990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Preparer

Use Only

Firm's name

Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2015 calendar year, or tax year beginning October 1 September 30 2015, and ending 20 16 D Employer identification number Check if applicable: C Name of organization Alabama Housing Authorities Education & Enrichment Fund Inc. ✓ Address change Doing business as Same as Above 03-0433929 Number and street (or P.O. box if mail is not delivered to street address) Room/surte E Telephone number Name change Initial return 500_President.Clinton AVe, Ste.401. 205-370-8583 Ste 401 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Ť Amended return Little Rock, AR 72114 G Gross receipts \$ Application pending H(a) is this a group return for subordinates? \square Yes \square No F Name and address of principal officer. H(b) Are all subordinates included? ☐ Yes ☑ No If "No," attach a list, (see instructions) 501(c)(3) 🔲 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status: Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust Association ☐ Other ▶ L Year of formation: M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: Administer and Award Scholarships to Low-Income Activities & Governance Residents of Public Housing Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year 8 Contributions and grants (Part VIII, line 1h) . 28,734 33,127 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 108 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 28,842 33,127 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 19.688 35,000 14 Benefits paid to or for members (PartilX_column (A);-line 4) Salaries, other compensation, employee benefits: (Part IX column (A), lines 5-10) 15 Professional fundraising fees (Part IX, column (A), line 11e) (7)
Total fundraising expenses (Part IX, column (D) line 25) 16a b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)) . 17 1,136 2,760 Total expenses. Add lines 13-17 (must-equal-Part-IX,-column:(A), line 25) 18 20,824 37,760 Revenue less expenses. Subtract line 18 from line, 12 11 19 (4,633)8,018 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 601,561 596,928 21 Total liabilities (Part X, line 26) . 200 200 22 Net assets or fund balances, Subtract line 21 from line 20 601,361 596,728 Signature Block Under penalties of perjury, I gleciate that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. true, correct, and complete Sign Date Here Will Lewis - Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Paid Check | if self-employed

Firm's EiN ▶

Phone no.

Cat, No. 11282Y

🗌 Yes 🔲 No Form 990 (2015)

orm 99	0 (2015)		Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part I		
1	Briefly describe the organization's mission:		
	Administer and award scholarshing to law income housing applicants		
2	Did the organization undertake any significant program services during the year w	hich were not listed on th	e
	<u>prior Form 990 or 990-EZ?</u>	····	——∐-Yes ⊠ -No-
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how services?	it conducts, any program	n ∐Yes ☑No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the total expenses, and revenue, if any, for each program service reported.	ee largest program service a amount of grants and al	es, as measured by locations to others
4a	(Code:) (Expenses \$ 35,0000 including grants of \$) (Revenue \$	33,127)
	Administer and award scholarships to low-income housing applicants		
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
		••••••	
		••••••••••	
		••••••	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·	

Form 990	0 (2015)		F	age 3
Part I	V Checklist of Required Schedules		·	A1-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	2		1
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_		✓
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		1
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		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? If "Yes," complete Schedule D, Part IV	9		1
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		1
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.	-		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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		✓
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f		11e		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	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	+-	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Y
14 a		14a	-	- ✓
b	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	14t		*
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
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 (see instructions)	17		1
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		1
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		1

Part	0 (2015) V Checklist of Required Schedules (continued)			Page 4
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	<u>Did the_organization_answer_"Yes"_to_Part_VII,_Section_A,_line_3,_4,_or_5-about_compensation_of_the_organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J</u>	23		*
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		*
b b		24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	the state of the s	28a		1
	Schedule L, Part IV	28b	1	√

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
23	<u></u>		=	
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		√
	to defease any tax-exempt bonds?	24c		✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d		₹
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	25a 25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<u>→</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 of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		★
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		*
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a		35a		1
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	,	1
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		✓
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	1	

Form **990** (2015)

Part	O			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
Lu	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2h		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		\vdash
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
. .	(FBAR).	<u> </u>	-	4
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		V
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		├
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	İ	
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		ļ	
_	and services provided to the payor?	7a	ļ	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	-	
Ū	required to file Form 8282?	7c	1	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		+
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	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?	7h	ļ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		.	
9	sponsoring organization have excess business holdings at any time during the year?	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		┼┈─
10	Section 501(c)(7) organizations. Enter:		\Box	
а	Initiation fees and capital contributions included on Part VIII, line 12			ŀ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	4		
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	4	ŀ	
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	· ·	
b			1	†
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a	\perp	
L	Note. See the instructions for additional information the organization must report on Schedule O.		1	
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	100	┥		
14a		14a	1	1
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h	+	+*

