(Rev January 2020)

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

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.

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

Open to Public

Inspection

Α	For the	2019 ca	endar year, or tax year beginn	ing		, and e	nding			
В	Check if a	pplicable	C Name of organization South	eastern Affordable H	lousing Mana	gement Assn		D Employer	dentification	number
X	Address c	hange	Doing business as							
\equiv			Number and street (or PO box if in	nail is not delivered to st	reet address)	Room/suite	l	58-153085	5	
Ш	Name cha	ange	315 W Ponce de Leon Avenu	e		Suite 500		E Telephone	number	
	Initial retu	ım	City or town		State	ZIP code	l l	800-745-40	88	
\equiv	Final return	Marana ata d	Decatur		GA	30030		000-7-40-40		
닏	rillarietuini	денниасео	Foreign country name	Foreign province/state	/county	Foreign postal	code			
\sqcup	Amended	return		·				G Gross rec	eipts \$	1,923,369
	Annlicatio	n pending	F Name and address of principal office	er			H(a) is th	is a group return	for subordinates?	Yes X No
لبا	пррпоспо	ii ponding	Sondra Wimbs 35 Union Aver	nue Suite 200 Me	mnhis TN 3	38103 . 4	' '	all subordinate		Yes No
			'' 		$\overline{}$		1 `'			
1	Tax-exen	npt status	501(c)(3) X 501(c) (6) ◀ (insert no)	4947(a)(1) or [1] \$27	[" '	No," attach a le	st (see ilistruct	uons)
J	Website	: > ww	w sahma org			1	H(c) Gro	oup exemption	number 🕨	
ĸ	Form of o	organization	X Corporation Trust	Association O	ther >	L Yea	r of forma	tion 1982	M State of	f legal domicile GA
	art I	Su	mmary							
	1		escribe the organization's mis-	sion or most signif	icant activitie	es Prov	ide com	prehensive	and timely	service
မွ			resentation to and for its member							
ă			cy, networking and education					e		
Governance										
ĕ	2		his box 🕨 🔛 if the organiza			s or aisposea	or more	e than 25%	1 1	
9	3		of voting members of the government						3	23
δ.	4		of independent voting member						4	23
昙	5	Total nu	mber of individuals employed	ın calendar year 20	019 (Par t-V, l	hne 2a)			5	5
Activities &	6	Total nu	mber of volunteers (estimate if	f necessary)	ł	RECE	INFD		6	<u> </u>
ĕ	7a	Total un	related business revenue from	Part VIII, column	(C), line 12			၂ပ္ပါ	7a	
	b	Net unre	elated business taxable incom-	e from Form 990-T	, line 39 🕱	SED 08	2020	Pres Year	7b	
					ပ်	011 00	2020	Prior Year		Current Year
a	8	Contribi	utions and grants (Part VIII, line	e 1h)	j L				9,665	276,977
Revenue	9		n service revenue (Part VIII, lir		i	OGDE	N. UT	1,61	7,330	1,586,242
Š	10		ent income (Part VIII, column		7d) —			2	1,502	60,150
ĕ	11		evenue (Part VIII, column (A), I			e)				
)	12		enue—add lines 8 through 11 (m					1 89	8,497	1,923,369
) —	12							.,,00	-,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
>	14									
-	45		, other compensation, employee			sc 5_10)		30	2 461	376,665
កាខ្ល	15			•		3 3-10)		393,461		370,003
VON DENN V	16a		ional fundraising fees (Part IX,							
28	. b		ndraising expenses (Part IX, co					4.07	4.000	4 400 040
?"	17		xpenses (Part IX, column (A),				<u> </u>		4,662	1,198,643
_	10		penses Add lines 13-17 (mus		iumn (A), lin	e 25)			8,123	1,575,308
_	19	Revenu	e less expenses Subtract line	18 from line 12			ļ		0,374	348,061
3							Beginn	ing of Curren		End of Year
2000 1000 1000 1000 1000 1000 1000 1000	[20		sets (Part X, line 16)						1,150	2,901,453
2,₹	월 21	Total lia	bilities (Part X, line 26)						2,705	196,076
žį	22	-	ets or fund balances Subtract	line 21 from line 2	:0		l <u>.</u>	2,34	8,445	2,705,377
P	art II_		nature Block							
			y, I declare that I have examined this re							
and	belief, it	is true, corre	ect, and complete Declaration of prepa		s based on all in	rormation of which	n prepare	r has any know	T .	
Si	gn		wanty S. Yalubo	Wolf				191	2/2021	0
	ere		Signature of officer	101 . 0	11 . 31.	1 /00		Date	,	
• • • •	J. U		Daria S. Jakubo	WSKA EXPE	MANG DIA	ector/co	0			
			Type or print name and title							
		Pnr	t/Type preparer's name	Preparer's si	gnature	_	Dat		Shock .	PTIN
Pa	aid	0.4	h Strongin		e ()	1	Ω"	i i	Check if self-employed	P01344459
	repare	, _	h Strongin			-	1 0/4			
	se Onl	y Firm	n's name ► Seth D Strongin,					Firm's EIN	58-23514	58
		Firm	n's address ► 4704 Sharon Valle	ey Court, Atlanta, C	GA 30360			Phone no		
Ma	ay the IF	RS discus	ss this return with the preparer	shown above? (se	ee instruction	ns)				X Yes No

