

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
THE AMERICAN OPPORTUNITY FOUNDATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
4401 NORTHSIDE PARKWAY NO 711

City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30327

D Employer identification number
58-1533966

E Telephone number
(770) 937-0377

G Gross receipts \$ 3,078,410

F Name and address of principal officer
PHILIP KENNEDY
4401 NORTHSIDE PARKWAY SUITE 711
ATLANTA, GA 30327

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶ 7174

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1983 **M** State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OWNING AND SUPPORTING HOUSING FOR MODERATE-TO-LOW INCOME FAMILIES AND THE ELDERLY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	4
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	3
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,225,000	1,640,000
9 Program service revenue (Part VIII, line 2g)	145,624	478,878
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	193,339	117,837
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,563,963	2,236,715
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,500	17,734
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	736,598	1,004,634
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	174,413	570,943
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	918,511	1,593,311
19 Revenue less expenses Subtract line 18 from line 12	645,452	643,404

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	7,211,737	8,295,531
21 Total liabilities (Part X, line 26)	246,205	343,135
22 Net assets or fund balances Subtract line 21 from line 20	6,965,532	7,952,396

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2017-11-13
KATHRYN T WALKER VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name SAMUEL T BOERMA	Preparer's signature SAMUEL T BOERMA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00614373
Firm's name ▶ CARTER & COMPANY CPAS LLC			Firm's EIN ▶ 58-2646754	
Firm's address ▶ PO BOX 279 DESTIN, FL 32540			Phone no (850) 650-0125	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OWNING AND SUPPORTING HOUSING FOR MODERATE-TO-LOW INCOME FAMILIES AND THE ELDERLY

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 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 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 allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,303,918 including grants of \$ 17,734) (Revenue \$ 478,878)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,303,918

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
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	Yes	

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (5), 1b (4), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed GA, CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 books and records. KATHRYN WALKER 4401 NORTHSIDE PARKWAY SUITE 711 ATLANTA, GA 30327 (770) 937-0377

Part VII 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHILIP J KENNEDY PRESIDENT, TRUSTEE	40 00 15 00	X		X				412,000	0	57,886
(2) ROBERT R DERRICK TRUSTEE	0 20	X						12,000	0	0
(3) WILLIAM P FISHER III TRUSTEE	0 20	X						12,000	0	0
(4) DAVID H FLINT TRUSTEE	0 20	X						12,000	0	0
(5) JACK T HAMMER TRUSTEE	0 20	X						12,000	0	0
(6) KATHRYN WALKER VICE PRESIDENT, SECRETARY	40 00 15 00			X				240,000	0	31,246
(7) THOMAS J NULL VICE PRESIDENT	40 00			X				125,000	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	825,000	0	89,132

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	1,640,000			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		1,640,000			
Program Service Revenue		Business Code				
	2a MANAGEMENT FEES	561000	303,683	303,683		
	b INTEREST INCOME	900099	139,744	139,744		
	c LOAN ORIGINATION FEES	900099	35,331	35,331		
	d BAD DEBT RECOVERY	531110	120	120		
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		478,878				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		118,618		118,618	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	840,914			
		(ii) Other				
		b Less cost or other basis and sales expenses	841,695			
		c Gain or (loss)	-781			
	d Net gain or (loss)		-781		-781	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		2,236,715	478,878	0	117,837	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 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 and domestic governments. See Part IV, line 21.	17,734	17,734		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	969,997	848,997	121,000	
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.				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	34,637	31,173	3,464	
11 Fees for services (non-employees):				
a Management.				
b Legal.	1,100	1,100		
c Accounting.	40,122		40,122	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	43,934		43,934	
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.				
13 Office expenses.	13,317	9,738	3,579	
14 Information technology.				
15 Royalties.				
16 Occupancy.	28,286	19,800	8,486	
17 Travel.	28,583	22,391	6,192	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,300		1,300	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	11,577	5,788	5,789	
23 Insurance.	13,477	8,255	5,222	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a OVERHEAD FEE	308,000	308,000		
b BAD DEBT	45,421		45,421	
c WITHDRAWN DEALS	22,960	22,960		
d TELEPHONE	7,533	5,273	2,260	
e All other expenses	5,333	2,709	2,624	
25 Total functional expenses. Add lines 1 through 24e.	1,593,311	1,303,918	289,393	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	185,175	1	489,992
	2 Savings and temporary cash investments	1,548,490	2	1,765,610
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	39,487	4	198,485
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	1,100,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,015	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	53,993		
	b Less accumulated depreciation	30,695		
	11 Investments—publicly traded securities	4,645,259	11	4,700,331
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	759,143	15	17,815
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,211,737	16	8,295,531	
Liabilities	17 Accounts payable and accrued expenses	246,205	17	343,135
	18 Grants payable		18	
	19 Deferred revenue		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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	246,205	26	343,135
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	6,965,532	27	7,952,396
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	6,965,532	33	7,952,396
	34 Total liabilities and net assets/fund balances	7,211,737	34	8,295,531

