

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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.

Open to Public

Inte		ue Service		gov/Formsso for mstr	aotrono an					inspection
<u>A</u>			lendar year, or tax year beginni				ending	D Employe		ification number
Ē		applicable		eastern Affordable Hous	sing Manag	ement Assr	1	D Employe	r idenu	ilication number
ш	Address	change	Doing business as					50 452005	-	•
\Box	Name ch	nange	Number and street (or PO box if m	iali is not delivered to street	address)	Room/suite		58-153085		
\equiv		-	5570 - J Tulane Drive			<u> </u>		E Telephon	e numo	er .
ш	Initial ret	um	City or town	Sta		ZIP code		800-745-40	288	
	Final return	n/terminated	Atlanta	G/		30336				
\equiv			Foreign country name	Foreign province/state/cou	nty	Foreign post	al code			1 042 200
\Box	Amended	d return						G Gross red	eipts \$	1,842,380
\bigcap	Application	on pending	F Name and address of principal office	er,			H(a) is th	nis a group return	for subo	ordinates? Yes X No
			Jim Nasso 1615 Appling Road	I. Cordova, TN 38016	3		H(b) Ar	e all subordina	es inclu	ided? Yes No
	Fa a	-4 -4-4			1	M	┥ ''	"No," attach a l		
		npt status		6) ◀ (insert no)	4947(a)(1)	of 1527	- ¨	710, 2122077	(555	
7 /	Nebsite	e: 🕨 www	w sahma org				H(c) Gr	oup exemption	number	, >
KF	orm of o	rganization	X Corporation Trust	Association Other	▶ ∥	LY	ear of forma	ation 1982	M	State of legal domicile GA
9	art l	Sui	mmary		<u>"</u>					
	1		lescribe the organization's miss	unn or most significan	t activities	Pro	vide con	nnrehensive	and t	timely service
ø	'		resentation to and for its memb					ibicilcion		inicity deliving
ä	Į		cy, networking and education A						- -	
Activities & Governance	_									
ð	2		his box ▶॑ if the organizati			or dispose	d of more	e than 25%	of its	
Ö	3		of voting members of the gove	• , ,	,				3	23
oo v	4	Number	of independent voting member	rs of the governing bo	ody (Part V	/I, line 1b)			4	23
쁄	5	Total nui	mber of individuals employed in	n calendar year 2017	(Part V, Iır	ne 2a)			5	6
≩	6	Total nur	mber of volunteers (estimate if	necessary)					6	
¥	7a	Total uni	related business revenue from	Part VIII, column (C),	line 12				7a	300
	b		elated business taxable income			7b	-5,328			
							T	Prior Year	1	Current Year
a	8	Contribu	itions and grants (Part VIII, line	1h)				25	1,680	261,911
Revenue	9		service revenue (Part VIII, line	•			<u> </u>		6,297	1,580,469
Š	10		ent income (Part VIII, column (A	 		8,809	1,000,100			
æ	11		venue (Part VIII, column (A), iir	 		0,003				
	12		enue—add lines 8 through 11 (mu				-	1 90	6,786	1,842,380
	13		and similar amounts paid (Par			3 12)	 	1,09	0,700	1,842,380
	14					_				
	1		paid to or for members (Part)		5,249	100 504				
3 0 S	15	Salaries, other compensation, employee benefits (Part IX, column (A), thes 5–10) Professional fundraising fees (Part IX, column (A), the salaries (Part IX), column (Part IX)								409,521
Ë	16a							 		
Expenses	_ b		draising expenses (Part IX, col							
ш	17		penses (Part IX, column (A), lir					1,35	2,748	1,388,643
	18		penses Add lines 13-17 (must		ո (A), line :	25)		1,77	7,997	1,798,164
	19	Revenue	e less expenses Subtract line 1	18 from line 12			<u> </u>	11	8,789	44,216
S 0.							Beginn	ing of Curren	Year	End of Year
a a a	20		sets (Part X, line 16)				<u></u>	2,31	6,483	2,414,534
Net Assets or Fund Balances	21	Total liab	oilities (Part X, line 26)					11	8,834	172,669
žΞ	22	Net asse	ets or fund balances. Subtract li	ne 21 from line 20				2,19	7,649	2,241,865
	rt II		nature Block							
Unde	r penaltie	es of perjury,	, I declare that I have examined this retu	ım, ıncluding accompanying	schedules a	ind statement	s, and to th	e best of my k	nowledg	je
and t	elief, it is	s true, correc	ct, and complete Declaration of prepare		d on all infor	mation of whi	ch preparei	r has any know		
Sig	n	(white S. Jakubou	الالان				8	118	
Her			Signature of officer				_	Date*	,	
. 161	•	\	Daria S. Jakubov	NSKA EXEC	<u>utive</u> D	ivedor	1000	<u>) </u>		
			Type or print name and title							
		Print/	Type preparer's name	Preparer's signatu	re		Date	9		PTIN
Pai	d	ا		Post	B		_		heck	#
	parer	Seth	Strongin	un	N.	7		26/2018	elf-emp	loyed P01344459
	Only		s name 🕒 Seth D. Strongin, C	PA P C				Firm's EIN	58-23	351458
		Firm's	s address > 4780 Ashford Dunw	oody Rd , Ste A-628.	Atlanta. G	SA 30338		Phone no		
Mav	the IR		s this return with the preparer s							X Yes No
			revers must the property	anose, lace 111;	511 UUUU115)	,				