Form 9	90 (2019)	Southeastern Affordable Housing Management Assn	58-15308 ₅₅	Page 2
Pai	rt III	Statement of Program Service Accomplishments		
•		Check if Schedule O contains a response or note to any line in this Part III		
1		escribe the organization's mission		
		ntation to and for its members and the affordable housing industry through advocacy.		
	network	ng and education		
2	Did the	organization undertake any significant program services during the year which were not listed on		
2		Form 990 or 990-EZ?	Yes	X No
	•	describe these new services on Schedule O		۰۰۰ لنت
3		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		the organization's program service accomplishments for each of its three largest program service		
		s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to others	,
	the total	expenses, and revenue, if any, for each program service reported		
	(Code) (Expenses \$ including grants of \$) (Reve	nue \$	
4a	•	ties are directed toward comprehensive and timely service and assistance to members of	iue ψ	/
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		nce, annual state meetings, local educational seminars, and various other educational and		
		ng offerings and opportunities		
		•••••		
4b	(Code) (Expenses \$ including grants of \$) (Reve	nue \$)
		•••••••••••••••••••••••••••••••••••••••		
4c	(Code) (Expenses \$ including grants of \$) (Reve	nue \$)
			• • • • • • • • • • • • • • • • • • • •	
	Other	regram convices (Describe on Schodule O.)	<u> </u>	
4d	(Expens	ogram services (Describe on Schedule O) les \$ Including grants of \$) (Revenue \$	١	
40		orram service expenses		

`			Yes	No
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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	^	×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	-	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	х	
	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		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
2a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	
b	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	X	
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	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		Х
6	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		Х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
0	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
8	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		х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1:1	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		Х

58-1530855

Pan	Checklist of Required Schedules (continued)		—т	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-	Yes	No
	· · · · · · · · · · · · · · · · · · ·	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	İ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	^	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
		24a		<u> </u>
		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	produced to the contract of the	25a		
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			
		25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
27	range di tanàna ao amin'ny faritr'i North-Maria di Tanàna ao amin'ny faritr'i Air-de-Carlos di Tanàna ao amin'n	26		Χ_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee		İ	
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	·	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
а	Part IV instructions, for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	-		
-	· · · · · · · · · · · · · · · · · · ·	28a		Х
b		28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	.		V
29		28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	-	30		Χ
31		31		Х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
		33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
250	 	34	_	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a	\dashv	_^_
		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
37	organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	Statements Regarding Other IRS Filings and Tax Compliance		r	
	Check if Schedule O contains a response or note to any line in this Part V	Т	V	<u> </u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	\dashv	Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		4	
	gaming (gambling) winnings to prize winners?	1c 📗	X	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		—т	
` 2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	135	Yes	No 4
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5]	ί
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	••
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		, ,	.;.
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	If "Yes," enter the name of the foreign country ▶	a.i.		برد مین برینامید
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	.		م يعدد م يعدد
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	1	7.	1/2
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		•, -	*
	and services provided to the payor?	7a		
	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		ļ.,
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		f
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		. 4 3
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ىبىد		منفد
_	sponsoring organization have excess business holdings at any time during the year?	8	74	
9	Sponsoring organizations maintaining donor advised funds.	9a	F.4.	1.
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		الا له الا له الا له الا له الا له الا له الا له الا له الا له الا له الا له الا له الا له الا له الا له الا ل	, "
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	1		N. A.
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	- 1		
b 11	Section 501(c)(12) organizations. Enter			1
''	Gross income from members or shareholders	1,44		1
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them)		3	36
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	14	33	2.0
13	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	1	44	3
b	Enter the amount of reserves the organization is required to maintain by the states in which	- 6	3	
	the organization is licensed to issue qualified health plans		**	
С	Enter the amount of reserves on hand	7.4	F-54	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N		33.4	ړت
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
16	If "Yos " complete Form 4720. Schedule O	172 8	e 39 3	253

Part V

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

					 _
<u>Sect</u>	ion A. Governing Body and Management				
				Yes	No .
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 23		-	:
	If there are material differences in voting rights among members of the governing body, or		İ	1	
	if the governing body delegated broad authority to an executive committee or similar			t	
	committee, explain on Schedule O				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 23	l		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	- 1		i
	any other officer, director, trustee, or key employee?		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under	the direct	- 1		
	supervision of officers, directors, trustees, or key employees to a management company or other p	erson?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 with	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		Х
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		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?	1	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n durina			-^- ,
Ü	the year by the following	i during			·
а	The governing body?		8a	χ.	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	a a a b a d	OD	_^_	
9		eached			
<u> </u>	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	lata as al Davia se co	9	<u>, </u>	<u> </u>
<u>Sect</u>	ion B. Policies (This Section B requests information about policies not required by the	<u>internal Revenue C</u>	oae		
	D. Hills and a standard back on horselve and file to 0		40	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	· · · · · ·			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		-	-	'
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	Χ	
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	<u>X</u>	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	L
15	Did the process for determining compensation of the following persons include a review and appro	val by	•		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	11		ار ا
а	The organization's CEO, Executive Director, or top management official		15a	Χ	
b	Other officers or key employees of the organization	NA	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	ement			
	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 evalu	ate its	;		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				. ;
	the organization's exempt status with respect to such arrangements?	g · · ·	16b	- 4 -	
Sect	ion C. Disclosure		.00	<u> </u>	—
<u>3601</u> 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 (1024 or 1024-A, if applicable), 990	and 990-T (Section !	501/6	 \	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		<i></i>	′	
		rplain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	•	101		
13	and financial statements available to the public during the tax year	conflict of interest pol	ıcy,		
20	· · · · · · · · · · · · · · · · · · ·	ooks and records			
20	State the name, address, and telephone number of the person who possesses the organization's to		•		
	Daria Jakubowski 315 W Ponce de Leon Avenue Ste 500, Decatur, GA 30030	800-745-4088	- -		
	a la vy conce de Leon Avende ale aud Decamicua Adulau				

Part VII³

<u>Director</u>

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

Check if Schedule O contains a response or note to any line in this Part VII

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. See instructions for the order in which to list the persons above

