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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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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) 1000 PARKWOOD CIRCLE SE NO 320 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30339

D Employer identification number
58-1533966

E Telephone number
(770) 937-0377

G Gross receipts $ 1,934,360

F Name and address of principal officer
PHILIP KENNEDY
1000 PARKWOOD CIRCLE SE SUITE 320
ATLANTA, GA 30339

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

Activities & Governance

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)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,504,731	720,010
9	Program service revenue (Part VIII, line 2g)	716,558	1,007,985
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	780,769	140,436
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)	3,002,058	1,868,431
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	153,590	124,500
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)	990,746	937,502
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	492,747	240,707
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,637,083	1,302,709
19	Revenue less expenses Subtract line 18 from line 12	1,364,975	565,722

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,483,010	9,596,031
21	Total liabilities (Part X, line 26)	280,416	306,488
22	Net assets or fund balances Subtract line 21 from line 20	9,202,594	9,289,543

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

****** | 2019-11-15
Signature of officer | Date

KATHRYN T WALKER VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ 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	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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 $ 1,115,654 including grants of $ 124,500) (Revenue $ 1,007,985)

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 ▶** 1,115,654

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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?*If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*(see instructions)	17		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? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

		Line	Yes	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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		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	38	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 ☐

				Line	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

				Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No

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 . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year — **1a** 5 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent — **1b** 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

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-A 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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 1000 PARKWOOD CIRCLE SE SUITE 320 ATLANTA, GA 30339 (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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) PHILIP J KENNEDY PRESIDENT, TRUSTEE	35 00 10 00	X		X				487,000	0	59,129
(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	35 00 10 00			X				260,000	0	53,556
(7) THOMAS J NULL VICE PRESIDENT	0 00 40 00			X				0	323,542	43,022

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

	(D)	(E)	(F)
1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, **Section A** . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	795,000	323,542	155,707

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 ▶ 2

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4	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?*If "Yes," complete Schedule J for such person*	5		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 . . . . ☐

Contributions, Gifts, Grants and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d	720,010				
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 ▶			720,010			

Program Service Revenue

	Business Code	(A)	(B)	(C)	(D)
2a MANAGEMENT FEES	561000	741,072	741,072		
b INTEREST INCOME	900099	266,913	266,913		
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f ▶		1,007,985			

Other Revenue

	(i)	(ii)	(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) ▶			142,156			142,156
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6a Gross rents						
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss) ▶						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	64,209					
b Less cost or other basis and sales expenses	65,929					
c Gain or (loss)	-1,720					
d Net gain or (loss) ▶			-1,720			-1,720
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 ▶			1,868,431	1,007,985	0	140,436

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	123,000	123,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,500	1,500		
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	912,926	797,633	115,293	
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	24,576	22,118	2,458	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	8,000		8,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	25,000		25,000	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,930		1,930	
12 Advertising and promotion				
13 Office expenses	16,318	11,896	4,422	
14 Information technology				
15 Royalties . .				
16 Occupancy	27,786	19,450	8,336	
17 Travel	34,017	28,590	5,427	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	575		575	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	7,230	3,615	3,615	
23 Insurance . . .	15,634	9,545	6,089	
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 SOCIAL SERVICES EXPENSE	59,250	59,250		
b OVERHEAD FEE	30,663	30,663		
c TELEPHONE	6,207	4,345	1,862	
d DUES & SUBSCRIPTIONS	4,533	2,267	2,266	
e All other expenses	3,564	1,782	1,782	
25 **Total functional expenses.** Add lines 1 through 24e	1,302,709	1,115,654	187,055	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 ▶ ☐ 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		127,776	1	586,807
	2	Savings and temporary cash investments		759,573	2	531,347
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		566,261	4	957,080
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		200,000	5	200,000
	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		2,440,000	7	1,830,000
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	1,089
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 44,647			
	b	Less accumulated depreciation	10b 31,165	20,712	10c	13,482
	11	Investments—publicly traded securities		5,265,155	11	5,377,889
	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		103,533	15	98,337
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,483,010	16	9,596,031
Liabilities	17	Accounts payable and accrued expenses		280,416	17	306,488
	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		280,416	26	306,488
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		9,202,594	27	9,289,543
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	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		9,202,594	33	9,289,543
	34	Total liabilities and net assets/fund balances		9,483,010	34	9,596,031