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	2,236,715
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,593,311
3	Revenue less expenses Subtract line 2 from line 1	3	643,404
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,965,532
5	Net unrealized gains (losses) on investments	5	343,460
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
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,952,396

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a	No
<p>b Were the organization's financial statements audited by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	

Additional Data

Software ID:

Software Version:

EIN: 58-1533966

Name: THE AMERICAN OPPORTUNITY FOUNDATION INC

Form 990 (2016)

Form 990, Part III, Line 4a:

OBTAINING FINANCING FOR AND ACQUIRING MULTIFAMILY LOW-INCOME HOUSING AND SUPPORTING THEIR OPERATION

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE AMERICAN OPPORTUNITY FOUNDATION INC

Employer identification number

58-1533966

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		302,836	2,547,220	1,225,000	1,640,000	5,715,056
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	552,752	459,237	228,210	145,624	478,878	1,864,701
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	552,752	762,073	2,775,430	1,370,624	2,118,878	7,579,757
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6)						7,579,757

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	552,752	762,073	2,775,430	1,370,624	2,118,878	7,579,757
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	176,698	147,659	144,700	193,339	117,837	780,233
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	176,698	147,659	144,700	193,339	117,837	780,233
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	12,430					12,430
13 Total support. (Add lines 9, 10c, 11, and 12)	741,880	909,732	2,920,130	1,563,963	2,236,715	8,372,420

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	90.530 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	86.710 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	9.320 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	13.090 %

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE AMERICAN OPPORTUNITY FOUNDATION INC

Employer identification number
58-1533966

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|----------------------------------------|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--------------------------------------------------------------------------------------------------------|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | Yes | No |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		53,993	30,695	23,298
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				23,298

Part VII Investments—Other Securities. Complete if the organization answered '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) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered '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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,580,175
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	343,460
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	343,460
3	Subtract line 2e from line 1	3	2,236,715
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	2,236,715

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,593,311
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,593,311
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	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,593,311

Part XIII Supplemental Information

Provide 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 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 58-1533966

Name: THE AMERICAN OPPORTUNITY FOUNDATION INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE CORPORATION IS CLASSIFIED AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THEREFORE, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS THE CORPORATION HAS ADOPTED THE PROVISIONS OF FASB ASC 740-10 INCOME TAXES IT REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A 'MORE-LIKELY-THAN-NOT' THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE IMPLEMENTATION OF ASC 740-10 HAD NO IMPACT ON THE CORPORATION'S STATEMENT OF FINANCIAL POSITION OR STATEMENT OF ACTIVITIES THE CORPORATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS AND THAT NO INCOME TAXES ARE DUE FOR ITS ACTIVITIES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.**

2015
Open to Public Inspection

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

Name of the organization THE AMERICAN OPPORTUNITY FOUNDATION INC	Employer identification number 58-1533966
---------------------------------------------------------------------	----------------------------------------------