				Pos	C) lition						
(A) Name and title	(B) Average hours	box,	unles	ss pe	rson	than or is both or/truste	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per 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)	compensation from the organization and related organizations	
(1) Daria Jakubowski	50 00										
Executive Director	0 00		<u> </u>		Х	Х		154,794	0	0	
(2) Sondra Wimbs	2 00										
President	0 00	X		Х				0	0	o	
(3) Sonja Horn	2 00										
President - Elect	0 00			Х	İ	l		0	o	0	
(4) Glenda Leduc	2 00										
Vice President	0 00	X		X		ĺĺ		О (l 0	o	
(5) Marcia Lewis	2 00										
Vice President	0 00	X		X	l			0	0	0	
(6) Lorraine O' Connor	2 00		Π								
Vice President	0 00	Х		Х				0	0	0	
(7) Jeff Gagnon	2 00										
Vice President	0 00			Х				o	l 0	0	
(8) Dennis McWilliams	2 00										
Vice President	0 00			Х	1			0	0	0	
(9) Patty Sherman	2 00										
Vice President	0 00	1		Х		1 1		o	О .	0	
(10) Jim Nasso	2 00										
Past President	0 00			1	1	li		l o	l o	o	
(11) Theresa Merryman	2 00										
Director	0 00							O	l o	0	
(12) Kımberly Thornhill	2 00	-	1	1							
Director	0 00			ļ		[[0	l o	0	
(13) Doiscell Dumas	2 00					† — <u>—</u>			<u> </u>		
Director	0 00							l 0	0	ј о	
(14) Carolyn Fox	2 00		1	f^-	t^-			 	ļ <u> </u>	<u>-</u>	
District Control of the Control of t				l	1			<u> </u>		1	

0 00 X

0

Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloye	es,	and	iH t	ghes	t Co	ompensated Em	ployees (contin	ued)
•				-	C)					
(A)	Position (B) (do not check more than one (D)							(E)	(F)	
Name and title	Average	box	unles	ss pe	rson	is both	n an	Reportable	Reportable	Estimated amount
	hours per week		1	$\overline{}$	T -	or/trust		compensation from the	compensation from related	of other compensation
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	organizations	from the
	hours for related	recto	l in	P P	ફ	oyer	嘎	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	¥ ह	nai tr		oye	° a	1			ľ
	below dotted line)	i ii	uste		"	ensa				
			*) ied				
(15) Tara Phelan	2 00	-	-	 	╁		-			
Director	0 00	1						0	l o	l 0
(16) Scott Alderman	2 00	_								
Director	0 00	X						0	0	0
(17) Alfredo Martinez-Alvarez, Jr	2 00									
Director	0 00	_						0	0	· 0
(18) Richard Rhodes	2 00	1								_
Director	0 00	-		┝			-	0	0	0
(19) Courtney Harding	2 00	1								
Director (20) Mot Broader	0 00	_	-	-			1	0	0	0
(20) Matt Brandon Director	2 00		ŀ	İ				0	0	0
(21) Leroy Moore	2 00		1	<u> </u>	H		i	<u> </u>	<u> </u>	-
Director	0 00	1						0	ĺ	l 0
(22) Doug Jeffries	2 00		t		T		1			_
Director	0 00							0	l 0) o
(23) Stephen Harville	2 00									
Director	0 00	X						0	0	0
(24) Anita Darnall	2 00	1								
Director	0 00	X	┞	<u> </u>	<u> </u>		╙	0	0	0
(25)									1	
1b Subtotal	<u> </u>	J	<u> </u>	L	1	l	┢	154,794	0	0
c Total from continuation sheets to Part VII, Se	ection A							154,794	0	†
d Total (add lines 1b and 1c)	oddon A						•	154,794	·	† · · · ·
Total number of individuals (including but not lir	mited to those lis	sted a	bov	/e) v	who	recei	vec	•	•	
reportable compensation from the organization				,					,	1
·										Yes No
3 Did the organization list any former officer, dire				ee,	or h	iighe	st c	ompensated		للنا لتصالف
employee on line 1a? If "Yes," complete Sched	lule J for such ın	dıvıdı	ual							3 X
4 For any individual listed on line 1a, is the sum of										1 1 1 1 1 1 1 1 1
the organization and related organizations grea	ater than \$150,0	00? li	f "Ye	es, "	con	nplete	e Sa	chedule J for suc	h	200 200 200
ındıvıdual										4 X
5 Did any person listed on line 1a receive or accr	•			•			_		vidual	عبيد المتاه المدا
for services rendered to the organization? If "Yo	es," complete So	chedu	ıle J	l for	Suc	ch pe	rsor	1		5 X
Section B. Independent Contractors 1 Complete this table for your five highest compe	anatad indones	dont		+	toro	that		awad mara than	\$100,000 of	
compensation from the organization. Report co										tax vear
(A)	importoución tor		<u> </u>	.uu.	700	0110	<u> </u>	(B)	o organization o	(C)
						Compensation				
										_ 0
										0
**************************************							$oxed{oxed}$			0
							<u> </u>			0
2 Total number of independent and in the state of the	dina bid nation	100 t	ál.		1.64-	al al-	<u>L</u>	ba r===:-==		0
Total number of independent contractors (inclu- more than \$100,000 of compensation from the	_		เกต	ise i	uste	u abo	ove) O		- 4	"一种"
more than \$100,000 or compensation from the	organization I								و الأود الم	T And Bug Are

Part VIII

Statement of Revenue	
Check if Schedule O contains a response or note to any line in this Part VIII	