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,868,431
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,302,709
3	Revenue less expenses Subtract line 2 from line 1	3	565,722
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,202,594
5	Net unrealized gains (losses) on investments	5	-478,773
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	9,289,543

Part XII Financial Statements and Reporting

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

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

Additional Data

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

Form 990 (2018)

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)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2018

Open to Public Inspection

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 331/3% 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 331/3% 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), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**
(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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** . . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2017 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2018.** 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 ▶ ☐

b **33 1/3% support test—2017.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2018.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2017.** 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 ▶ ☐

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 ▶ ☐

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,547,220	1,225,000	1,640,000	1,504,731	720,010	7,636,961
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	228,210	145,624	478,878	642,550	1,007,985	2,503,247
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	2,775,430	1,370,624	2,118,878	2,147,281	1,727,995	10,140,208
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)						10,140,208

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	2,775,430	1,370,624	2,118,878	2,147,281	1,727,995	10,140,208
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	144,700	193,339	117,837	780,769	140,436	1,377,081
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	144,700	193,339	117,837	780,769	140,436	1,377,081
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)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)	2,920,130	1,563,963	2,236,715	2,928,050	1,868,431	11,517,289

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 2018 (line 8, column (f) divided by line 13, column (f))	15	88 040 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	86 890 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	11 960 %
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	13 110 %

19a **331/3% support tests—2018.** 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—2017.** 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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

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

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)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard*	3		

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 ☐ The organization satisfied the Activities Test Complete **line 2** below

b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
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? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	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? *Provide details in **Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard*	3b		

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 (explain in Part VI) **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 ☐ 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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 7/25/06, 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
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

			Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	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		44,647	31,165	13,482
e Other				

Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶ 13,482

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.

1. (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	1,389,658
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-478,773		
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	-478,773
3	Subtract line **2e** from line **1**			3	1,868,431
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	1,868,431

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	1,302,709
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	1,302,709
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	1,302,709

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 FI NANCIAL STATEMENTS THE CORPORATION HAS ADOPTED THE PROVISIONS OF FASB ASC 740-10 INCOME T AXES IT REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A 'MORE-LIKEL Y-THAN-NOT' THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RE TURN THE IMPLEMENTATION OF ASC 740-10 HAD NO IMPACT ON THE CORPORATION'S STATEMENT OF FIN ANCIAL 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 A CTIVITIES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
THE AMERICAN OPPORTUNITY FOUNDATION INC

Employer identification number
58-1533966

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	**Explanation**

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENNESAW STATE UNIVERSITY FOUNDATION 1000 CHASTAIN ROAD NO 9101 KENNESAW, GA 30144	23-7034345	501(C)(3)	66,000				EMERGENCY HOUSING FOR HOMELESS STUDENTS
WARRICK DUNN CHARITIES INC 229 PEACHTREE STREET NE SUITE 675 ATLANTA, GA 30303	42-1545318	501(C)(3)	25,000				ASSISTANCE TO ECONOMICALLY DISADVANTAGED SINGLE PARENTS AND CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DRAKE HOUSE INC 10500 CLARA DRIVE ROSWELL, GA 30075	20-0943038	501(C)(3)	26,000				HOUSING FOR HOMELESS SINGLE MOTHERS AND THEIR CHILDREN
NAMI GEORGIA 4120 PRESIDENTIAL PKWY STE 200 ATLANTA, GA 30340	58-1466482	501(C)(3)	5,000				TO ASSIST THOSE WITH MENTAL ILLNESSES

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
THE AMERICAN OPPORTUNITY FOUNDATION INC

Employer identification number
58-1533966

Part I Questions Regarding Compensation

			Yes	No
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 ☑ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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	
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 ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	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 nonfixed 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 accured 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)	375,000	100,000	12,000	32,860	26,269	546,129	0
	(ii)	0	0	0	0	0	0	0
2 KATHRYN WALKER VICE PRESIDENT, SECRETARY	(i)	210,000	50,000	0	30,632	22,924	313,556	0
	(ii)	0	0	0	0	0	0	0
3 THOMAS J NULL VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	273,542	50,000	0	32,860	10,162	366,564	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	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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