Form 9	990 (2017) Southeastern Affordable Housing Management Assn	58-1530855	Page 2
, Pa			
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
•	· · · · · · · · · · · · · · · · · · ·		
	The purpose of the organization is to provide comprehensive and timely service and		
	representation to and for its members and the affordable housing industry through advocacy,		
	networking and education		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services	as measured by	
-	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alle		
	the total expenses, and revenue, if any, for each program service reported		•
	the total expenses, and totalide, it dry, for each program sortice reported		
	(Code) (Expenses \$ including grants of \$) (Revenu		
40	All estimates and dispeted toward assessment and tracks as many and assessment as a second as a second assessment as a second as a se	е Ф <i></i>	/
	All activities are directed toward comprehensive and timely service and assistance to members of		
	the affordable housing industry through networking and education. Activities include an annual		
	conference, annual state meetings, local educational seminars, and various other educational and	. 	
	networking offerings and opportunities		

4b	(Code) (Expenses \$ including grants of \$) (Revenu	e \$)
	70		/
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	e\$)
4d	Other program services (Describe in Schedule O.)		
40	Other program services (Describe in Schedule O) (Expenses \$ Program of the content of the con	`	
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses		

C () 58-1530855

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 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 5 Is the organization as ection 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 II 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 II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization 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 negotation services? If "Yes," complete Schedule D, Part VIII If If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VIII If If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part XII If If If If Yes, "complete Schedule D, Part XIII If If If If If Yes, "complete Schedule D, Part XIII If If If If If If If If If Yes, "complete Schedule D, Part XIII If	يلتان	Checklist of Required Schedules		· T	** -
2 Si the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Index of the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offace? If "Yes," complete Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)) did the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as obtened in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as obtened in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 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 II 7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on thou a conservation easement, including easements to preserve open space, the environment, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Did the organization maintain and areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 10 Did the organization in certain an amount for funds or funds or similar treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 11 The organization report an amount for investments—programely testing the programization report and a part X, in provide account liability, serve as a custodian for amounts not listed in Part X, line 15? If "Yes," complete Schedule D, Part XIII 12 Did the organization report an amount for investments—program leated or Part X, line 10 I		Le the appropriate described to profice 504(5)(0) or 4047(5)(4) (athers there a private foundation)? If "Voc."	\vdash	Yes	No
2 is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 but the organization engage in direct or indirect political campiagn activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I is seeing a property of the organization on the organization engage in libburying activities on the property of the organization on the organization engage in libburying activities on the property of the organization on 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 II is be 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 is 0 bit the organization maintain and accilections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part I is 0 bit the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV is 0 bit the organization report an amount in Part X, ine 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 repart, or debt negotations services? If "Yes," complete Schedule D, Part V is 1 lift the organization report an amount for investments—office securities in Part X, line 10 part X, l	1	The state of the s	1		x
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s the organization a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure \$8-19? If "Yes," complete Schedule C, Part III 1 bid 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 II 1 bid the organization receive or hold a conservation easement, including easements to preserve onen space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 2 bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 3 bid the organization report an amount in Part X, line 21, for escribor or custodial account liability, serve as a custodian for amounts not held and the organization report an amount for provide cerel counseling, debt management, credit repair, or debtine endowments, or provide cerel counseling, debt management, credit repair, or debtine endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V VIIII III (VIII) VIII, VII, VIII,	7		ا 4 ا		
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 10 Did the organization report an amount in Part X, inne 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 negotations reports, complete Schedule D, Part V, III Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, III III III X is a splicable and provide and	5		—		
Part III 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 II Did the organization recover or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets 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 Did the organization report an amount for other assets 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 Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part XIII Did the organization answered "No" for line 128, then completing Schedule D, Parts XII and XIII Schedule D, Parts XII and XIII Schedule S	•				
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 II 17 To Unit the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part III 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 18 Did the organization propriat 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 negotation services? If "Yes," complete Schedule D, Part IV 9 X 19 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 19 Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part V 19 Did the organization report an amount for investments—other securities in Part X, line 10° If "Yes," complete Schedule D, Part V 11 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 V 11 Did the organization report an amount for other assets in Part X, line 15° If "Yes," complete Schedule D, Part X 11 Did the organization or seport an amount for other liabilities in Part X, line 15° If "Yes," complete Schedule D, Part X 11 Did the organization or solidated financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X 11 Did the organization have aggregate revenues or expenses of more than \$15			5	x	
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part III 8 Did the organization and areas, or histonic structures? If "Yes," complete Schedule D, Part III 9 Did the organization and instead in Part X, ine 21 for escrive 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 10 Did the organization is instead or earlied organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10 If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments—other secunities in Part X, line 10 If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for investments—other secunities 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 14 Did the organization report an amount for other liabilities 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 XIII 15 Did the organization on amount for other liabilities 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 XIII 16 Did the organization answered "No" to line 12a, then completing Schedule D, Part XI III 17 Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XIII X III	6		H		
"Yes," complete Schedule D, Part II 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 III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 V Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-indowments? If "Yes," complete Schedule D, Part V If the organization deport an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 VIII Did the organization report an amount for other sasets 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 VIII Did the organization report an amount for other siabilities 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 VIII Did the organization shelling for uncertain tax positions under Film 148 (\$CX TOM)? If "Yes," complete Schedule D, Part X III Did the organization answered "No" to line 12e, then completing Schedule D, Part X I and XII is phonal if the Organization answered "No" to line 12e, then complete Schedule F, Parts II and IV Did the organization answered "No" to line 12e, then completing Schedule F, Parts II and IV Did the organization and an amount of the second o	Ŭ	· · · · · · · · · · · · · · · · · · ·			
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IT "Yes," complete Schedule G, Part III	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
		ır "Yes," complete Schedule G, Part III	19		X