, ell	VIII	Check if Schedule O coi		a respons	e or	note to any line in	this Part VIII			
		Onedia in conceder of con					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
y u	1a	Federated campaigns			1a					
Cortributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	276,977	•	•	٠,	
عَ وَا	С	Fundraising events			1c					;
T A	d	Related organizations	organizations 1				-			1
e e	е	Government grants (contrib			1e			,		,
Sin	f	All other contributions, gifts	, grant	ts, and	1f			•	1	,
풀힐		similar amounts not include							•	,
불히	g								4	- '
o E		lines 1a-1f		Ţ	1g	\$	*-			
۳	h	Total. Add lines 1a-1f				>	276,977			
						Business Code				
Program Service Revenue	2a	Conferences, education and	d mee	tings	-		1,392,339	1,392,339		
E 6	b	Publications		-	-		25,769	25,769		
en S	C	Preferred provider program			-		105,601	105,601		
ie a	d	Other member programs ar	nd ser	vices	-		62,533	62,532		
<u> </u>	е									
٦.	f	All other program service re	evenue	е			1.500.040			
	<u>_ g</u>	Total. Add lines 2a–2f				•	1,586,242			
	3	Investment income (including other similar amounts) Income from investment of			▶	60,150			60,150	
	5	Royalties	tax-cx	compt bon	a pro	b l	· · · · · · · · ·			
ļ		Noyalles		(ı) Rea	ı	(II) Personal				
	6a	Gross rents	6a	,,,		. ,				
	b	Less rental expenses	6b							
	c	Rental income or (loss)	6c						•	•
	d	Net rental income or (loss)					•			
	7a			ies	(II) Other		,			
							,			
		other than inventory	7a					,	•	,
ne	b	Less cost or other basis						·	:	
F.evenue		and sales expenses	7b						: `	,
Ş.	С	Gain or (loss)	7¢							
	d	Net gain or (loss)				•				
Other	8a	Gross income from fundrais	sing					,		
0		events (not including \$						_ ,		1
		of contributions reported or	i line 1	1c)				' ; '	أفيعر	
		See Part IV, line 18			8a		*	ł	,	
	b	Less direct expenses		Į	8b			-	سلامه سد	
	С	Net income or (loss) from fr			ts	D				
	9a	Gross income from gaming	activi	ties	_		•		, ;	_ ,
		See Part IV, line 19			9a					
	þ	Less direct expenses			9b	<u> </u>				
	C	Net income or (loss) from g		g activities		<u> </u>				
	10a	Gross sales of inventory, le	SS					1 1		
		returns and allowances			10a	367	·			
	b	Less cost of goods sold			10b			4x 5 444 m	شالمت دريا	1
	С	Net income or (loss) from s	ales c	inventor	<u>/</u>		<u> </u>			
E S						Business Code	س دعی		سا فاشتنده مما	
e e	11a						·			
lar	b							 	 	
Miscellaneous Revenue	°.	A II _ A II				ļ			 	-
Ais	u	All other revenue						:	 	
	<u>e</u>	Total Add lines 11a-11d	A			<u></u>	4 000 000			60 150
	12	Total revenue. See instruc	tions				1,923,369	1,586,241	<u> </u>	60,150

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all Check if Schedule O contains a response or note			complete column (A))
			· .	T - 12.	
	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			1 11 11	
3	Grants and other assistance to foreign		<u> </u>		, , , ,
	organizations, foreign governments, and foreign			, ,	***
	individuals See Part IV, lines 15 and 16			, , ,	
4	Benefits paid to or for members			þ	
5	Compensation of current officers, directors,				
	trustees, and key employees	154,794			
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	150,167			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,342		L	
9	Other employee benefits	41,966			
10	Payroll taxes	24,396			
11	Fees for services (nonemployees)				
а	Management				
b	Legal				
С	Accounting	4,399			
d	Lobbying				
е	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)	1,389			
12	Advertising and promotion	305			
13	Office expenses	29,073			
14	Information technology	3,111			
15	Royalties				
16	Occupancy	54,322			
17	Travel	18,323			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	986,674			
20	Interest				
21	Payments to affiliates		_		
22	Depreciation, depletion, and amortization	11,555			
23	Insurance	13,925			
24	Other expenses Itemize expenses not covered	2.7			بنجه لوسان والأمور
	above (List miscellaneous expenses on line 24e If	4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	الله المنافع المنافع المنافع المنافع المنافع المنافع المنافع المنافع المنافع المنافع المنافع المنافع المنافع ا		
	line 24e amount exceeds 10% of line 25, column				Santa Company
	(A) amount, list line 24e expenses on Schedule O)			in the second	1件扩充募款
а	Credit card processing fees and bank charges	4,872			
b	Contests, prizes, awards, various	8,526			
С	Dues and subscriptions, printing & publications	38,900			
d	Office relocation expenses	16,285			
е	All other expenses Miscellaneous	6,984	· · · · · · · · · · · · · · · · · · ·		
25	Total functional expenses. Add lines 1 through 24e	1,575,308			
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				
	following SOP 98-2 (ASC 958-720)	1			