Part \				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se Check if Schedule O contains a response or note to any line in this Part VI	∍e instru	icuo	nş. □
Section	on A. Governing Body and Management		<u> </u>	
		TY	es	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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.			
b				
2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	100 F		
_	any other officer, director, trustee, or key employee?	2	٠ ١.	1
3	Did the organization delegate control over management duties customarily performed by or under the direct			<u>-</u>
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_ -	<u>Z</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	-
6 7a	Did the organization have members or stockholders?	6		✓ _
1 a	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		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	-14	-	<u>v</u>
-	stockholders, or persons other than the governing body?	7b	.	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a 🧸	4	
ь	Each committee with authority to act on behalf of the governing body?	8b ∢		
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		de.)	<u>~</u> _
			res	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		- 1	
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	7	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	寸	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	_	
13	Did the organization have a written whistleblower policy?	13		
14 15	Did the organization have a written document retention and destruction policy?	14		✓_
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		<u>✓</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		ı
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	امما		. 4
.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		-
ь	participation 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	-	l
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 50 1(c))(3)s	only)
40	Own website Another's website Upon request Other (explain in Schedule O)		- نام	,
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	·	Ī	r, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	•	

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rage	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 no	r any related	dorga	aniz	atio	n co	ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0	;)	_				
(A)	(B)			Posi				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any				_			from	related	other
	hours for related	div	stit	Officer	ey	를	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual trustee or director	Institutional trustee	er	Key employee	oye s	Ē	(W-2/1099-MISC)		organization
	below dotted	악함	ᆲ		loy	° ĕ				and related
	line)	ıste	trus		ee	Peg				organizations
		Õ	tee			Highest compensated employee				
	-			_		_			-	
(1) Mary E. Mayrose		ļ								
President				✓	L	L			0	0
(2) Jean Copper										
Vice President				1		1		0	o	o
(3) J.Steven Sides							Π			
Secretary	T	1		1					o	0
(4) Will Lewis										
Teasurer		1	1	1		ì	1	1	0	o
(5) Donald Belle										
Member		1							o o	0
(6) Mickey McInnish										
Member]		l						d
(7) Lena Boswell	· ·							T		
Member		1					1	(ol d	d
(8) Dannie Walker			\Box					T	1	
Member	<u> </u>	1	1	1	1	1	}	} ,	ol d	
(9)							Т			
		1				1				
(10)			1		Т		T			
	<u> </u>	1			1					
(11)			Т	1			T			
	1	1	1				ĺ			
(12)	† — ·		1	T	†	 	Τ			
		<u>l </u>				<u> </u>				
(13)				Π						
		<u> </u>			L					
(14)					Г					
									<u> </u>	

	(A) Name and title	(B) Average hours per week (list any	(do no box, u	ot ch unles	Posi eck is pe	tion more	than o	ne an ee)	(D) Reportable compensation from	(E) Reportable compensation frelated		(F Estim amou oth	ated nt of	
		hours for related organizations below dotted ——line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		comper from organi and re organiz	nsation the zation lated	
(15)				-			ted				-			
(16)						-					_			
(17)						_								
			<u> </u>											
(18)														
(19)														
(20)					-									
(21)				-										
(22)			-	-				-						
(23)			ļ		-	<u> </u>					_			
(24)			1			_							·	
			1			_		_						
(25)			1											
1b c d	Sub-total	VII, Section	n A					* * *			0			0
2	Total number of individuals (including bu reportable compensation from the organ	t not limited	d to ti	nose	e lis	ted	abov	e) w				of		_
3	Did the organization list any former or employee on line 1a? If "Yes," complete	fficer, direc	ctor, o	or t	rust	ee, livid	key (em;	oloyee, or high	nest comper	nsated		Yes	No_
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta	ble 150	cor ,00	npe 0?	nsatio	on a	and other composite Sci	pensation fro	om the		_	<u>*</u>
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	ensa	ation	n fro	m an	y ur	nrelated organi	zation or ınd	ıvidual	5	` ~	⊀ _
Section	on B. Independent Contractors											<u> </u>		<u>~</u>
1	Complete this table for your five highest compensation from the organization. Re year.												n's ta	ıx
	(A) Name and business ad	dress							(B) Description of	services		(C) Compensa	ation	
								\vdash						
			-					+			-			
2	Total number of independent contract	ors finelud	ina h	11+	not	lim	ted +		hose listed at	ove) who				
	received more than \$100,000 of compen								nose iisteu at	JOVE, WITO				