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	Yes								
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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 are not 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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PHILIP J KENNEDY PRESIDENT, TRUSTEE	(i)	330,000 -----	70,000 -----	12,000 -----	31,587 -----	26,299 -----	469,886 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 KATHRYN WALKER VICE PRESIDENT, SECRETARY	(i)	175,000 -----	65,000 -----	0 -----	22,906 -----	8,340 -----	271,246 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	<p>IN ACCORDANCE WITH ESTABLISHED CORPORATE TRAVEL POLICY FIRST CLASS TRAVEL MAY BE PERMITTED WITH PRIOR EXECUTIVE LEVEL APPROVAL BASED ON AN EVALUATION OF THE FOLLOWING CRITERIA 1 SCHEDULE FLIGHT DURATION IN EXCESS OF 4 HOURS 2 TIME OF DAY OF THE TRAVEL 3 FARE DIFFERENTIAL WITH PUBLISHED COACH CLASS FARES 4 AVAILABLE SEATING IN COACH CLASS FIRST CLASS TRAVEL IS ALSO PERMITTED FOR LAST MINUTE NECESSARY CORPORATE TRAVEL WHEN NO COACH CLASS SEATS ARE AVAILABLE COMPANION TRAVEL IS PERMITTED TO CORPORATE FUNCTIONS AND INDUSTRY SEMINAR AND NETWORKING GATHERINGS WHERE THE ABSENCE OF A SPOUSE OR COMPANION WOULD BE DEEMED CONSPICUOUS</p>

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.

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

OMB No 1545-0047

2016**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE AMERICAN OPPORTUNITY FOUNDATION INC

Employer identification number

58-1533966

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF FORM 990 WILL BE E-MAILED TO ALL BOARD MEMBERS AND THEY WILL HAVE FIVE DAYS TO REVIEW AND COMMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD REVIEWS THE POLICY ANNUALLY AND SIGNS THE POLICY EACH YEAR, AS DO ALL OFFICERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE AMERICAN OPPORTUNITY FOUNDATION, INC HAS A COMPENSATION COMMITTEE AND UTILIZED A COMPE NSATION STUDY PREPARED BY OUTSIDE, INDEPENDENT COMPENSATION CONSULTING FIRMS TO ASSIST IN SETTING TOP MANAGEMENT COMPENSATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE BY REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE EXECUTIVE COMMITTEE OF THE BOARD HAS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANTS A MEMBER OF THE EXECUTIVE COMMITTEE SIGNS THE ANNUAL ENGAGEMENT LETTER FOR THE WORK TO BE PERFORMED BY THE INDEPENDENT ACCOUNTING FIRM THE EXECUTIVE COMMITTEE REVIEWS THE AUDITED FINANCIAL STATEMENTS