Part X Balance Sheet

2 Savings and temporary cash investments 1,716,278 2 1,910,415 3 3 3 3 3 3 3 3 3	•		Check if Schedule O contains a response or	note to	any line in this Part X			
Cash—non-interest-bearing 148,081 1 211,327						(A)		(B)
2 Sawings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(o)(3)(8) 6 Notes and loans receivable, net 10 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(o)(3)(8) 7 Notes and loans receivable, net 8 Inventores for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 44,980 10b Less accumulated depreciation 11 Investments—publicly traded securities 10a Land, buildings, and equipment cost or other basis Complete Part VI in the 11 11 Intangible assets 11 Intangible assets 12 Other assets See Part IV, line 11 13 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 198,992 19 184,668 19 Deferred revenue 198,992 19 184,668 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Coans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Content liabilities and included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities protein conders, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to urrelated third parties 24 Unsecured notes and loans payable to urrelated third parties 25 Other liabilities protein counter in the securities of the securities a								End of year
3 Pledges and grants receivable, net 3 4 Accounts receivable, net 6,686 4 15,543		1	Cash—non-interest-bearing		_	148,081	1	211,327
4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 inventories for sale or use 9 Prepard expenses and deferred charges 10a Lond, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b 19,878 15,418 10c 25,102 11 Investments—publicly traded securities 10 Less accumulated deperceation 10 b 19,878 15,418 10c 25,102 11 Investments—publicly traded securities 11 Intangible assets 11 12 12 13 Investments—other securities See Part IV, line 11 12 13 14 11 11 11 12 13 14 11 11 11 12 11 12 11 11 12 11 11 12 11 11		2	Savings and temporary cash investments			1,716,278	2	1,910,415
Secure Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		3	Pledges and grants receivable, net		1	· · · -	3	
trustee. key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(n)(3)(8) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D 10b 19,878 10c Land, buildings, and equipment found 10b 19,878 11 Investments—publicly traded securities 603,962 11 Investments—publicly traded securities 603,962 11 Investments—publicly traded securities 603,962 11 Investments—publicly traded securities 603,962 11 Investments—publicly traded securities 603,962 11 Interpretation 11 12 12 Investments—program-related See Part IV, line 11 13 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Excover or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Controlled entity or family member of any of these persons 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Organizations that follow FASB ASC 958, check here 27 Part 2,763,377 28 Part 2,763,377 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 31 Reta		4	Accounts receivable, net	6,686	4	15,543		
Controlled entity or family member of any of these persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10 Land, buildings, and equipment cost or other basis Compilete Part IV of Schedule D 11 Investments—bublisher basis Compilete Part IV in the 11 13 Investments—bublisher securities See Part IV, line 11 14 Intragible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Other liabilities. Add lines 17 through 25 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Organizations that do not follow FASB ASC 958, check here Part X of Schedule D 28 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 24, and 33, 24, 31, 31, 31, 31, 31, 31, 31, 31, 31, 31		5	Loans and other receivables from any current of	er officer, director,				
Controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			ا دستانات ساد، - ا
Uniform Variable			controlled entity or family member of any of the	se pers	ons			
7 Notes and loans receivable, net 7		6						
10a			under section 4958(f)(1)), and persons describe		6			
10a	ets	7	Notes and loans receivable, net				7_	
10a	SS	8	Inventories for sale or use				8	
b Less accumulated depreciation	•	9	Prepaid expenses and deferred charges			58,405	9	54,256
b Less accumulated depreciation 10b 19,878 15,418 10c 25,102 11		10a	Land, buildings, and equipment cost or			,		
11 Investments—publicly traded securities 603,982 11 678,797 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 13 14 14 15 15 15 15 16 15 15 15			other basis Complete Part VI of Schedule D	10a	44,980	a*		
12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 Intangible assets 14 15 Other assets See Part IV, line 11 2,300 15 6,013 16 Total assets. Add lines 1 through 15 (must equal line 33) 2,551,150 16 2,901,453 17 11,408 18 Grants payable and accrued expenses 3,723 17 11,408 18 Grants payable 18 18 19 Deferred revenue 198,982 19 184,668 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities not included on lines 17—24) Complete 25 202,705 26 196,076 27 27,05,377 28 Net assets with other or restrictions 2,348,445 27 2,705,377 27,05,377 28 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 29 202,705,377 30 202,705,377 30 202,705,377 30 202,705,377 30 202,705,377 30 202,705,377 30 202,705,377 30 202,705,377 30 202,705,377 30 202,705,377 30 202,705,377 30 202,705,377 302,		b	Less accumulated depreciation	10b	19,878		10c	25,102
13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 2,300 15 6,013 16 Total assets. Add lines 1 through 15 (must equal line 33) 2,551,150 16 2,901,453 17 Accounts payable and accrued expenses 3,723 17 11,408 18 19 Deferred revenue 198,982 19 184,668 18 198,982 19 184,668 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 24 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 25 202,705 26 196,076 25 202,705 26 196,076 27 27,05,377 27,05,377 28 27,05,377 28 27,05,377 28 27,05,377 29 29 Capital stock or trust principal, or current funds 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 27,05,377 27,0		11	Investments—publicly traded securities		603,982		678,797	
14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 29 Capital stock or fund balances 29 10 11 4		12	•					
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33 Total liabilities and net assets/fund balances 2.551,150 33 2.901,453	Ä			,		2.348.445	† 	2.705.377
	Š	33	Total liabilities and net assets/fund balances			2,551,150		2,901,453

Form	990 (2019) Southeastern Affordable Housing Management Assn	58	-1530855_	Pag	e 12
Par	t XIs 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		,923	,369
2	Total expenses (must equal Part IX, column (A), line 25)	2	•	,575	,308
3	Revenue less expenses Subtract line 2 from line 1	3		348	,061
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,348	,445
5	Net unrealized gains (losses) on investments	5		8	,871
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 on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	;	2,705	,377
Parl	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 CashX Accrual Other				,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			,	
	Schedule O			ا ـــ نــ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				-
	X Separate basis Consolidated basis Both consolidated and separate basis			Ť	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o	f		•	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O				
За	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		<u> x</u>
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 on Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2019)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047 2019

Open to Public Inspection

Employer identification number 58-1530855

Department of the Treasury Internal Revenue Service

Name of organization

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Southeastern Affordable Housing Management Assn

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

Pal		ne organization is exempt und			
1	Provide a description of the	ne organization's direct and indirect p	olitical campaign	activities in Part IV (see in:	structions for
	definition of "political cam	, •			
2		expenditures (see instructions)		▶ \$	
3		al campaign activities (see instruction			<u> </u>
Pa		he organization is exempt und			
1	Enter the amount of any e	excise tax incurred by the organizatio	n under section 49	955 ▶ \$	
2	•	excise tax incurred by organization m	_		<u></u>
3	If the organization incurre	d a section 4955 tax, did it file Form	4720 for this year	7	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part I	V			_
Pa	rt I-C Complete if t	he organization is exempt und	ler section 501	(c), except section 50°	1(c)(3).
1	Enter the amount directly	expended by the filing organization f	or section 527 exe	empt function	
	activities			▶ \$	
2	Enter the amount of the fi	ling organization's funds contributed	to other organizat	ions for section	
	527 exempt function activ	rities		▶ \$,
3	Total exempt function exp	enditures Add lines 1 and 2 Enter h	ere and on Form		
	line 17b			▶ \$	·
4	Did the filing organization	file Form 1120-POL for this year?			Yes No
5	organization made payme the amount of political coi	ses and employer identification numb ents. For each organization listed, en ntributions received that were prompt I fund or a political action committee	ter the amount partly and directly del	id from the filing organization in the filing organization in the filing organization in the filing of the filing of the filing of the filing of the filing of the filing of the filing of the filing organization in the filing organization of the filing of the filing organization of the filing of the filing of the filing organization of the filing of the fil	on's funds Also enter al organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
For	Paperwork Reduction Act I	Notice, see the Instructions for Form	990 or 990-EZ.	Sci	nedule C (Form 990 or 990-EZ) 2019