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b If "Yes," to lime 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5.00 of gramts or driver assistance to any demestic organization or observed to the organization report more than \$5.00 of gramts or driver assistance to any demestic organization or observed the 20a bid the organization report more than \$5.00 of gramts or driver assistance to reform demetic midwiduals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 Did the organization invest mere "Yes" or Part IXI, Section A), line 3, 4, 6 is about compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III 23 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, 2007 if "Yes," answer lines 24b through 24d and complete Schedule K if "No," go to line 25b 20a 24a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any trax-exempt bonds? 24b Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization report an any organization with a disqualified person of a prior year and the temporary period exception in a prior year, and that the transaction has not been reported on any of the organization prior from 500 organization report any amount on Part X, ine 5, 6, or 22 for receivables from or payables to any current or former officer, organization greater or organization review and that the transaction with ore	Form	990 (2017) Southeastern Affordable Housing Management Assn	08-1530855	P	age 4
to the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes," to line 20a, do the organization attach a copy of its audited financial statements to this return? Old the organization report more than \$5.00 of grants or other assistance to any domestic operation of comestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Part I and II Did the organization report more than \$5.00 of grants or other assistance to rife of comestic movivulus on Part IX, column (A), line 27 If "Yes," complete Schedule I, Part I and III Did the organization newer "Yes" to Part IVI IX, Section A, line 3, 4, or 5 about compensation of the organization ensemble Schedule II, Part I and III 22 In Did the organization name of the year, that was issued after December 31, 2002 If "Yes," answer lines 24b through 24b and complete Schedule K If "No," go to line 25b and 310,000 as of the last day of the year, that was issued after December 31, 2002 If "Yes," answer lines 24b through 24b and complete Schedule K If "No," go to line 25b and 310,000 as of the last day of the year, that was issued after December 31, 2002 If "Yes," answer lines 24b through 24b and complete Schedule K If "No," go to line 25b and 310,000 as of the last day of the year, that was issued after December 31, 2002 If "Yes," answer lines 24b through 24b and complete Schedule K If "No," go to line 25b and 310,000 as a second of the 15b and 310,000 as 25b and 310,000 and 32b and 310,000 and 32b and 310,000 and 32b and 310,000 and 310,0	Par	t IV Checklist of Required Schedules (continued)		Von	No
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23 Did the organization answer "Yes" to Part VII, Section A, Irine 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 I and the state of the state day of the year it hat was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 3100,000 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 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization was an "on behalf of" issuer for bonds outstanding at any time during the year? 25d 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 in a prior year, and that the transaction has not been reported on any of the urganizations proof forms of 500-C27 if "Yes," complete Schedule L, Part II 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, director, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV and the organization proof a grant selection committee member, or to a 35% controlled entity or family member of a current or other assistance to an officer, director, trustee, key employee (if a family member thereof), was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the org	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Į Į		l
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entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 27c 28d 28b 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 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 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 37 Did the organization conduct mor					ĺ
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	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
			38	X	

Form 990 (2017) Southeastern Affordable Housing Management Assn

Part V Statements Regarding Other IRS Filings and Tax Compliance

-	Check if Schedule O contains a response or note to any line in this Part V .				<u>니_</u>
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .	1a 24		l	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b (<u>'</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable			
	gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns?	2b	Х	l _
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructi				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	3a		Ι Χ_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu	ıle O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	over, a financial account in a foreign country (such as a bank account, securities account, or other	•			ł
	account)?		4a		X
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	I Accounts			l
	(FBAR)				•
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	I 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 contribu	itions or			
-	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods	1		
	and services provided to the payor?	9	7a		
b	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 to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain				
_	sponsoring organization have excess business holdings at any time during the year?	NA	8		
9		NJA			
а	Did the sponsoring organization make any taxable distributions under section 4966?	•	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	_	
0	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			1
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter		1		[
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources]		ĺ
	against amounts due or received from them)	11b	[
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	rm 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	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	13b			•
С	Enter the amount of reserves on hand	13c]		[
4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in School	ula O	14h		

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 or note to any line in this Part VI.