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

THE AMERICAN OPPORTUNITY FOUNDATION INC

Employer identification number

58-1533966

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 58-1533966
Name: THE AMERICAN OPPORTUNITY FOUNDATION INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 4401 NORTHSIDE PARKWAY SUITE 711 ATLANTA, GA 30327 58-2382647	LOW INCOME HOUSING	GA	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
(1) 4401 NORTHSIDE PARKWAY SUITE 711 ATLANTA, GA 30327 58-2381397	LOW INCOME HOUSING	TX	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
(2) 4401 NORTHSIDE PARKWAY SUITE 711 ATLANTA, GA 30327 58-2484113	LOW INCOME HOUSING	TX	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
(3) 4401 NORTHSIDE PARKWAY SUITE 711 ATLANTA, GA 30327 58-2416462	LOW INCOME HOUSING	OK	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
(4) 4401 NORTHSIDE PARKWAY SUITE 711 ATLANTA, GA 30327 20-4890384	LOW INCOME HOUSING	LA	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
(5) 4401 NORTHSIDE PARKWAY SUITE 711 ATLANTA, GA 30327 26-0530325	LOW INCOME HOUSING	MT	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
(6) 7755 CENTER AVENUE SUITE 575 HUNTINGTON BEACH, CA 92647 33-0741689	LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
(7) 7755 CENTER AVENUE SUITE 575 HUNTINGTON BEACH, CA 92647 33-0861387	LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
(8) 7755 CENTER AVENUE SUITE 575 HUNTINGTON BEACH, CA 92647 45-5551346	LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
(9) 4401 NORTHSIDE PARKWAY SUITE 711 ATLANTA, GA 30327 81-2682104	LOW INCOME HOUSING	FL	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 1024 ROYAL OAKS LP 2566 OVERLAND AVENUE SUITE 700 LOS ANGELES, CA 90064 20-0998307	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(1) 1315 MEADOW LP 2566 OVERLAND AVENUE SUITE 700 LOS ANGELES, CA 90064 33-2261995	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(2) 1625 ROSEMARIE LIMITED PARTNERSHIP 1516 S BUNDY DRIVE SUITE 300 LOS ANGELES, CA 90025 95-4742397	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(3) 3200 LAKEWOOD LP 2566 OVERLAND AVENUE SUITE 700 LOS ANGELES, CA 90064 20-3746743	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(4) 3800 CROMWELL LIMITED PARTNERSHIP 1516 S BUNDY DRIVE SUITE 300 LOS ANGELES, CA 90025 95-4742398	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(5) AHP - PARKWOOD LP 19700 FAIRCHILD SUITE 110 IRVINE, CA 92612 47-0878702	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(6) ALASKA HOUSE AFFILIATES LLC 2801 ALASKAN WAY SUITE 200 SEATTLE, WA 98121 77-0608337	AFFORDABLE HOUSING	WA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(7) CHICO GARDENS LIMITED PARTNERSHIP 1516 S BUNDY DRIVE SUITE 300 LOS ANGELES, CA 90025 95-4742396	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(8) DELMAS PARK ASSOCIATES LP 470 S MARKET STREET SAN JOSE, CA 95113 81-0548995	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(9) EL CAMINO FAMILY HOUSING LP 1661 WORTHINGTON ROAD SUITE 100 WEST PALM BEACH, FL 33409 77-0469181	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(10) FORT VANCOUVER PARTNER LP 17786 DES MOINES MEMORIAL DRIVE SEATTLE, WA 98148 05-0529430	AFFORDABLE HOUSING	WA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(11) HEARTLAND COLUMBIA POWELL PLAZA I LP 4802 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 55409 26-0098875	AFFORDABLE HOUSING	OR	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(12) HEARTLAND COLUMBIA POWELL PLAZA II LP 4802 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 55409 26-0098877	AFFORDABLE HOUSING	OR	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(13) HEARTLAND COLUMBIA TENINO TERRACE LP 4802 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 55409 26-0098869	AFFORDABLE HOUSING	OR	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(14) INTERNATIONAL HOUSE AFFILIATES LLC 2801 ALASKAN WAY SUITE 200 SEATTLE, WA 98121 77-0608343	AFFORDABLE HOUSING	