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Part	VIII	Statement of Reve				•							
		Check if Schedule O											
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns Membership dues . Fundraising events .	[1a 1b 1c	17,940								
ons, Gifts Similar		Related organizations Government grants (contall other contributions, git	tributions)	1d 1e			- 		-				
ontribution of Other	g	and similar amounts not incl Noncash contributions includ	uded above ed in lines 1a-		15,187								
	<u>h</u>	Total. Add lines 1a-11	<u></u>	•		33,127							
Program Service Revenue	2a b				Business Code								
e l									 				
اق	C								 				
S	d						<u> </u>	-	<u> </u>				
La L	е						-	ļ	 				
g l	f	All other program sen						<u> </u>	<u> </u>				
<u>-</u>	g	Total. Add lines 2a-2							· · · · · · · · · · · · · · · · · · ·				
	3	Investment income and other similar amo	unts)		•								
	4	Income from investment	t of tax-exen	npt b	ond proceeds 🕨			<u> </u>					
	5	Royalties			<u> ▶</u>			<u> </u>					
			(ı) Real		(ii) Personal								
	6a	Gross rents				1							
	b	Less: rental expenses			 	1	1						
	1				 	1	1	1	1				
	C	Rental income or (loss)	Ļ <u>-</u>										
	d d	Net rental income or		<u>· ·</u>		ļ	ļ						
	7a	Gross amount from sales of assets other than inventory	(i) Securiti	es	(ii) Other								
	b	Less: cost or other basis and sales expenses .											
	d	Gain or (loss) Net gain or (loss) .			•								
Other Revenue	8a	events (not including \$ of contributions report	ed on line 1										
þei	1 .	See Part IV, line 18 .				4							
ŏ	1	Less: direct expense					-		~				
		Net income or (loss) Gross income from g	aming activ	ıtıes.					-				
		See Part IV, line 19 Less: direct expense	s	. 1									
	C	Net income or (loss)	from gamin	ig ac	tivities >								
	10a	Gross sales of in returns and allowand											
		Less: cost of goods: Net income or (loss)	sold	. 1	b								
		Miscellaneous		J. III	Business Code	 	 -		 				
	445				Dusmess Code	 							
	11a					 	 						
	þ					 	 						
	C	***************************************				-	 		 				
	d			•	L								
	e				►								
	112	Total revenue, See	instructions	2	•	1 33 12	71	- 1	1				

	0 (2015)				Page IU
	X Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				<u> </u>
	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	35,000	35,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	35,000	33,000		
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b	Management				
c d e	Accounting				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion	737		737	
14 15	Information technology				
16	Occupancy				
17	Travel	164		164	
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				
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.)	<u></u>			
а	Bank Charges	125		125	
b b	Event Sponsers Reimbursments	1,743	3		1,743
d					
е	All other expenses Total functional expenses. Add lines 1 through 24e				
25		37,769	35,000	1,026	1,743
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 if following SOP 98-2 (ASC 958-720)				

Pa	ırt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par			
			(A) Beginning of year		(B) End of year
T	1	Cash – non-interest-bearing	87,196	1	82,533
Ì		Savings and temporary cash investments	514,365	2	514,395
- }	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	_5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
İ		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ets	7	· · · · · · · · · · · · · · · · · · ·		6 7	
Assets	7 8	Notes and loans receivable, net		8	
`	9	Prepaid expenses and deferred charges	} 	9	
	э 10а	Land, buildings, and equipment: cost or		-9-	
	IVa	other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	L	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	601,561	16	596,928
	17	Accounts payable and accrued expenses	200		200
	18	Grants payable	ļ	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L	L	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables 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	200	26	200
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	27,826	27	23,193
Bal	28	Temporarily restricted net assets	573,535	28	573,535
٦	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ş	33	Total net assets or fund balances	601,36	1 33	596,728
_	34	Total liabilities and net assets/fund balances	601,56	1 34	596,928
					Form 990 (2015)