	· · · · · · · · · · · · · · · · · · ·			·		Page Z
·P	art II-A Complete if the organization under section 501(h)).	is exempt	under section 5	01(c)(3) and filed	l Form 5768 (elec	tion
Α	Check ► if the filing organization bel	ongs to an a	affiliated group (a	nd list in Part IV e	each affiliated grou	n member's
	name, address, EIN, exper	•				p member 3
В	Check ▶ if the filing organization che					
	Limits on Lobby (The term "expenditures" me	ring Expendi ans amounts	tures paid or incurred.)	· · · · · · · · · · · · · · · · · · ·	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence publi	c opinion (gra	assroots lobbying)			
b	Total lobbying expenditures to influence a leg	•	(direct lobbying)			
С	Total lobbying expenditures (add lines 1a and	l 1b)				
d	Other exempt purpose expenditures	4 140				_
e	Total exempt purpose expenditures (add lines		-11 1-11			
f	Lobbying nontaxable amount Enter the amou	ant from the to	ollowing table in bot	'n		
ı	If the amount on line to column (a) or (b) is:	The lebby	na nontavahla amai	ınt laı		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000		ng nontaxable amou amount on line 1e	unt is:		•
	Over \$500,000 but not over \$1,000,000	 	us 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess		. `	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 pl	us 5% of the excess	over \$1,500,000		
	Over \$17,000,000	\$1,000,000			·	
g	Grassroots nontaxable amount (enter 25% of	•				
h	Subtract line 1g from line 1a If zero or less, e					-
i	Subtract line 1f from line 1c If zero or less, e					
J	If there is an amount other than zero on eithe section 4911 tax for this year?	r line 1h or lir	ne 1i, did the organi	zation file Form 472	0 reporting	Yes No
	(Some organizations that made a sec	ction 501(h) e	g Period Under Ser election do not hav structions for lines	ve to complete all o	of the five columns	below.
	Lobbying	g Expenditur	es During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))	٠,			,	
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))	. , .		5		
f	Grassroots lobbying expenditures					_
	—·	· · · · · · · · · · · · · · · · · · ·				

Schedule C (Form 990 or 990-EZ) 2019

, Par		f the organization is exempt under section 501(c)(3) and has nder section 501(h)).	NOT filed	d For	m 576	3	
For e		on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	cription of the lobbying		Yes	No	A	moun	it
1	legislation, including ar referendum, through th	e filing organization attempt to influence foreign, national, state, or local my attempt to influence public opinion on a legislative matter or lie use of				· · .	
а	Volunteers?			<u> </u>		,	
b	_	ent (include compensation in expenses reported on lines 1c through 1i)?		ļ	}	-	·
C	Media advertisements						
d		egislators, or the public? ned or broadcast statements?	-		├		
e f	•	eations for lobbying purposes?		 	 		
g g	_	slators, their staffs, government officials, or a legislative body?		 	 		
h		s, seminars, conventions, speeches, lectures, or any similar means?	-				
i	Other activities?	, , , , , , , , , , , , , , , , , , , ,	<u> </u>				
į	Total Add lines 1c thro	ugh 1ı					
2a b		e 1 cause the organization to be not described in section 501(c)(3)? unt of any tax incurred under section 4912			·		
С		unt of any tax incurred by organization managers under section 4912					
d		n incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>			
Par	t III-A Complete i 501(c)(6).	f the organization is exempt under section 501(c)(4), section	501(c)(5)	, or s	ection	i 	·-
1 2	Did the organization m	90% or more) dues received nondeductible by members? ake only in-house lobbying expenditures of \$2,000 or less?			1 2	Yes	X
3		ee to carry over lobbying and political campaign activity expenditures from the p			3	<u> </u>	<u> </u>
	501(c)(6) a answered '			b) Pa			3, is
1		d similar amounts from members		1_	<u> </u>		
2	political expenses for	uctible lobbying and political expenditures (do not include amounts of which the section 527(f) tax was paid).		,			
a	Current year			2a	 		
b	Carryover from last yea Total	AI		2b 2c			
с 3		orted in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	e	3			
4	If notices were sent and	d the amount on line 2c exceeds the amount on line 3, what portion of the ization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political e			4	1		
5		bying and political expenditures (see instructions)		5			
Part							
Provi	de the descriptions requ	ired for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated	group list),	Part II	-A, lines	1 an	d
2 (se	e instructions), and Part	II-B, line 1 Also, complete this part for any additional information					

				· •		-	
				-	·		
					_		_

South	eastern Affordable Housing Management Assn	58-1530855
	m 990 or 990-EZ) 2019	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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