WA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) KDF CLAREMONT LP 230 NEWPORT CENTER DRIVE SUITE 210 NEWPORT BEACH, CA 92660 33-0926671	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(1) KDF HERMOSA LP 230 NEWPORT CENTER DRIVE SUITE 210 NEWPORT BEACH, CA 92660 80-0079910	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(2) KDF HESPERIA LP 230 NEWPORT CENTER DRIVE SUITE 210 NEWPORT BEACH, CA 92660 20-3736331	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(3) KDF HESPERIA II LP 230 NEWPORT CENTER DRIVE SUITE 210 NEWPORT BEACH, CA 92660 20-5198767	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(4) KDF PIONEER LP 230 NEWPORT CENTER DRIVE SUITE 210 NEWPORT BEACH, CA 92660 33-0926670	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(5) LENZEN HOUSING LP 470 S MARKET STREET SAN JOSE, CA 95113 77-0552400	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(6) NHPAHP MEADOWVIEW APARTMENTS LIMITED PARTNERSHIP 1661 WORTHINGTON ROAD SUITE 100 WEST PALM BEACH, FL 33409 65-0880925	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(7) NHPAHP MAYBERRY LIMITED PARTNERSHIP 310 N WESTLAKE BLVD SUITE 210 WESTLAKE VILLAGE, CA 91362 65-0847402	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(8) NHPAHP VISTA SENIORS LIMITED PARTNERSHIP 1661 WORTHINGTON ROAD SUITE 100 WEST PALM BEACH, FL 33409 65-0960840	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(9) ONTARIO 4TH STREET LP 2566 OVERLAND AVENUE SUITE 700 LOS ANGELES, CA 90064 26-2498169	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(10) PARKSIDE PARTNERS LP 17786 DES MOINES MEMORIAL DRIVE SEATTLE, WA 98148 91-2122833	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(11) PINES AFFORDABLE HOUSING LLC 512 NORTH PINES ROAD SPOKANE, WA 99206 20-4242875	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(12) PONDEROSA AFFORDABLE SENIOR HOUSING 9314 E MONTGOMERY AVE SPOKANE, WA 99206 20-1904218	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(13) SAN JOSE ARTIST HOUSING LP 470 SOUTH MARKET STREET SAN JOSE, CA 95113 20-0983837	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(14) SILVERWOOD ALLIANCE APARTMENTS LLC 1120 E TERRACE ST SUITE 300 SEATTLE, WA 98122 91-2137784	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(31) STEADFAST CAMERON PARK LP 18100 VON KARMAN AVENUE SUITE 500 IRVINE, CA 92612 02-0591969	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(1) W-FOUNTAINS DIAMOND-BAR LP 2566 OVERLAND AVE 700 LOS ANGELES, CA 90064 20-8673269	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(2) PACIFIC PARK EXECUTIVE PLAZA LP 4530 E THOUSAND OAKS BLVD STE 100 WESTLAKE VILLAGE, CA 91362 82-0540216	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(3) SHILOH ARMS PARTNERS LP 1700 SEVENTH AVENUE SUITE 2000 SEATTLE, WA 98101 26-3158289	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(4) VERANDA GREEN TNC LLC 1120 E TERRACE ST SUITE 300 SEATTLE, WA 98122 20-8740216	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(5) ALE HOUSING LP 1700 SEVENTH AVENUE SUITE 2000 SEATTLE, WA 98101 26-1957584	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(6) CRESCENT MANOR PARTNERS LP 1700 SEVENTH AVENUE SUITE 2000 SEATTLE, WA 98101 27-0736916	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(7) CAPITAL FORESIGHT COMMUNITIES I LP 2980 BEVERLY GLEN CIRCLE SUITE 300 BEL AIR, CA 90077 27-5312853	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(8) AV APARTMENTS LP 18006 SKY PARK CIRCLE SUITE 200 IRVINE, CA 92614 27-4238542	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(9) RIALTO FAMILY HOUSING PARTNERS II LP 3105 EAST GUASTI ROAD SUITE 100 ONTARIO, CA 917618641 45-3961684	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(10) RIALTO FAMILY HOUSING PARTNERS LP 3105 EAST GUASTI ROAD SUITE 100 ONTARIO, CA 917618641 45-2688650	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(11) 1621 MESA DRIVE LP 500 NEWPORT CENTER DRIVE 2ND FLOOR NEWPORT BEACH, CA 92660 27-5219666	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(12) APD HOUSING PARTNERS 21 LP 1700 SEVENTH AVE SUITE 2000 SEATTLE, WA 98101 27-2043801	AFFORDABLE HOUSING	AK	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(13) LAUREL WOODS AFFORDABLE HOUSING LP 7755 CENTER AVENUE SUITE 575 HUNTINGTON BEACH, CA 92647 20-5781295	AFFORDABLE HOUSING	CA	AOFGOLDEN STATE COMMUNITY DEVELOPMENT CORP	N/A				No			No	