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Page **12**

Part	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)		33,127
2	Total expenses (must equal Part IX, column (A), line 25)		37,760
3	Revenue less expenses. Subtract line 2 from line 1		(4,633)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		601,361
5	Net unrealized gains (losses) on investments	_	
6	Donated services and use of facilities		
7	Investment expenses		
8	Prior period adjustments		
9	Other changes in net assets or fund balances (explain in Schedule O)		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))		596,728
Part	XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · ·	<u> </u>
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	***************************************	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		′′
0-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	2a	
	reviewed on a separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	2b	· -
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		. Y -
	separate basis, consolidated basis, or both:	3,3	
	Separate basis Consolidated basis Both consolidated and separate basis	, , ,	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in	1	
	Schedule O.	•	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?	3a	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	
		Form	990 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

ame	or the organization					Employer (dentification)	number	
lab	ama Housing Authorities Education		03-043	3929				
Par	t Reason for Public Chari	ty Status (All c	organizations must	complete	e this pa	rt.) See instruction	is.	
ne c	e organization is not a private foundation because it is: (For-lines-1-through-1-1,-check-only-one-box-)							
1	A church, convention of church							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4								
	hospital's name, city, and state							
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university of	wned or	operated	d by a governmenta	I unit described in	
6	A federal, state, or local govern	ment or governn	nental unit described	in section	n 170(b)(1)(A)(v).		
7	An organization that normally r						the general public	
	described in section 170(b)(1)(A)(vi). (Complete	Part II.)		_			
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	art II.)				
9	An organization that normally r			-	om cont	ributions, membersh	nip fees, and gross	
	receipts from activities related							
	support from gross investmen							
	acquired by the organization af	ter June 30, 197	5. See section 509(a)	(2). (Com	plete Pa	rt III.)		
10	An organization organized and	operated exclus	ively to test for public	safety. S	ee secti	on 509(a)(4).		
11	An organization organized and o	-		-			out the purposes of	
	one or more publicly supported							
	the box in lines 11a through 11c	that describes t	he type of supporting	organizat	ion and c	omplete lines 11e, 1	If, and 11g.	
а	Type I. A supporting organization	ation operated, s	supervised, or controll	ed by its	supporte	d organization(s), ty	pically by giving	
	the supported organization(s)	the power to re	gularly appoint or elec	ct a major	rity of the	directors or trustee	s of the supporting	
	organization. You must com	plete Part IV, Se	ections A and B.					
t	Type II. A supporting organiz	ation supervised	d or controlled in conr	ection wi	ith its sup	ported organization	(s), by having	
	control or management of the	e supporting org	anization vested in the	e same p	ersons th	at control or manag	e the supported	
	organization(s). You must co	mplete Part IV,	Sections A and C.					
C			• -				integrated with,	
	its supported organization(s)	(see instructions	s). You must complet	te Part IV	, Section	ns A, D, and E.		
C								
	that is not functionally integra						an attentiveness	
	requirement (see instructions							
•							, Type III	
	functionally integrated, or Ty			orting ort	ganizatioi	٦.		
f		•					· · L	
	Provide the following information							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o		(v) Amount of monetary support (see	(vi) Amount of other support (see	
			above (see instructions))	docur	ment?	instructions)	instructions)	
				Yes	No			
		 		 -				
(A)								
(B)								
(0)								
(C)]						
,								
(D)]	1		}			
					 			
(E)		1)]			
				 				
- - •	-1	1	1	1	}	1	1	

Schedule	e A (Form 990 or 990-EZ) 2015						Page 2
Part	- · ·						
	(Complete only if you checked the						alify under
Sootie	Part III. If the organization fails to	quality unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(a) 0015	(f) Total
1	Gifts, grants, contributions, and	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
•	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				ļ	ļ	
	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				1		
	supported organization) included on						
	line 1 that exceeds 2% of the amount					<u> </u>	}
_	shown on line 11, column (f)						
6 Saati	Public support. Subtract line 5 from line 4.		L		L	<u> </u>	L
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	(a) 2011	(0) 2012	(6) 2013	(u) 2014	(e) 2015	(i) Total
8	Gross income from interest, dividends,		-	 		 	
_	payments received on securities loans,						
	rents, royalties and income from similar		Ì]			
	sources						
9	Net income from unrelated business		1	1			
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or	·		 			
10	loss from the sale of capital assets		is a second				
	(Explain in Part VI.)		,	Į.			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the						
Soot	organization, check this box and stop he					<u> </u>	· · · <u></u>
14	ion C. Computation of Public Support Public support percentage for 2015 (line of			11 column (fl)		14	%
15	Public support percentage from 2014 Sci					15	
16a	-						
	box and stop here. The organization qua	•		_			_
p					· ·	e 15 is 33¹/3%	or more,
	check this box and stop here. The organ	•			-		▶ 🗆
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me Part VI how the organization meets the "to						
	organization	acis-aliu-cirt	טיייסימווטפט ול	s. The organi	Lation qualifies	as a publicly	aupporteu