South	eastern Affordable Housing Management Assn		58-1530855
Part		Advised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don	or advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject t	o the organization's exclusive legal control	? Yes No
6	Did the organization inform all grantees, donor	s, and donor advisors in writing that grant f	funds can be used
	only for charitable purposes and not for the be	nefit of the donor or donor advisor, or for ai	ny other purpose
	conferring impermissible private benefit?		Yes No
Part	I Conservation Easements.		
	Complete if the organization answer		
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (for examp	ole, recreation or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	n in the form of a conservation
_	easement on the last day of the tax year	4	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easer	ments	2b
С	Number of conservation easements on a certif		2c
d	Number of conservation easements included i		
	historic structure listed in the National Registe		2d
3	Number of conservation easements modified,	transferred, released, extinguished, or term	ninated by the organization during
	the tax year		
4	Number of states where property subject to co		
5	Does the organization have a written policy re-		· — —
	violations, and enforcement of the conservation		Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforcing of	conservation easements during the year
-		A I II C I-b I C	and an arrange of the same
7	Amount of expenses incurred in monitoring, inspec	iting, nandling of violations, and enforcing consi	ervation easements during the year
0	Does each conservation easement reported o	n line 2(d) above eatisfy the requirements of	of section 170(h)(4)(B)(i)
8	and section 170(h)(4)(B)(ii)?	Trille 2(d) above satisfy the requirements of	Yes No
9	In Part XIII, describe how the organization rep	orts conservation easements in its revenue	
3	balance sheet, and include, if applicable, the t		
	organization's accounting for conservation eas		and diatements that describes the
Par	III Organizations Maintaining Collect	tions of Art. Historical Treasures. or	r Other Similar Assets.
		ed "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under		e statement and balance sheet
	works of art, historical treasures, or other simi	The state of the s	
	public service, provide in Part XIII the text of the	ne footnote to its financial statements that o	describes these items
b	If the organization elected, as permitted under	FASB ASC 958, to report in its revenue sta	atement and balance sheet
	works of art, historical treasures, or other simi		
	public service, provide the following amounts	· ·	
	(i) Revenue included on Form 990, Part VIII, I	=	▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of a	rt, historical treasures, or other similar asse	ets for financial gain, provide the
	following amounts required to be reported und	ler FASB ASC 958 relating to these items	
а	Revenue included on Form 990, Part VIII, line	1	▶ \$
b	Assets included in Form 990, Part X		▶ \$

Cabad	ilo D /Form 000) 2010						50.4504			_
	ule D (Form 990) 2019 Southeastern Afford					<u> </u>	58-1530			Page 2
	Organizations Maintaining C									
.3	Using the organization's acquisition, accollection items (check all that apply)	cession, and other	records,	спеск апу	or the follow	ing tha	t make signincant	use of it	S	
а	Public exhibition		d \lceil	Loan or	exchange pr	ooram				
b	=		;=	1	exchange pr	ogram				
	Scholarly research		e	Other						
C	Preservation for future generations	ata a a Harata a a a a a						_		
4	Provide a description of the organization XIII	n's collections and	explain h	ow they fu	urther the orga	anızatı	on's exempt purpo	se in Pa	art	
5	During the year, did the organization so assets to be sold to raise funds rather the							☐ Ye	.s 🗀	No
Par								<u>'' </u>	, ,	
	Complete if the organization ar 990, Part X, line 21		n Form 9	990, Part	IV, line 9, o	r repo	orted an amount	on For	m	
1a	Is the organization an agent, trustee, cu	stodian or other in	termediar	y for conti	ributions or of	ther as	sets not			
•••	included on Form 990, Part X?		itermediai	y ioi cond		1101 03	3613 1101	☐ Ye	es 🗀	No
b	If "Yes," explain the arrangement in Par	t XIII and complete	e the follo	wing table				·		
	•	•		J		_		Amount		
C	Beginning balance					1	С			
d	Additions during the year					1	d			
e	Distributions during the year						e			
f	Ending balance					1				
2a	Did the organization include an amount	on Form 990, Par	t X, line 2	1, for escr	ow or custod	al acco	ount liability?	Y€	s 🔛	No
b	If "Yes," explain the arrangement in Par	t XIII Check here	if the expl	anation ha	as been provi	ded or	Part XIII			
Part	V. Endowment Funds.									
	Complete if the organization ar	nswered "Yes" o	n Form 9	990, Part	IV, line 10	1				
		(a) Current year	(b) Pn	or year	(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance				<u> </u>			+		
b	Contributions		 							
С	Net investment earnings, gains, and losses									
d	Grants or scholarships		 -					+		
e	Other expenditures for facilities									
Ū	and programs					i				
f	Administrative expenses							1		
g	End of year balance									
2	Provide the estimated percentage of the	current year end	balance (line 1g, co	olumn (a)) hel	d as				
а	Board designated or quasi-endowment	>	%		` ''					
b	Permanent endowment	%								
С		<u>%</u>								
	The percentages on lines 2a, 2b, and 2c									
3a	Are there endowment funds not in the p	ossession of the c	organizatio	on that are	held and adı	mınıste	red for the			
	organization by								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related org							3b		
4	Describe in Part XIII the intended uses		i s endowi	nent tuna	S					
Part	VI Land, Buildings, and Equipm Complete if the organization ar		n Earm (000 Bod	- IV/ Jupo 44 -	800	Form 000 Dod	V lime	10	
	Description of property	(a) Cost or of					T ·			
	bescription of property	(a) Cost or of			or other basis other)	,) Accumulated depreciation	(a) B	ook valu	e
	Land		-	<u> </u>	 :		1>	_	_	
b	Buildings									
С	Leasehold improvements									
d	Equipment		-		44,980		19,878		2	25,102

Other

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

25,102

▶

Part VII	Investments—Other Securities.	"Yes" on Form 990	, Part IV, line 11b See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	al derivatives	 	
	held equity interests		
		h e	
(B)			
(C)			
(D)			
(E)			
<u>(</u> F)		-	
(G)		· 	
(H)	nn (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII		- 1	<u> </u>
r are viii		"Yes" on Form 990	, Part IV, line 11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		 	Oost of cita of year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		-	
Part IX	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets.		, Part IV, line 11d See Form 990, Part X, line 15
	(a) Desc		(b) Book value
(1)			(4,000
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) 	uma (h) must aqual Form 000 Part V and (P)	line 45 \	
	umn (b) must equal Form 990, Part X, col (B)	ime 15)	>
Part X		"Yes" on Form 990	, Part IV, line 11e or 11f See Form 990, Part X,
	line 25		<u> </u>
1.		ption of liability	(b) Book value
	al income taxes		
(2)			
(4)			
(5)		· · · · · · · · · · · · · · · · · · ·	
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col (B)	line 25)	>
			organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