(14) AVHTV LP 7755 CENTER AVENUE SUITE 575 HUNTINGTON BEACH, CA 92647 80-0640638	AFFORDABLE HOUSING	CA	AOFGOLDEN STATE COMMUNITY DEVELOPMENT CORP	N/A				No			No	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(46) 7777 VALLEY VIEW LP 500 NEWPORT CENTER DRIVE 2ND FLOOR NEWPORT BEACH, CA 92660 33-0789831	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(1) CAMINO MERCADO PARTNERS LP 4530 E THOUSAND OAKS BLVD SUITE 100 WESTLAKE VILLAGE, CA 91362 22-3857055	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(2) DESERT VILLA PARTNERS LP 1700 SEVENTH AVENUE SUITE 2000 SEATTLE, WA 98101 45-4233117	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(3) PIERCE PARK APARTMENTS LP 18006 SKY PARK CIRCLE SUITE 200 IRVINE, CA 92614 45-2832714	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(4) APD HOUSING PARTNERS 16 LP 1700 SEVENTH AVE SUITE 2000 SEATTLE, WA 98101 26-2204759	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(5) ARLINGTON 8405 LP 2566 OVERLAND AVENUE SUITE 700 LOS ANGELES, CA 90064 45-3638993	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(6) 22702 PACIFIC PARK DRIVE LP 500 NEWPORT CENTER DRIVE 2ND FLOOR NEWPORT BEACH, CA 92660 33-0556579	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(7) CALENDULA COURT HOUSING PARTNERS LP 2030 MAIN STREET SUITE 1300 IRVINE, CA 92614 46-3797929	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(8) POMONA COMMUNITY PARTNERS LP 2922 DAIMLER STREET SANTA ANA, CA 92705 27-4337697	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(9) NOVA POINTE LP 2566 OVERLAND AVE 700 LOS ANGELES, CA 90064 46-2686350	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(10) RESERVE AT EVERETT PARTNERS LLLP 105 CRESCENT BAY DRIVE SUITE D LAGUNA BEACH, CA 92651 90-1006950	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(11) ROCKVALE APARTMENTS LP 101 PACIFICA SUITE 250 IRVINE, CA 92618 80-0869244	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(12) CATHEDRAL GARDENS PARTNERS LP 1700 SEVENTH AVE SUITE 2000 SEATTLE, WA 98101 46-2579785	AFFORDABLE HOUSING	OR	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(13) ALOSTA LANDMARK LP 10600 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025 80-0856586	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(14) SUMMERCREST APARTMENTS LP 18006 SKY PARK CIRCLE SUITE 200 IRVINE, CA 92614 90-1016876	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(61) EL RANCHO VERDE APARTMENTS LP 4401 WILSON BOULEVARD ARLINGTON, VA 22203 46-1071469	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(1) CAPITAL FORESIGHT COMMUNITIES III LP 2980 BEVERLY GLEN CIRCLE SUITE 300 LOS ANGELES, CA 90077 80-0905284	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(2) ST JOHNS PARTNERS LP 1700 SEVENTH AVE SUITE 2000 SEATTLE, WA 98101 46-1458685	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(3) HERALD APARTMENTS LP 1900 AVENUE OF THE STARS SUITE 530 LOS ANGELES, CA 90067 54-2093196	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(4) RAINIER VISTA ASSOCIATES LP 17786 DES MOINES MEMORIAL DRIVE SEATTLE, WA 98148 91-2122834	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(5) CF AVENTERRA II 2014 LP 2980 BEVERLY GLEN CIRCLE SUITE 300 BEL AIR, CA 90077 32-0446738	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(6) PARK GRAND LANDMARK LP 10600 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025 46-3827385	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(7) CF TUSCANY 2014 LP 2980 BEVERLY GLEN CIRCLE SUITE 300 BEL AIR, CA 90077 47-1837795	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(8) CF CITRUS BREEZE 2014 LP 2980 BEVERLY GLEN