	Officer if deficult of contains a response of note to any line in this fact vis.		• •		<u> </u>
Sec	tion A. Governing Body and Management			. —	
	Established to the control of the co	4 0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2	긕		;
	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	Enter the number of voting members included in line 1a, above, who are independent	1b 2	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		Ä		
-	any other officer, director, trustee, or key employee?	iip with	2	-	x
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct	-		
•	supervision of officers, directors, or trustees, or key employees to a management company or other		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa		4	. —	X
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		X
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 a	ppoint			
	one or more members of the governing body?	F F	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during			
	the year by the following	ŭ	_	/-Funds	1
а	The governing body?		8a	Χ	
b	Each committee with authority to act on behalf of the governing body?		8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Χ_
<u>Sect</u>	ion B. Policies (This Section B requests information about policies not required by the I	nternal Revenue	<u>Code</u>		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pur		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	Х	
b 42a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		40.		
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	ue ries to senflute?	12a 12b	X	
C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could git Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		120		
·	describe in Schedule O how this was done	es,	12c	х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al hv	'	_^_	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation a				j
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization	N/A	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	•••		3	_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment			
	with a taxable entity during the year?		16a	/	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safegi	uard			
	the organization's exempt status with respect to such arrangements?		16b		
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► GA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Section 501(c)(s)s only	/)	
	available for public inspection. Indicate how you made these available. Check all that apply				
40		laın ın Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of interest po	icy, an	d	
20	financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's bo		>		
	Daria Jakubowski 5570-J Tulane Drive, Atlanta, GA 30336	800-745-4088			
	OOTO O TOIGNO DITTO, AUGIRIA, OA 00000				

	-							-				
Form 990 (2017)	Southeastern Affordable Housing I	Management Ass	sn					_		58-15308	355 Page 7	, _
Part VII	Compensation of Officers, Dire		es, k	(ey	En	nple	oyee	s, l	Highest Comp	ensated		
	Employees, and Independent C Check if Schedule O contains a r		to to	20	v lu	20 1	n this	. D.	ert \/11		\Box	
Section A.	Officers, Directors, Trustees, Key E	<u>-</u> -			<u>-</u>						<u>· · · </u>	-
	this table for all persons required to be									with or within the	 ;	-
organization's									,			
	of the organization's current officers, d	·	•				duals	or o	organizations), re	gardless of amo	unt	
•	ion Enter -0- in columns (D), (E), and (•							
	of the organization's current key emplo organization's five current highest con										weel	
	reportable compensation (Box 5 of For											
	and any related organizations						-	,		·		
	of the organization's former officers, ke		-	-				ed e	employees who r	eceived more th	an	
	eportable compensation from the organ	-			_							
	of the organization's former directors of more than \$10,000 of reportable compo										the	
•	n the following order individual trustees employees, and former such persons	s or directors, ins	ititutio	onal	trus	stee	s, offi	cers	s, key employees	s, highest		
Check thi	s box if neither the organization nor an	y related organiz	ation	COI	mpe	nsa	ted a	ny c	urrent officer, dir	ector, or trustee		_
						C)	-					
	(A)	(B)	(do i	not c		more	e than o	ne	(D)	(E)	(F)	
	Name and Title	Average	box,	unle	ss pe	erson	ıs both	an	Reportable	Reportable	Estimated amount of	
		hours per week (list any		7	_	ĭirect	or/trust	77	compensation from	compensation from related	other	
		hours for related	Individual i	SE	Officer	er er	nplo	Former	the organization	organizations (W-2/1099-MISC)	compensation from the	
		organizations below dotted	or E	Institutional		l g	8 8	'	(W-2/1099-MISC)		organization and related	
		line)	Individual trustee or director	trustee		8	nper)		organizations	
			e	ee			Highest compensated employee		<u> </u>			
(1) Jim Nas	SSO	2 00		┢	-	-	°	\vdash		<u> </u>		-
President		0 00	х		X				o	0	_0)
(2) Sondra	Wimbs	2 00										_

Name and Title	hours per			d a d	brect	is both or/trust	ee)	compensation	compensation	amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Jim Nasso	2 00									
President	0 00	_X_		Х				0	0	0
(2) Sondra Wimbs	2 00									
President - Elect	0 00	Х		Х	_			0	0	0
(3) Susan Howell	2 00									
Vice President	0 00	Х		Х				0	0	0
(4) Jamie Kerr	2 00									
Vice President	0 00	Х		Х				0	0	0
(5) Lorraine O' Connor	2 00									1
Vice President	0 00	Х		Х			<u> </u>	0	0	0
(6) Jeff Gagnon	2 00					1				
Vice President	0 00	Х	L	X				0	0	0
(7) Stacy Day	2 00									
Vice President	0 00	Х	. 1	Χ				0	0	0
(8) Reese Quick	2 00			_						
Past President	0 00	_X						0	0	0
(9) Candra Fuller	2 00							-		
Director	0 00	Χ						0	0	0
(10) Dennis McWilliams	2 00									
Director	0 00	Χ						0	0	0
(11) Doiscell Dumas	2 00									
Director	0 00	_X						0	. 0	0
(12) Carolyn Fox	2 00									
Director	0 00	Χ						0	0	0
(13) Tara Phelan	2 00									
Director	0 00	Х						0	0	0
(14) Scott Alderman	2 00									
Director	0 00	Х			L			0	0	0

Form **990** (2017)