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Name of the organization
THE AMERICAN OPPORTUNITY FOUNDATION INC

Employer identification number
58-1533966

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) PHILIP J KENNEDY	PRESIDENT AND TRUSTEE	MORTGAGE FINANCING ON SECOND HOME		X	200,000	200,000		No	Yes		Yes	
Total				▶ $		200,000						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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 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 SEL ECTION OF THE INDEPENDENT ACCOUNTANTS A MEMBER OF THE EXECUTIVE COMMITTEE SIGNS THE ANNUA L ENGAGEMENT LETTER FOR THE WORK TO BE PERFORMED BY THE INDEPENDENT ACCOUNTING FIRM THE E XECUTIVE 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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) 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 orgranization 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		No
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) 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**		**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
1000 PARKWOOD CIRCLE SE SUITE 320 ATLANTA, GA 30339 58-2382647	LOW INCOME HOUSING	GA	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
1000 PARKWOOD CIRCLE SE SUITE 320 ATLANTA, GA 30339 58-2381397	LOW INCOME HOUSING	TX	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
1000 PARKWOOD CIRCLE SE SUITE 320 ATLANTA, GA 30339 58-2484113	LOW INCOME HOUSING	TX	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
1000 PARKWOOD CIRCLE SE SUITE 320 ATLANTA, GA 30339 58-2416462	LOW INCOME HOUSING	OK	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
1000 PARKWOOD CIRCLE SE SUITE 320 ATLANTA, GA 30339 20-4890384	LOW INCOME HOUSING	LA	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
1000 PARKWOOD CIRCLE SE SUITE 320 ATLANTA, GA 30339 26-0530325	LOW INCOME HOUSING	MT	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
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	
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	
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	
1000 PARKWOOD CIRCLE SE SUITE 320 ATLANTA, GA 30339 81-2682104	LOW INCOME HOUSING	FL	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
1000 PARKWOOD CIRCLE SE SUITE 320 ATLANTA, GA 30339 82-0798057	LOW INCOME HOUSING	FL	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
1000 PARKWOOD CIRCLE SE SUITE 320 ATLANTA, GA 30339 82-2074654	LOW INCOME HOUSING	FL	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	Yes	
1000 PARKWOOD CIRCLE SE SUITE 320 ATLANTA, GA 30339 81-5278581	LOW INCOME HOUSING	FL	501(C)(3)	LINE 10	THE AMERICAN OPPORTUNITY FOUNDATION INC	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? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
(1) 1024 ROYAL OAKS LP 2566 OVERLAND AVENUE SUITE 700 LOS ANGELES, CA 90064 20-0998307	AFFORDABLE HOUSING	CA	AOFPACIFIC 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	AOFPACIFIC 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	AOFPACIFIC 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	AOFPACIFIC 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	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(5) AHP - PARKWOOD LP 4075 PROSPECT AVE STE 101 YORBA LINDA, CA 92886 47-0878702	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(6) CHICO GARDENS LIMITED PARTNERSHIP 1516 S BUNDY DRIVE SUITE 300 LOS ANGELES, CA 90025 95-4742396	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(7) DELMAS PARK ASSOCIATES LP 470 S MARKET STREET SAN JOSE, CA 95113 81-0548995	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(8) EL CAMINO FAMILY HOUSING LP 1661 WORTHINGTON ROAD SUITE 100 WEST PALM BEACH, FL 33409 77-0469181	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(9) 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	
(10) 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	
(11) 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	
(12) 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	
(13) 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	
(14) LENZEN HOUSING LP 470 S MARKET STREET SAN JOSE, CA 95113 77-0552400	AFFORDABLE HOUSING	CA	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) 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	
(16) 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	
(1) PINES AFFORDABLE HOUSING LLC 512 NORTH PINES ROAD SPOKANE, WA 99206 20-4242875	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(2) PONDEROSA AFFORDABLE SENIOR HOUSING 9314 E MONTGOMERY AVE SPOKANE, WA 99206 20-1904218	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(3) 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	
(4) 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	
(5) 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	
(6) 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	
(7) 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	
(8) 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	
(9) 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	
(10) ALE HOUSING LP 3 EAST STOW ROAD SUITE 100 MARLTON, NJ 08053 26-1957584	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(11) 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	
(12) 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	
(13) 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	
(14) 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	