10%-facts-and-circumstances test-2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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 qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support	under the tes	is isted belo	w, please col	ilpiete Fart il	:/	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2011	(0) 2012	(0) 2013	(u) 2014	(e) 2015	(i) Iolai
•	received. (Do not include any "unusual grants.")	22,893	18,403	5,625	28,734	33,127	108,782
2	Gross receipts from admissions, merchandise	22,000	10,403	3,023	20,734	33,121	100,702
	sold or services performed, or facilities	!					
	_furnished_in_any_activity_that-is-related_to-the organization's tax-exempt purpose	24,545	38,005	17,955	0	o	80,505
3	Gross receipts from activities that are not an	24,545	30,003	17,333		-	00,303
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid		ĺ				
	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	47,438	56,408	23,580	28,73	33,127	189,287
7a	Amounts included on lines 1, 2, and 3	47,400	30,400	25,560		33,127	103,207
	received from disqualified persons .					_	
b	Amounts included on lines 2 and 3						
	received from other than disqualified				ļ	1	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		_				
	line 6.)						189,287
Section B. Total Support							
Calen	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	47,438	56,408	23,580	28,734	33,127	189,171
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	267	214	214	108	0	803
b	Unrelated business taxable income (less				-		
	section 511 taxes) from businesses			1			
	acquired after June 30, 1975						
С	Add lines 10a and 10b	267	214	214	108		803
11	Net income from unrelated business		1			1	
	activities not included in line 10b, whether					ł	
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets			}]	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	 -		a c :			
	•	47,705			28,842	33,127	190,090
14	First five years. If the Form 990 is for the organization, check this box and stop he	•			-	ear as a section	
Sect	ion C. Computation of Public Support						
15	Public support percentage for 2015 (line			3. column (f))		15	99 %
16	Public support percentage from 2014 Sci					16	99 %
	ion D. Computation of Investment In						
17	Investment income percentage for 2015			y line 13, colur	nn (f))	17	%
18	Investment income percentage from 201	•		-		18	%
19a	331/3% support tests-2015. If the organ	ization did not	check the box	c on line 14, ar	nd line 15 is m		6, and line
	17 is not more than 331/3%, check this box						
b							_
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, c	heck this box	and see instru	

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

ccuc	A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			- - -
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		-
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	-	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	_	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		-
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	-	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	-	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	1	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	101		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	.	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	-No-
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		-
Secti	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a		2-		-
b	trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3a 3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniz	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must core.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	· <u> </u>	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		·	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	·	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	•	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	·	
7 Check here if the current year is the organization's first as a non-functional	llv-in	tegrated Type III suppor	ting organization (see

Part '	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
	on D - Distributions			Current Year		
	Amounts paid to supported organizations to accomplish e					
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted				
3	Administrative expenses paid to accomplish exempt purp	nizations				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	n the organization is res	ponsive			
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015:					
a	Excess distributions carryover, if any, to 2015.					
<u>a</u> _		 				
- c						
d	From 2013					
	From 2014			 		
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2015 distributable amount					
i	Carryover from 2010 not applied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2015 from Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2015 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).					
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).					
7	Excess distributions carryover to 2016. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a						
b						
c	Excess from 2013			<u> </u>		
<u>d</u>		 		ļ		
e	Excess from 2015	<u> </u>	<u> </u>	<u></u>		

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Vame of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection **1**08

Employer Identification number

OMB No. 1545-0047

Schedule I (Form 990) (2016) % □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance ✓ Yes 03-433929 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Cat. No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. Alabama Housing Authorities Education and Enrichment Fund, Inc. (p) EIN 1 (a) Name and address of organization or government Part I Part 2 € 3 9 8 <u></u> ପ 5 12

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. ¥ (e) Method of valuation (book, FMV, appraisal, other) O N O (d) Amount of noncash assistance 35,000 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 4 (a) Type of grant or assistance 1 College Scholarships Schedule I (Form 990) (2016)

Part III

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SCHEDULE O (Form 990 or 990-EZ)

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.

2016

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Alabama Housing Authorities Education and Enrichment Fund, Inc	03-0433929
Form 990 - Part VI - Line 11 a - A copy of the final tax return has been presented to the Board o	Directors thru electronic (e-mail) for
review	
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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
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