P	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(C)											
	(A)	(B)	(do r	not ch		ition more	than o	one	(D)	(E)	(F)
	Name and title	Average hours per					ıs both or/trust		Reportable compensation	Reportable compensation	Estimated amount of
		week (list any		Т —					from	from related	other
		hours for related	Individual or director	SE .	Officer	Key employee	Highest co	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations		ğ	~	를	st cs	-	(W-2/1099-MISC)	(** 2 **** *****	organization
		below dotted line)	Individual trustee or director	Institutional trustee	İ	yee	ğ	l			and related organizations
		,	8	stee			Highest compensated employee				_
			[ĺ		ă.	'			
(15)	Alfredo Martinez-Alvarez, Jr	2 00									
Direc	tor	0.00	X			<u> </u>			0	0	0
	Sandy Campbell	2.00		١.					_		
Direc		0 00	X		<u> </u>	<u> </u>			0	0	0
	Brian Harris	2 00	}				}			0	0
Direc	Patricia Sherman	0 00 2 00	X			_	_	_	0	<u> </u>	
Direc		0 00	x						o	ol	0
	Doug Jefferies	2 00	 ^	\vdash		-				<u>_</u>	
Direc		0 00	×						0	o	0
_	Stephen Harville	2 00	ļ								
Direc		0 00	Х	<u> </u>					0	0	0
(21)	Glenda Leduc	2 00									
Direc		0 00	X	<u> </u>	<u> </u>				0	0	0
	Marcia Lewis	2 00				ļ		l			
Direc		0 00	X	_	ļi	ļ	1		0	0	0
	Sonja Horn	2 00	,			İ			_		
Direc	tor Daria Jakubowski	0 00 50 00	Х			-			0	0	0
	utive Director	0 00		İ			Х		147,031	0	О
(25)	duve Birector	0 00			H		^		147,001		
1b	Sub-total Sub-total							•	147,031	0	0
С	Total from continuation sheets to Part VII, Se	ection A						•	0	0	0
_ <u>d</u>	Total (add lines 1b and 1c)							▶	147,031	0	0
2	Total number of individuals (including but not lir	nited to those lis	ted a	bov	e) w	/ho	recei	ved	more than \$100	,000 of	
	reportable compensation from the organization				1						Vee Ne
3	Did the organization list any former officer, dire	etor or truetoo	.ov 0	mnl	0.40		r biah	oct	componented	ı	Yes No
3	employee on line 1a? If "Yes," complete Sched				oye	e, u	ı myı	iesi	Compensated		3 X
4	For any individual listed on line 1a, is the sum of					nd a	thar	^^~	noncation from		<u> </u>
•	the organization and related organizations grea									h	
	individual	101 (1101) \$ 700,00	, , , , ,	, 0	Ο, .	00,,,	ρισισ	00.		<i>'</i>	4 X
5	Did any person listed on line 1a receive or accr	ue compensatio	n fron	n ar	וו עו	nrel	ated	oras	anization or indiv	udual	
•	for services rendered to the organization? If "Ye									.ouu.	5 76th 245 24
Sect	ion B. Independent Contractors		-								
1	Complete this table for your five highest compe										
	compensation from the organization Report co	mpensation for t	he ca	ilen	dar '	yea	r end	ıng	with or within the	e organization's t	ax
	year										
	(A) Name and business addi	·ee\$							(B) Description of services	uras C	(C) Compensation
	Traine and Sasiness again						\dashv		Description of serv	vices	
		 	<u> </u>								0 0
					_		_				0
											0
											0
2	the state of the s									. t	
	more than \$100,000 of compensation from the	organization					0			1	• •

Total revenue. See instructions

58-1530855 Form 990 (2017) ' Southeastern Affordable Housing Management Assn Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) (B) Related or Unrelated Revenue Total revenue excluded from exempt business function revenue tax under sections revenue 512-514 Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts Membership dues 1b 261,911 Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: 261,911 h Total. Add lines 1a-1f Business Code Program Service Revenue 2a Conferences, education and meetings 1,349,222 1,349,222 300 Publications 18,301 18,001 Preferred provider program administration 124,552 124,552 88,394 Other member programs and services 88,394 All other program service revenue 1,580,469 Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Other Revenue Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV. line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances а Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a b C d All other revenue Total. Add lines 11a-11d

1,842,380

1,580,169

300

Part IX Statement of Functional Expenses Southeastern Affordable Housing Management Assn Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	rganizations must d	complete column (A)	
	Check if Schedule O contains a response or note	,			
	not include amounts reported on lines 6b, 7b, 9b, 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				
	domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				-
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16 .			ļ	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
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	Other salaries and wages	333,045			
8	Pension plan accruals and contributions (include	4 600]	
0	section 401(k) and 403(b) employer contributions)	4,680			
9 10	Other employee benefits Payroll taxes	44,795			
11	Fees for services (non-employees)	27,001		-	
	Management				
a b	Legal				
C	Accounting	4,100			
d	Lobbying	4,100			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column		•		
_	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,704			
13	Office expenses	34,343			
14	Information technology	3,879			
15	Royalties				
16	Occupancy	46,932			
17	Travel	26,432			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,155,715			
20 21	Interest Payments to affiliates	<u> </u>			
22	Depreciation, depletion, and amortization	14 542			
23	Insurance	14,542 12,821			
24	Other expenses Itemize expenses not covered	12,021			
	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	Credit card processing fees and bank charges	7,868			
b	Contests, prizes, awards, various	27,305			
С	Dues and subscriptions, printing & publications	46,727			
d	Utilities	6,275			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,798,164			
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)			1 1	

