • •	-	` '							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did yo	u notify the	(vi) is	the	(vii) Amoun	of mor	netary
	anization	(, =	(described on lines 1-9		sted in your		tion in col	organizatı (ı) organiz	on in col ed in the	1 -	port	,
·				governing	document?	(i) of you	r support?	i' us	2	·		
			(see instructions))	Yes	No	Yes	No	Yes	No			
				 			ļ		<u> </u>			
								1				
			-	-			 	-	<u> </u>			
							 		 			
Total				1	1			1		1		

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012 HC						3393 Pa
Complete only if you checked fails to qualify under the tests I	the box on line 5	, 7, or 8 of Part I o	r if the organizatio			
Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨 📘	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
4 0.44						

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					20,000,000.	20,000,000.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					1	
_	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3				-	20,000,000.	20,000,000.
5	The portion of total contributions			Į.			
	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)						
_	**					·	
	Public support. Subtract line 5 from line 4			<u> </u>			20,000,000.
	ndar year (or fiscal year beginning in)	(2) 2008	(h) 2000	(a) 2010	(40.0044	(-).0040	(0 T-+-I
	Amounts from line 4	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
8	Gross income from interest.				 	20,000,000.	20,000,000.
0	dividends, payments received on					1	
	securities loans, rents, royalties						
	and income from similar sources					15,306.	15,306.
9	Net income from unrelated business	· · · · · · · · · · · · · · · · · · ·				13,300.	13,300.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					 	
10	or loss from the sale of capital	ļ			İ		
	assets (Explain in Part IV.)	İ					
11	Total support. Add lines 7 through 10				 	7	20,015,306.
	Gross receipts from related activities,	etc. (see instructi	nns)	ł	J	12	20,013,300.
	First five years. If the Form 990 is for	•	•	 rd fourth or fifth t	ax vear as a sectio	<u> </u>	
-	organization, check this box and stor		,,				$\triangleright X$
Sec	tion C. Computation of Publ		rcentage			·	<u> </u>
14	Public support percentage for 2012 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2011					15	%
16a	33 1/3% support test - 2012. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or	more, check this box	
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2011. If the c	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/39	% or more, check thi	s box
	and stop here. The organization qual						▶ 🗀
17a	10% -facts-and-circumstances test	t - 2012. If the org	anization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10% of	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test					17a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publ	icly supported org	anızation	▶ □
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instructions	

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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 organizatio	n fails to
qualify under the tests listed below, please complete Part II)	

Se	ction A. Public Support						- · · ·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ	i				
	include any "unusual grants.")						
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
•	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)			<u></u>	<u> </u>		
Se	ction B. Total Support		· · ·				
Cale	ındar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)		l	L	L		
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
_	check this box and stop here	-	_	•			. ▶⊔
	ction C. Computation of Publ					F	
	Public support percentage for 2012 (column (f))		15	%
	Public support percentage from 2011			· ·		16	%
	ction D. Computation of Inves					, , , , , , , , , , , , , , , , , , , 	
	Investment income percentage for 20	=		ne 13, column (f))		17	%
18	Investment income percentage from	2011 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	▶ □
t	33 1/3% support tests - 2011. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						-
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶□

232023 12-04-12

Schedule A (Form 990 or 990-EZ) 2012

chedu	le A (Form 9	90 or	990-E	Z) 2012 I	HOUS1	ng A	rioro	<u>labilit</u>	y Tru	<u>st</u>			46-100	3393 F	age
Part I	V Supp	olemo	ental	inform	ation. C	omplete	this part	to provide th	ne explana	tions rec	uired by Part	II, line	10; Part II, line	e 17a or 17	b;
	and P	art III,	line 12	. Also co	mplete this	part for	r any ado	itional inform	ation. (Se	e instruc	tions).				
L -	TT	7	. E E -					- e				•			
ne	Housi	ig P	ALIC	rdab.	LILTY	Trus	st wa	s iorm	ed an	a or	ganized	<u>ın</u>	August	OI	
۸ 1 n	mb		. h.a	2012		000					1				
012	. Thus	δ, τ	ne	2012	Form	990	ıs a	snort	year	tax	return	•			
															
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Housing Affordability Trust

Employer identification number 46-1003393

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	
	for charitable purposes and not for the benefit of the donor of		_
	Impermissible private benefit?		Yes No
Pa		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organizat	·	
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	· —	tifled historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	
	year ▶		a organization doming the text
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expens	• — • — •
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pai	t 🚻 Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art.
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthers	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		, , ,
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	•	•
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	77) A		> \$
2	If the organization received or held works of art, historical tre		al gain, provide
-	the following amounts required to be reported under SFAS 1		g, p 1
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		▶ \$
_			• • •