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(31) 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	
(1) 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	
(2) 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	
(3) 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	
(4) 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	
(5) 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	
(6) 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	
(7) APD HOUSING PARTNERS 16 LP 3 EAST STOW ROAD SUITE 100 MARLTON, NJ 08053 26-2204759	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(8) 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	
(9) 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	
(10) CALENDULA COURT HOUSING PARTNERS LP 26565 WEST AGOURA ROAD SUITE 200 CALABASAS, CA 91302 46-3797929	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(11) POMONA COMMUNITY PARTNERS LP 2922 DAIMLER STREET SANTA ANA, CA 92705 27-4337697	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(12) NOVA POINTE LP 2566 OVERLAND AVE 700 LOS ANGELES, CA 90064 46-2686350	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(13) RESERVE AT EVERETT PARTNERS LLLP 323 TELEGRAPH ROAD BELLINGHAM, WA 98226 90-1006950	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(14) ROCKVALE APARTMENTS LP 101 PACIFICA SUITE 250 IRVINE, CA 92618 80-0869244	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	

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(46) 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	
(1) ALOSTA LANDMARK LP 10600 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025 80-0856586	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(2) 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	
(3) EL RANCHO VERDE APARTMENTS LP 4401 WILSON BOULEVARD ARLINGTON, VA 22203 46-1071469	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(4) 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	
(5) 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	
(6) 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	
(7) 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	
(8) 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	
(9) 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	
(10) 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	
(11) 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	
(12) SUNNYLANE VILLAGE HOUSING PARTNERS LP 26565 WEST AGOURA ROAD SUITE 200 CALABASAS, CA 91302 46-4410258	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(13) 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	
(14) TURNER HOUSING PARTNERS LP 26565 WEST AGOURA ROAD SUITE 200 CALABASAS, CA 91302 46-4410369	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	

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							Yes	No		Yes	No	
(61) VILLAS AT LAKEWOOD PARTNERS LLLP 323 TELEGRAPH ROAD BELLINGHAM, WA 98226 46-1232211	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(1) 2555 WEST WINSTON ROAD LP 500 NEWPORT CENTER DRIVE SUITE 200 NEWPORT BEACH, CA 92660 46-4618410	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(2) 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	
(3) 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			No	
(4) 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			No	
(5) ISG CANOAS TERRACE LP 548 MARKET STREET 99800 SAN FRANCISCO, CA 941015401 47-3533057	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(6) 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			No	
(7) 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	
(8) 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	
(9) THE DOUGLAS LP 3101 BEE CAVES ROAD SUITE 220 AUSTIN, TX 78746 47-1554173	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(10) THE WINTHROP LP 3101 BEE CAVES ROAD SUITE 220 AUSTIN, TX 78746 32-0448449	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(11) RAYMOND MANOR HOLDINGS LLC 520 PIKE STREET SUITE 1010 SEATTLE, WA 981014058 35-2519088	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(12) ANTELOPE VALLEY APARTMENT ASSOC LP 18006 SKY PARK CIRCLE 200 IRVINE, CA 92614 30-0809206	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP					No			No	
(13) 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			No	
(14) 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			No	