Form 990 (2017) · · Southeastern Affordable Housing Management Assn

Part X Balance Sheet

		Check if Schedule O contains a response of	r note to	any line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing		. [244,009	1	101,383
	2	Savings and temporary cash investments.			1,822,412	2	2,029,494
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			29,921	4	8,551
	5	Loans and other receivables from current and f	former of	ficers, directors,			
	1	trustees, key employees, and highest compens	sated emp	ployees] .	
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers	sons (as de	fined under section			
	1	4958(f)(1)), persons described in section 4958(c)(3)(B), a		1			
	1	sponsoring organizations of section 501(c)(9) voluntary e	employees	beneficiary		l	ļ
ध्र	Ì	organizations (see instructions) Complete Part II of Scho			6		
Assets	7	Notes and loans receivable, net		7			
Ä	8	Inventories for sale or use		Ĭ		8	
	9	Prepaid expenses and deferred charges		Ī	57,642	9	53,801
	10a	Land, buildings, and equipment cost or	1 1	<u> </u>			
		other basis Complete Part VI of Schedule D	10a	194,233			
	b	Less accumulated depreciation	10b	168,032	33,798	10c	26,201
	11	Investments—publicly traded securities	<u></u>		126,401	11	192,804
	12	Investments—other securities See Part IV, line	11	ļ		12	
	13	Investments—program-related See Part IV, line	Ì		13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		-	2,300	15	2,300
	16	Total assets. Add lines 1 through 15 (must equ	al line 34	ı, İ	2,316,483	16	2,414,534
	17	Accounts payable and accrued expenses	<u></u>	· · · · · · · · · · · · · · · · · · ·	15,023	17	5,526
	18	Grants payable		F	10,020	18	- 0,020
	19	Deferred revenue	<u> </u>	103,811	19	167,143	
	20	Tax-exempt bond liabilities	-	100,011	20	107,710	
	21	Escrow or custodial account liability Complete I	Part IV of	f Schedule D		21	
Ś	22	Loans and other payables to current and former					
Liabilities		trustees, key employees, highest compensated			,		
豆		disqualified persons Complete Part II of Schedi				22	and the secondaries and
Ë	23	Secured mortgages and notes payable to unrela		Inarties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa		P		~~	
		parties, and other liabilities not included on lines					
		Part X of Schedule D	O 11 Z 1,	Complete		25	
	26	Total liabilities. Add lines 17 through 25		-	118,834	26	172,669
		Organizations that follow SFAS 117 (ASC 958	O) abaak	here ► X and	7,0,00		
S		complete lines 27 through 29, and lines 33 ar		nere P 🖍 and			
2	27	Unrestricted net assets	iiu 34.				
ala	27			-	2,197,649	27	2,241,865
1 B	28 29	Temporarily restricted net assets Permanently restricted net assets		<u> </u>		28	·
nu nu	23	•		}		29	
Ē		Organizations that do not follow SFAS 117 (ASC958),	check her	re ▶ 🔛 and			
Net Assets or Fund Balances		complete lines 30 through 34.		ł		_	and the same and t
ie k	30	Capital stock or trust principal, or current funds		30			
ASE	31	Paid-in or capital surplus, or land, building, or ed			31		
t .	32	Retained earnings, endowment, accumulated in	other funds		32		
Ž	33	Total net assets or fund balances			2,197,649	33	2,241,865
	34	Total liabilities and net assets/fund balances			2,316,483	34	2,414,534

orm 9	990 (2017) - Southeastern Affordable Housing Management Assn	58-1	53085 <u>5</u>	Pag	_{je} 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)	1		1,842	2,380
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,798	3,164
3	Revenue less expenses Subtract line 2 from line 1	3		44	1,216
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,197	7,649
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses .	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		2,241	<u>,865</u>
art	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				١.
	Schedule O				l ;
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	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	X	ند حد
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		120		
	separate basis, consolidated basis, or both		[
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			طــــــــــــــــــــــــــــــــــــ	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ_	
	If the organization changed either its oversight process or selection process during the tax year, explain in				ز
20	Schedule O				نُــــه
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
h	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				I I
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	202	
			Form	990 ₍	(2017)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	Section 501(c)(4), (5), or (6) organizations. Complete Part III.							
	ne of organization	genzene complete activi		Em	ployer identific	ation number	_	
Sou	theastern Affordable Hous	ing Management Assn			58-153	30855	_	
		the organization is exempt und	ler section 501	c) or is a section	527 organiza	ition.	_	
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for							
	definition of "political campaign activities")							
2		y expenditures (see instructions)		I	▶ \$		<u>.</u> .	
3		cal campaign activities (see instructio					_	
		the organization is exempt und					_	
1		excise tax incurred by the organization		955	▶ \$	~		
2	· ·	excise tax incurred by organization m	_		▶ \$	~	-	
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year?)	<u></u>	Yes No		
4a	Was a correction made?					Yes No		
b	If "Yes," describe in Part						_	
Pa	rt I-C Complete if t	the organization is exempt und	ler section 501	c), except section	501(c)(3).		_	
1	Enter the amount directly	expended by the filing organization f	for section 527 exe	•				
	activities			i	> \$. -	
2		iling organization's funds contributed	to other organizati	ons for section				
	527 exempt function activ			•	> \$		-	
3		penditures Add lines 1 and 2. Enter h	ere and on Form 1	1120-POL,				
	line 17b			l	▶ \$		-	
4		n file Form 1120-POL for this year?						
5		ses and employer identification numb						
		ents For each organization listed, en						
		intributions received that were prompt d fund or a political action committee i						
	ds a separate segregated	Turid or a political action committee	(FAC) II additiona	space is fieeded, pro	Vide il ilomatio	THIT CITY	_	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from		mount of political		
				filing organization's funds If none, enter -0		utions received and nptly and directly		
						ered to a separate		
						one, enter -0-		
							_	
(1)								
					<u> </u>		_	
(2)								
							-	
(3)								
4)								
(4)								
5)							_	
5)							_	
6)				<u> </u>			-	