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

Schedule D (Form 990) 2012

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Sc <u>he</u>	dule D (Form 990) 2012 Housing	Affordabil	lity	Trust			. 4	6-10	03393	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tr	easures,	or Other	Simila	r Asse	ts(continu	Jed)
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following that	at are a sigr	ııficant u	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d	L	oan or exc	hange progr	ams				
ь	Scholarly research	е		Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how the	ey further t	he organizat	ion's exemp	ot purpos	se in Pari	XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma	untained as part of the	he organ	nzation's co	ollection?	•			Yes	☐ No
Par	Escrow and Custodial Arrang reported an amount on Form 990, Par	- '	te if the	organizatio	n answered	"Yes" to Fo	orm 990,	Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodia	an or other intermed	ary for c	contribution	s or other a	ssets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing ta	able:						
	•	·	-						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			·
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided in	Part XIII				
Par	t V Endowment Funds. Complete if	the organization ans	swered 5	'Yes" to Fo	rm 990, Part	IV, line 10.	-			
		(a) Current year	(b) Pr	or year	(c) Two year	rs back (d	Three ye	ars back	(e) Four	years back
1a	Beginning of year balance			- · -						
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities		-							
	and programs									
f	Administrative expenses									
9	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1ç	g, column (a	a)) held as:					
а	Board designated or quasi-endowment	•	%							
ь	Permanent endowment ▶	%	_							
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held a	nd administ	ered for the	organiza	ation		
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Sched	ule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.					<u> </u>	
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	, Part X,	line 10.						
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) Acc	umulated	3	(d) Book	value
		basis (investm	nent)	basis	(other)	depre	eciation			
1a	Land .									
	Buildings .									
	Leasehold improvements									
d	Equipment									
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. colum	n (B), line 1	10(c).)			•		0.

Schedule D (Form 990) 2012

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Schedule D (Form 990) 2012

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2012

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2012
Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Housing Affordability Trust

Employer identification number 46–1003393

Part I	Excess Ben	efit Trans	acti	ons (section 5	01(c)(3	3) and s	ection 501(c)(4) orga	anıza	ations only).	1					
	Complete if the	organization	answ	vered "Yes" on	Form !	990, Pa	rt IV, line 25a or 25b	o, or	Form 990-EZ, P	art V,	ine 40)b.			
1 (0) No	me of disqualified	nomen	(b) R	lelationship bet	ween	disqual	fied (a	7 Do	constion of tran		_		(d)	Correc	cted?
(a) Na	The or disqualified		person and o	rganiz	ation		, De	scription of tran	sactio	4N 		Yes		No	
													<u> </u>		
				<u></u>									_		
						<u> </u>			 -				 -		
		incurred by	the o	rganization mar	agers	or disc	qualified persons dui	ring 1	he year under						
	n 4958					-					> \$			-	
3 Enter	the amount of tax	, if any, on h	ne 2, a	above, reimburs	ed by	the org	ganization	•			▶ \$				
Down IF	Loans to an	d/or Eron	n Int	arested Ber											
Part II								_							
							, Part V, line 38a or F	orm	990, Part IV, lin	e 26;	or if th	e orga	nızatıc	n	
 	reported an amo	ount on Forn				2. oan to or						(h) Api	roved	(7) 144	-44
	n) Name of rested person	with	- 1	(c) Purpose of loan	fror	n the	(e) Original principal amount	(f)	Balance due	(g)	(g) In default?		ard or I		ritten ment?
111101	cotto porcon	organiza	ition			ization?	F			<u> </u>		cómm	illoc ·		
					То	From				Yes	No	Yes	No	Yes	No
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Total . Part III	Grants or As	ooiotonoo	Por	ofiting Into	-ooto	d Day	. > \$			<u> </u>		1			
Partin	3			_											
	Complete if the										·				
(a) N	lame of interested	person	((b) Relationship interested per			(c) Amount of assistance		(d) Type assistan		ŀ		Purpe assista		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's	
				revenues? Yes No		
Synovus Trust Company, N.	ATrustee	24,585.	Trustee Com		X	
					<u> </u>	
		 				
						
Part V Supplemental Information						
	al information for responses to questions	s on Schedule I. (see	instructions)			
Sch L, Part IV, Business S	<u> Fransactions Involvir</u>	ng Interest	ed Persons:			
(a) Name of Person: Synovi	ıs Trust Company, N.1	.				
(d) Description of Transac	ction: Trustee Comper	nsation				
						
			<u> </u>			
						
		_				
			· - · · · · · · · · · · · · · · · · · ·			
						
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

Housing Affordability Trust

Employer identification number 46-1003393

Form 990, Part I, Line 1, Description of Organization Mission: charities (as defined by the Trust Agreement) and Governmental Authorities (as defined by the Trust Agreement) that promote and advance housing projects for persons who are members of low-income families and very low-income families (including elderly and handicapped persons) by financing the acquisition, construction, and equipping of one or more buildings and related facilities and to promote the common good and general welfare by providing decent, safe, and sanitary housing, in each case primarily in Jefferson County, Alabama, and elsewhere throughout the United States.

Form 990, Part III, Line 1, Description of Organization Mission: low-income families and very low-income families (including elderly and handicapped persons) by financing the acquisition, construction, and equipping of one or more buildings and related facilities and to promote the common good and general welfare by providing decent, safe, and sanitary housing, in each case primarily in Jefferson County, Alabama, and elsewhere throughout the United States.

Form 990, Part VI, Section A, line 2: Pursuant to the Trust Agreement (Page 5, Article 111, Paragraph 3.2), Keith Hall and Jane Bailey are the two Qualified persons designated by the Authority's Board of Commissioners and Hugo Isom and Perry Shuttlesworth are the two Qualified persons designated by the Corporation's Board of Directors. Keith Hall and Jane Bailey currently serve together on the Authority's Board of Commissioners while Hugo Isom and Jane Bailey currently serve on the Corporation's Board LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

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