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							Yes	No		Yes	No	
(76) EVERGREEN HOUSING PARTNERS LP 1700 SEVENTH AVE SUITE 2000 SEATTLE, WA 98101 47-3561133	AFFORDABLE HOUSING	IL	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(1) LARC KENT STATION LLC 110 110TH AVE SUITE 550 BELLEVUE, WA 98004 47-5646726	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(2) 1150 TESORO GROVE WAY LP 500 NEWPORT CENTER DRIVE SUITE 200 NEWPORT BEACH, CA 92660 82-0942567	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(3) 1607 GRANDON AVENUE LP 500 NEWPORT CENTER DRIVE SUITE 200 NEWPORT BEACH, CA 92660 82-3674771	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(4) 1920 BATSON AVENUE LP 500 NEWPORT CENTER DRIVE SUITE 200 NEWPORT BEACH, CA 92660 94-3296535	AFFORDABLE HOUSING	CA	N/A	N/A				No			No	
(5) WRIGHT PARK HOUSE LP 3101 BEE CAVES ROAD SUITE 220 AUSTIN, TX 78746 30-0931261	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(6) DESERT HOT SPRINGS PORTFOLIO HOUSING PARTNERS LP 26565 WEST AGOURA ROAD SUITE 200 CALABASAS, CA 91302 81-2795050	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(7) FINLEY SQUARE HOUSING PARTNERS LP 26565 WEST AGOURA ROAD SUITE 200 CALABASAS, CA 91302 81-4109955	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(8) PAXION ROCKLIN AH LP 6710 E CAMELBACK ROAD SUITE 100 SCOTTSDALE, AZ 85251 82-1417787	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(9) ST MARKS PRESERVATION LP 250 WEST 55TH STREET 35TH FLOOR NEW YORK, NY 10019 81-3141519	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(10) VILLA RITA HOUSING PARTNERS LP 26565 WEST AGOURA ROAD SUITE 200 CALABASAS, CA 91302 81-4193460	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(11) LINDEN FLATS LLLP 520 PIKE STREET SUITE 1010 SEATTLE, WA 98101 30-0940263	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(12) JUNEAU SENIOR HOUSING PARTNERS LP 520 PIKE STREET SUITE 1010 SEATTLE, WA 98101 30-0890175	AFFORDABLE HOUSING	AK	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(13) HOMESTEAD APARTMENTS LP 3101 BEE CAVES ROAD SUITE 220 AUSTIN, TX 78746 38-4038286	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(14) CASA PULETA APARTMENTS LP 310 N WESTLAKE BLVD SUITE 210 WESTLAKE VILLAGE, CA 91362 81-3841345	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	

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(91) VIEWCREST ALLIANCE APARTMENTS LLC 18006 SKY PARK CIRCLE SUITE 200 IRVINE, CA 92614 73-1636992	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(1) OLYMPIA VISTA APARTMENT ASSOCIATES LLC 110 110TH AVE NE SUITE 550 BELLEVUE, WA 98004 46-1693340	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(2) SAN CARLOS WILLARD ASSOCIATES LP 470 SOUTH MARKET STREET SAN JOSE, CA 95113 47-0873403	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(3) LARC BURIEN LLC 110 110TH AVE NE SUITE 550 BELLEVUE, WA 98004 81-2742556	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(4) VILLA ESCONDIDO APARTMENTS LP 7755 CENTER AVENUE SUITE 575 HUNTINGTON BEACH, CA 92647 38-4021496	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(5) HLH AFFORDABLE LP 701 S MYRTLE AVENUE MONROVIA, CA 91016 30-0877002	AFFORDABLE HOUSING	CA	AOFGOLDEN STATE COMMUNITY DEVELOPMENT CORP	N/A				No			No	
(6) 10632 BOLSA AVENUE LP 500 NEWPORT CENTER DRIVE SUITE 200 NEWPORT BEACH, CA 92660 81-4181936	AFFORDABLE HOUSING	CA	AOFGOLDEN STATE COMMUNITY DEVELOPMENT CORP	N/A				No			No	
(7) PIERCE PARK APARTMENT ASSOCIATES LP 18006 SKY PARK CIRCLE 200 IRVINE, CA 92647 47-5438328	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(8) DELANO GARDENS HOUSING PARTNERS LP 26565 WEST AGOURA ROAD SUITE 200 CALABASAS, CA 91302 82-2833634	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(9) ENCORE HOUSING LLLP 520 PIKE STREET SUITE 1010 SEATTLE, WA 98101 82-3949841	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(10) FAIRHAVEN HOUSING LIMITED PARTNERSHIP 3416 VIA OPORTO SUITE 301 NEWPORT BEACH, CA 92663 81-3586604	AFFORDABLE HOUSING	OR	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(11) ADAMS CITY LIGHTS ASSOCIATES 3250 WILSHIRE BLVD SUITE 1805 LOS ANGELES, CA 90010 95-4739443	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(12) ANGELS CITY LIGHTS ASSOCIATES 3250 WILSHIRE BLVD SUITE 1805 LOS ANGELES, CA 90010 95-4799032	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(13) COCHRAN CITY LIGHTS ASSOCIATES 3250 WILSHIRE BLVD SUITE 1805 LOS ANGELES, CA 90010 95-4559388	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(14) GARLAND CITY LIGHTS ASSOCIATES 3250 WILSHIRE BLVD SUITE 1805 LOS ANGELES, CA 90010 95-4559392	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	