Scn	ledule C (Form 990 of 990-EZ) 2017						Page Z		
Р	art II-A Complete if the organiza under section 501(h)).	ition is	exempt	under section 5	01(c)(3) and filed	1 Form 5768 (ele	ction		
A	Check ▶ If the filing organization	n belon	as to an	affiliated group (a	nd list in Part IV e	each affiliated gro	up member's		
	name, address, EIN, e								
В	Check ▶ if the filing organization								
	Limits on L (The term "expenditures)	(a) Filing organization's totals	(b) Affiliated group totals		
1a	Total lobbying expenditures to influence	public o	pinion (gra	ass roots lobbying)					
b	Total lobbying expenditures to influence	a legisla	tive body	(direct lobbying)	•				
С	Total lobbying expenditures (add lines 1a	_				-			
d	Other exempt purpose expenditures		,						
e	Total exempt purpose expenditures (add	l lines 1			, , , ,				
_	Lobbying nontaxable amount Enter the				 h		· · · · · · · · · · · · · · · · · · ·		
f	columns	amount	nom me i	ollowing table in bot			_		
	If the amount on line 1e, column (a) or (b)) is: T	he lobbyi	ng nontaxable amou	unt is:				
	Not over \$500,000	2	0% of the	amount on line 1e		200	医热温光		
	Over \$500,000 but not over \$1,000,000	\$	100,000 pl	us 15% of the excess	over \$500,000		医隐藏 "是"		
	Over \$1,000,000 but not over \$1,500,000	\$	175,000 pl	us 10% of the excess	over \$1,000,000				
	Over \$1,500,000 but not over \$17,000,000	\$	225,000 pl	us 5% of the excess of	over \$1,500,000		Parties and the second		
	Over \$17,000,000					茶			
g	Grassroots nontaxable amount (enter 25	5% of line	e 1f)						
h	Subtract line 1g from line 1a If zero or le	ess, ente	er -0-						
i	Subtract line 1f from line 1c If zero or les								
i	If there is an amount other than zero on	0 reporting							
•	section 4911 tax for this year?			Yes No					
	4-Year Averaging Period Under section 501(h)								
	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.								
	See the separate instructions for lines 2a through 2f.)								
	Lobi	bying E	kpenditur	es During 4-Year A	veraging Period				
	Calendar year (or fiscal year beginning in)	(a)	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total		
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots nontaxable amount								
е	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	i For	m 576	В	
		(6	a)		(b)	
	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Α	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					'
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?					
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u> </u>			
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	-\/E\				
Pan	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(၁)	, or s	ection		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1_	<u> </u>	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	_		2	X	ļ. <u>.</u>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year			3	<u> </u>	X_
Pan	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."					3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			:		
a	Current year		2a			
b	Carryover from last year		2b 2c			
с 3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5_			
Part						
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group to the part types) and Part II-B, line 1, Alexandria the part types and the part types and the part types and the part types and the part types and types are types and types are types and types are types and types are types and types are types and types are types and types are types and types are types and types are types and types are types and types are types are types and types are types are types are types are types are types are types and types are typ	list), F	Part II-	A, lines	1 and	d
z (see	e instructions), and Part II-B, line 1. Also, complete this part for any additional information					
	······································					

South	heastern Affordable Housing Management Assn	58-1530855			
	orm 990 or 990-EZ) 2017	Page 4			
Part IV	Supplemental Information (continued)				
	•••••••••••••••••••••••••••••••••••••••				
•					

