

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TENNESSEE ASSOCIATION OF AFFORDABLE HOUSING INC Number and street (or P O box, if mail is not delivered to street address) Room/suite 60 MILLER AVENUE City or town, state or province, country, and ZIP or foreign postal code JACKSON, TN 38305	D Employer identification number 20-5885120 E Telephone number (731) 554-2320 F Group Exemption Number ▶
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G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ▶ WWW.TAAH.ORG	
J Tax-exempt status (check only one) - <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 105,344

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description	Amount	Total	
Revenue	1 Contributions, gifts, grants, and similar amounts received			
	2 Program service revenue including government fees and contracts		69,517	
	3 Membership dues and assessments		35,827	
	4 Investment income			
	5a Gross amount from sale of assets other than inventory	5a		
	b Less cost or other basis and sales expenses	5b		
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less direct expenses from gaming and fundraising events	6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a Gross sales of inventory, less returns and allowances	7a			
b Less cost of goods sold	7b			
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8 Other revenue (describe in Schedule O)				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			105,344	
Expenses	10 Grants and similar amounts paid (list in Schedule O)			
	11 Benefits paid to or for members			
	12 Salaries, other compensation, and employee benefits			
	13 Professional fees and other payments to independent contractors		600	
	14 Occupancy, rent, utilities, and maintenance			
	15 Printing, publications, postage, and shipping			
	16 Other expenses (describe in Schedule O)		91,184	
17 Total expenses. Add lines 10 through 16 ▶			91,784	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		13,560	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		65,123	
	20 Other changes in net assets or fund balances (explain in Schedule O)			
	21 Net assets or fund balances at end of year. Combine lines 18 through 20			78,683

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	65,123	22 78,683
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	65,123	25 78,683
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	65,123	27 78,683

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
TO EDUCATE AND TRAIN MEMBERS AND THE GENERAL PUBLIC IN OWNING, FUNDING, AND OPERATING LOW INCOME HOUSING FINANCED BY USDA RURAL DEVELOPMENT PROGRAM

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CURRY PEACOCK DIRECTOR	000 00	0		
DON HAYES VICE PRESIDE	000 00	0		
BEVERLY THAXTON SECRETARY	000 00	0		
BRAD TURSKY DIRECTOR	000 00	0		
RUSSELL HOLLOWAY DIRECTOR	000 00	0		
FELISA SNEED DIRECTOR	000 00	0		
BILLY GLISSON DIRECTOR	000 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here ***** Signature of officer 2018-05-15 Date
CHRIS TURSKY PRESIDENT/TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name ERICA QUINN Preparer's signature Date 2018-05-15 Check [X] if self-employed PTIN P00748310
Firm's name QUINN ACCOUNTING & CONSULTING Firm's EIN 27-2560716
Firm's address PO BOX 1215 LEXINGTON, TN 383510049 Phone no (731) 217-1560

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:
Software Version:
EIN: 20-5885120
Name: TENNESSEE ASSOCIATION OF AFFORDABLE HOUSING INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 CONDUCTED SEMINARS AND TRAINING SESSIONS FOR TRAINING AND EDUCATION OF THE PUBLIC AND THE ORGANIZATION'S MEMBERS IN THE OPERATIONS, FUNDING, AND MANAGEMENT OF USDA RURAL DEVELOPMENT PROPERTIES</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
TENNESSEE ASSOCIATION OF AFFORDABLE
HOUSING INC**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public
Inspection****Employer identification number**

20-5885120

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES CARH DUES 3,250 CARH TRAINING & EXPENSES 5,816 CONFERENCE & MEETING EXP 68,510 CONTRACT LABOR 9,000 INSURANCE 1,878 LICENSES & PERMITS 41 OFFICE EXPENSE 1,109 TELEPHONE 180 WEB SITE 1,400 TOTAL 91,184

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	EQUIPMENT 0 0 LESS ACCUMULATED DEPR 0 0 TOTAL 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	TO EDUCATE AND TRAIN MEMBERS AND THE GENERAL PUBLIC IN OWNING, FUNDING, AND OPERATING LOW INCOME HOUSING FINANCED BY USDA RURAL DEVELOPMENT PROGRAM