CIRCLE SUITE 300 LOS ANGELES, CA 90077 35-2513834	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(9) SUNNYLANE VILLAGE HOUSING PARTNERS LP 2030 MAIN STREET SUITE 1300 IRVINE, CA 92614 46-4410258	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(10) SYCAMORE POINTE PARTNERSHIP LP 2566 OVERLAND AVE STE 700 LOS ANGELES, CA 90064 46-5465045	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(11) TURNER HOUSING PARTNERS LP 2030 MAIN STREET SUITE 1300 IRVINE, CA 92614 46-4410369	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(12) VILLAS AT LAKEWOOD PARTNERS LLLP 105 CRESCENT BAY DRIVE SUITE D LAGUNA BEACH, CA 92651 46-1232211	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(13) 2555 WEST WINSTON ROAD LP 341 BAYSIDE DRIVE 3 NEWPORT BEACH, CA 92660 46-4618410	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(14) 1300 NORTH SHAFFER PARTNERS LP 500 NEWPORT CENTER DRIVE 2ND FLOOR NEWPORT BEACH, CA 92660 33-0771023	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(76) SANTA MONICA AFFORDABLE PARTNERS LP 1100 PARK PLACE SUITE 200 SAN MATEO, CA 94403 90-1006156	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No		Yes		
(1) LA BREA AFFORDABLE PARTNERS LP 1100 PARK PLACE SUITE 200 SAN MATEO, CA 94403 80-0942019	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No		Yes		
(2) ISG CANOAS TERRACE LP 548 MARKET STREET 99800 SAN FRANCISCO, CA 941015401 47-3533057	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No		Yes		
(3) 15811 EAST ALICANTE ROAD LP 500 NEWPORT CENTER DRIVE 2ND FLOOR NEWPORT BEACH, CA 92660 47-4748672	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No		Yes		
(4) PC MEADOWGLEN LP LLC 4956 N 300 W STE 300 PROVO, UT 84604 47-5670336	AFFORDABLE HOUSING	UT	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(5) WOODMARK PARTNERSHIP LP 2566 OVERLAND AVENUE SUITE 700 LOS ANGELES, CA 90064 47-2873220	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(6) THE DOUGLAS LP 1229 BURLINGAME AVENUE SUITE 207 BURLINGAME, CA 94010 47-1554173	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No		Yes		
(7) THE WINTHROP LP 1229 BURLINGAME AVENUE SUITE 207 BURLINGAME, CA 94010 32-0448449	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No		Yes		
(8) RAYMOND MANOR HOLDINGS LLC 520 PIKE STREET SUITE 1010 SEATTLE, WA 981014058 35-2519088	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No		Yes		
(9) ANTELOPE VALLEY APARTMENT ASSOC LP 19800 MACARTHUR BLVD SUITE 300 IRVINE, CA 92612 30-0809206	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP					No		Yes		
(10) CF AVENTERRA I 2014 LP 2980 BEVERLY GLEN CIRCLE SUITE 300 BEL AIR, CA 90077 30-0838320	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No		Yes		
(11) CHANNEL ISLAND APARTMENT ASSOCIATES LP 18006 SKY PARK CIRCLE SUITE 200 IRVINE, CA 92614 47-1633937	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No		Yes		
(12) EVERGREEN HOUSING PARTNERS LP 1700 SEVENTH AVE SUITE 2000 SEATTLE, WA 98101 47-3561133	AFFORDABLE HOUSING	IL	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No		Yes		
(13) LARC KENT STATION LLC 110 110TH AVE SUITE 550 BELLEVUE, WA 98004 47-5646726	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No		Yes		
(14) NEW ZION MANOR 2016 LP 20250 HARPER AVENUE DETROIT, MI 48225 47-5173725	AFFORDABLE HOUSING	MI	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No		Yes		

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(91) GLENBROOKE PUYALLUP LP ONE EMBARCADERO CENTER SUITE 500 SAN FRANCISCO, CA 94111 47-4171231	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No		Yes		

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	AOFBEXAR AFFORDABLE HOUSING CORP	C	1,200,000	COST
(1)	AOFPACIFIC AFFORDABLE HOUSING CORP	C	440,000	COST
(2)	AOFPACIFIC AFFORDABLE HOUSING CORP	Q	123,247	COST
(3)	AOFHOUSTON AFFORDABLE HOUSING CORP	D	1,000,000	COST
(4)	AOFHOUSTON AFFORDABLE HOUSING CORP	A	110,986	COST
(5)	AOFHOUSTON AFFORDABLE HOUSING CORP	R	308,000	COST
(6)	AOF FLORIDA AFFORDABLE HOUSING CORP	D	100,000	COST