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(106) GATEWAY CITY LIGHTS ASSOCIATES LP 3250 WILSHIRE BLVD SUITE 1805 LOS ANGELES, CA 90010 95-4757434	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(1) GRANDVIEW CITY LIGHTS ASSOCIATES 3250 WILSHIRE BLVD SUITE 1805 LOS ANGELES, CA 90010 95-4651657	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(2) HAPPY VALLEY CITY LIGHTS 3250 WILSHIRE BLVD SUITE 1805 LOS ANGELES, CA 90010 95-4828368	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(3) MISSION CITY LIGHTS ASSOCIATES 3250 WILSHIRE BLVD SUITE 1805 LOS ANGELES, CA 90010 95-4817630	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(4) WESTLAKE CITY LIGHTS 3250 WILSHIRE BLVD SUITE 1805 LOS ANGELES, CA 90010 95-4559395	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(5) WILSHIRE CITY LIGHTS ASSOCIATES 3250 WILSHIRE BLVD SUITE 1805 LOS ANGELES, CA 90010 95-4799029	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(6) KING CROSSING HOUSING PARTNERS LP 26565 WEST AGOURA ROAD SUITE 200 CALABASAS, CA 91302 81-2776671	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(7) SANTA INEZ APARTMENTS LP 7755 CENTER AVENUE SUITE 575 HUNTINGTON BEACH, CA 92647 82-3399309	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(8) SPRINGTREE WISHROCK LIMITED PARTNERSHIP THREE CANAL PLAZA SUITE 501 PORTLAND, ME 04101 82-3878387	AFFORDABLE HOUSING	OR	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(9) WILLOW CROSSING LLLP 520 PIKE STREET SUITE 1010 SEATTLE, WA 98101 83-1838622	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(10) 1996 MAPLE AVENUE LP 500 NEWPORT CENTER DRIVE 2ND FLOOR NEWPORT BEACH, CA 92660 27-0342779	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(11) MAPLE AND MAIN APARTMENTS LP 26515 CARMEL RANCHO BLVD STE 200 CARMEL, CA 93923 90-1285115	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(12) CLAREMONT VILLAGE VENTURE LP 2711 N SEPULVEDA BLVD 526 MANHATTAN BEACH, CA 90266 82-3601000	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(13) PIONEER GARDENS VENTURE LP 2711 N SEPULVEDA BLVD 526 MANHATTAN BEACH, CA 90266 82-3559540	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
(14) PARKWOOD MANOR HOUSING PARTNERS LP 26565 WEST AGOURA ROAD SUITE 200 CALABASAS, CA 91302 82-2907073	AFFORDABLE HOUSING	CA	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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
(121) CASA PAREDES HOUSING PARTNERS LP 26565 WEST AGOURA ROAD SUITE 200 CALABASAS, CA 91302 82-2630210	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	

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)	AOFGOLDEN STATE COMMUNITY DEVELOPMENT CORP	C	150,000	COST
(1)	AOFPACIFIC AFFORDABLE HOUSING CORP	C	570,000	COST
(2)	AOFPACIFIC AFFORDABLE HOUSING CORP	L	120,000	COST
(3)	AOFHOUSTON AFFORDABLE HOUSING CORP	D	1,016,000	COST
(4)	AOFHOUSTON AFFORDABLE HOUSING CORP	A	120,000	COST
(5)	AOF FLORIDA AFFORDABLE HOUSING CORP	L	361,000	COST
(6)	AOF MIAMI DADE AFFORDABLE HOUSING CORP	D	900,482	COST
(7)	AOFHOUSTON AFFORDABLE HOUSING CORP	L	123,000	COST
(8)	AOF MIAMI DADE AFFORDABLE HOUSING CORP	L	51,373	COST
(9)	AOF MIAMI DADE AFFORDABLE HOUSING CORP	A	122,456	COST
(10)	AOF FLORIDA AFFORDABLE HOUSING CORP	A	24,457	COST