SCHEDULE.D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization			Employer identification number	
Southeastern Affordable He	ousing Management Assn		58-1530855	
Part I Organization	s Maintaining Donor	Advised Funds or Other Simila	r Funds or Accounts.	
Complete if th	e organization answere	ed "Yes" on Form 990, Part IV, lii	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts	
1 Total number at end	-			
2 Aggregate value of contr				
3 Aggregate value of grant	= :			
4 Aggregate value at e				
		or advisors in writing that the assets		. Ala
		o the organization's exclusive legal c		No
6 Did the organization	inform all grantees, donor	s, and donor advisors in writing that	grant runds can be	
		ne benefit of the donor or donor advis	sor, or for any other	No
	mpermissible private bene	nt'		NO
Part II Conservation			7	
		ed "Yes" on Form 990, Part IV, lii		
		the organization (check all that appl		
Preservation of	land for public use (e g , re		rvation of a historically important land area	
Protection of na	ural habitat	Prese	rvation of a certified historic structure	
Preservation of	open space			
2 Complete lines 2a th	rough 2d if the organization	n held a qualified conservation contr	ibution in the form of a conservation	
easement on the las	day of the tax year		Held at the End of the Tax	Year
a Total number of cons	ervation easements		2a	
	ted by conservation easer		2b	
		ied historic structure included in (a)	2c	
		n (c) acquired after 7/25/06, and not o		
	ed in the National Register		2d	
	ion easements modified, i	ransterred, released, extinguished, c	or terminated by the organization during	
the tax year ► 4 Number of states wh	ore property subject to co	nservation easement is located	•	
		parding the periodic monitoring, inspe	ection handling of	
	cement of the conservation		Yes	No
			orcing conservation easements during the year	•
•	3 .			
7 Amount of expenses in	curred in monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the year	
▶ \$				
	•	line 2(d) above satisfy the requirem	ents of section 170(h)(4)(B)(i)	1
and section 170(h)(4			Yes	No
		orts conservation easements in its re		
			's financial statements that describes	
	counting for conservation		011 01:01:01	
	_	ions of Art, Historical Treasure		
		ed "Yes" on Form 990, Part IV, III		
		ar assets held for public exhibition, e	n its revenue statement and balance sheet	
		ar assets neid for public exhibition, e of the footnote to its financial stateme		
· · · · · · · · · · · · · · · · · · ·			revenue statement and balance sheet	
		ar assets held for public exhibition, e		
	vide the following amount		addition, or recognist in tartification	
	d on Form 990, Part VIII, li	•	▶ \$	
(ii) Assets included in		1	► \$ ► \$	
		t historical treasures or other similar	r assets for financial gain, provide the	
_		er SFAS 116 (ASC 958) relating to the		
_	n Form 990, Part VIII, line	• • •		
b Assets included in Fo		,	► \$ ► \$	

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

26,201

Part VII	Investments—Other Securities. Complete if the organization answer	ered "Yes" on Form 990), Part IV, line 11b. See Form	n 990, Part X, line 12
(;	a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	aluation
(1) Financial o	derivatives			
	eld equity interests .			
• • • • • • • • • • • • • • • • • • • •				
(C)				
<u>(D)</u>				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col (B) line 12)		<u> </u>	
Part VIII	Investments—Program Related.		N	000 D-4V L 40
	Complete if the organization answer	red "Yes" on Form 990		
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
_(1)				
(2)				
_(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			<u> </u>
(5)				
(6)				
<u>(7)</u> <u>(8)</u>		· · · · · · · · · · · · · · · · · · ·		
(9)				
	b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
, are in	Complete if the organization answe	red "Yes" on Form 990) Part IV line 11d See Form	990 Part X line 15
		escription	,, ,	(b) Book value
(1)		'		
(2)				
_(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line	e 15)	>	
Part X	Other Liabilities. Complete if the organization answe	red "Yes" on Form 990), Part IV, line 11e or 11f. See	e Form 990, Part X,
4	line 25			
1.	(a) Description of liability	(b) Book value		
(1) Federal in	icome taxes	<u>-</u>		
(2)				
(4)				
<u>(4)</u> (5)				
(6)				
(0)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

1,842,380

1,842,380

1,842,380

1,798,164

1,798,164

1,798,164

uncertain

Schedule D (Form	n 990) 2017	Southeastern Afford	able Housing Mana	agement Assn		58-1530855	Page 5
		ental Information	(continued)				
r dit XIII	<u> </u>	ontar information	(COMMITTED A)	· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·		
					. 		
			,				
							
							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

58-1530855 Southeastern Affordable Housing Management Assn. Form 990, Part VI, Section B, Line 11b The return is prepared by a certified public accounting firm and provided to the executive director for initial review and approval After any questions and comments from the executive director are addressed, the return is circulated to the board of directors for final review and comment. After any questions and comments from the board of directors are addressed, the final approved return is provided to the designated board officer for signature and filing Form 990, Part VI, Section B, Line 12c Compliance is reviewed and discussed at regularly scheduled quarterly board meetings and at other times via conference call if necessary Form 990, Part VI, Section B, Line 15a Compensation for all employees is set as part of the annual budgeting process under which the operating budget is reviewed and approved by the board of directors prior to the start of each fiscal year Form 990, Part VI, Section C, Line 19 All disclosure documents are posted to the organization's web site. Paper copies are provided upon request

Schedule O (Form 990 or 990-EZ) (2017)	Page	<u> 2</u>
Name of the organization	Employer identification number	
Southeastern Affordable Housing Management Assn	58-1530855	
Southeastern Antorousine Housing Management Assir		_
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