X

Par		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements	1	1 022 240
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-+	1,932,240
a	Net unrealized gains (losses) on investments 2a 8,871		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants 2c	į	
d	Other (Describe in Part XIII)		
	Add lines 2a through 2d	2e	8,871
3	Subtract line 2e from line 1	3	1,923,369
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		· · · · · · · · · · · · · · · · · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b	ŀ	
b	Other (Describe in Part XIII) 4b		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,923,369
Part		eturn	•
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	1	1,575,308
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1,575,506
2 a	Donated services and use of facilities 23	,	
a b	Prior year adjustments 2b	-	
C	Other losses 2c	.	
d	Other (Describe in Part XIII)	ŀ	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,575,308
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII) 4b		
	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,575,308
Part	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part	V, line	4, Part X, line
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional informati		
Part >	Line 2 The Association is exempt from Federal income taxes under Section 501(c)(6)		
of the	Internal Revenue Code and exempt from Georgia state income taxes. The Association's		
Form	990 Return of Organization Exempt From Income Tax remains open for examination by the		
Intern	al Revenue Service for three years from the date filed. The Association has not been		
	ed of any returns held open for examination beyond the normal statutory period. The		
ASSO	ciation has not identified any positions taken on its returns that it considers to be		
uncer	tain		
		-	
	`		

Schedule D (Form 990	0) 2019	Southeastern Affordable F	lousing Management Assn	58-1530855 Page 5
Part XIII Sur		ntal Information (conti		
			•	
		·		
		40	•••••••••••••••••••••••••••••••••••••••	
			•	
			•	
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. SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ►Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Souti	neastern Affordable Housing Management Assn		58-1530855		
. Pár	Questions Regarding Compensation		_ <u></u>		
1a	Check the appropriate box(es) if the organization provide	ded any of the following to or for a perso	n listed on Form	Yes	No PASS
	990, Part VII, Section A, line 1a Complete Part III to pro	ovide any relevant information regarding	these items		
	First-class or charter travel	Housing allowance or residence for	r personal use	3.5	
	Travel for companions	Payments for business use of pers	onal residence	30	25.0
	Tax indemnification and gross-up payments	Health or social club dues or initiati	on fees	6.3	180
	Discretionary spending account	Personal services (such as maid, c	hauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the orga or reimbursement or provision of all of the expenses de		l to		1
	explain		1b	1.482	Ser Sa
_	Old the ergonization require exhatestistion area to room	husana as allowers average may and h		in in	153003
2	Did the organization require substantiation prior to reim directors, trustees, and officers, including the CEO/Exer 1a?			,	
			4.74.	8.5	1.35
3	Indicate which, if any, of the following the organization to			197	Tall to
	organization's CEO/Executive Director Check all that a related organization to establish compensation of the C	• • •	1 4 3 4 . 3		7.10
	 '		nr	100	1
	Compensation committee	Written employment contract		[2]	1.5
	Independent compensation consultant	X Compensation survey or study		HAN	1
	X Form 990 of other organizations	X Approval by the board or compens	ation committee	45.0	3.43
4	During the year, did any person listed on Form 990, Parorganization or a related organization	rt VII, Section A, line 1a, with respect to	the filing		
а	Receive a severance payment or change-of-control pay	ment?	4a	المعلاقة للشا	X
b	Participate in, or receive payment from, a supplemental		4b		Х
С	Participate in, or receive payment from, an equity-base		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide	e the applicable amounts for each item	n Part III		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) orga	anizations must complete lines 5–9			
5	For persons listed on Form 990, Part VII, Section A, line		any 3	***	
	compensation contingent on the revenues of		3.5	2	Table 1
a	The organization?		<u>5a</u>	ļ	
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III		5b	2 2534	376225
	The straine of on on describe art art in				
6	For persons listed on Form 990, Part VII, Section A, line	e 1a, did the organization pay or accrue	any		1
	compensation contingent on the net earnings of				4
a	The organization? Any related organization?		6a	 	
b	If "Yes" on line 6a or 6b, describe in Part III		6b	- State 14	is file
					36.
7	For persons listed on Form 990, Part VII, Section A, line		• • • • • • • • • • • • • • • • • • •		
_	payments not described on lines 5 and 6? If "Yes," described on lines 6 and 6 an		7	<u> </u>	
8	Were any amounts reported on Form 990, Part VII, paid to the initial contract exception described in Regulations				
	in Part III	5 5600011 00 4900-4(a)(5) / II Tes, desc	cribe 8		
				Trans.	355
9	If "Yes" on line 8, did the organization also follow the re	buttable presumption procedure describ	ed in	تمممت	ALTERIA
	Regulations section 53 4958-6(c)?		9		

58-1530855

Schedule J (Form 990) 2019 Southeastern Affordable Housing Management Assn

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A. line 1a. applicable column (D) and (E) amounts for that individual

						, , , , , , , , , , , , , , , , , , , ,		500
		(b) Breakdown of	(b) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable		(E) Company
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(uı) Other reportable compensation	other deferred compensation	benefits	(G)-(i)(B)	n column (B) reported as deferred on prior Form 990
Daria Jakubowski	ε	154.794					154 794	
1 Executive Director	≘	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Ξ							
2	(ii)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * * * * * * * * * * * * * * * * * *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Ξ							
3	Œ					; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
	(i)							
4	⊞							1
	Ξ							
5	▣				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
	(<u>i</u>)							
9	(<u>ii</u>)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
	(E)							
7	<u></u>							1
	Ξ							
8	<u>(ii</u>							
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6	(ii)					111111111111111111111111111111111111111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
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10	Ξ		j					
	Ξ							
11	(ii)							
	Ξ	1					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
12	<u>(E)</u>							
	Ξ							
13	(ii)							
	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
14	€							
	Ξ							
15	(II)							
	Ξ					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
16								

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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 (0)Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Southeastern Affordable Housing Management Assn 58-1530855 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) (2019) Name of the organization	Page Z Employer identification number
Southeastern Affordable Housing Management Assn	58-1530855
	· · · · · · · · · · · · · · · · · · ·