

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

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

**C** Name of organization  
THE AMERICAN OPPORTUNITY FOUNDATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1000 PARKWOOD CIRCLE SE NO 320

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 \$ 2,128,622

**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**

**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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	5
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	4
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	2
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	720,010	1,372,815
<b>9</b> Program service revenue (Part VIII, line 2g)	1,007,985	569,168
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	140,436	151,385
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,868,431	2,093,368

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	124,500	1,030,134
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	937,502	1,009,114
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	240,707	307,354
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,302,709	2,346,602
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	565,722	-253,234

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	9,596,031	10,497,162
<b>21</b> Total liabilities (Part X, line 26)	306,488	404,917
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	9,289,543	10,092,245

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2020-11-13  
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 Phone no. (850) 650-0125  
DESTIN, FL 32540

**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 \$ 2,086,855 including grants of \$ 1,030,134 ) (Revenue \$ 569,168 )  
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 ▶ 2,086,855

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 main columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form with multiple sections (2a-16) containing questions and input fields for tax compliance reporting.

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

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: GA, CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-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.
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... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees, or highest compensated employees... List all of the organization's former directors or trustees...

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

<b>Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							809,000	325,000	169,669	

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	1,372,815				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f . . . . .			1,372,815			
<b>Program Service Revenue</b>	<b>2a</b> MANAGEMENT FEES	Business Code					
		561000	349,568	349,568			
	<b>b</b> INTEREST INCOME	900099	219,600	219,600			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .		569,168					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		151,639			151,639	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	<b>6a</b>				
			(ii) Personal	<b>6a</b>			
		<b>b</b> Less: rental expenses	<b>6b</b>				
		<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	<b>7a</b>	35,000			
			(ii) Other	<b>7a</b>			
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	35,254			
		<b>c</b> Gain or (loss)	<b>7c</b>	-254			
	<b>d</b> Net gain or (loss) . . . . .			-254		-254	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code						
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See instructions . . . . .			2,093,368	569,168	0	151,385	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,028,424	1,028,424		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	1,710	1,710		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	981,977	854,179	127,798	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .	27,137	24,423	2,714	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	28,955	28,955		
<b>c</b> Accounting . . . . .	8,000		8,000	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	25,000		25,000	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	50,987		50,987	
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	18,385	13,429	4,956	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	55,055	38,539	16,516	
<b>17</b> Travel . . . . .	29,944	23,929	6,015	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	950		950	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	11,500	5,750	5,750	
<b>23</b> Insurance . . . . .	16,950	11,989	4,961	
<b>24</b> 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.)				
<b>a</b> SOCIAL SERVICES EXPENSE	45,099	45,099		
<b>b</b> DUES & SUBSCRIPTIONS	5,186	2,593	2,593	
<b>c</b> TELEPHONE	4,746	3,322	1,424	
<b>d</b> GIFTS	3,957	3,957		
<b>e</b> All other expenses	2,640	557	2,083	
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,346,602	2,086,855	259,747	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	586,807	<b>1</b>	205,270
	<b>2</b> Savings and temporary cash investments . . . . .	531,347	<b>2</b>	515,331
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	957,080	<b>4</b>	914,666
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	200,000	<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	1,830,000	<b>7</b>	1,830,000
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,089	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	53,417		
	<b>b</b> Less: accumulated depreciation	9,659		
	<b>11</b> Investments—publicly traded securities . . . . .	5,377,889	<b>11</b>	6,530,295
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	98,337	<b>15</b>	457,842
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	9,596,031	<b>16</b>	10,497,162	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	306,488	<b>17</b>	351,123
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	53,794
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
<b>25</b> 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		<b>25</b>		
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	306,488	<b>26</b>	404,917	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	9,289,543	<b>27</b>	10,092,245
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	9,289,543	<b>32</b>	10,092,245	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	9,596,031	<b>33</b>	10,497,162	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,093,368
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,346,602
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-253,234
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	9,289,543
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,055,936
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	10,092,245

**Part XII Financial Statements and Reporting**

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

- 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?  
 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?  
 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?  
 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?
- 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.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-1533966

**Name:** THE AMERICAN OPPORTUNITY FOUNDATION INC

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

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

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**SCHEDULE A**  
(Form 990 or 990-EZ)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
THE AMERICAN OPPORTUNITY FOUNDATION INC

**Employer identification number**  
58-1533966

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,225,000	1,640,000	1,504,731	720,010	1,372,815	6,462,556
<b>2</b> 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	145,624	478,878	642,550	1,007,985	569,168	2,844,205
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1,370,624	2,118,878	2,147,281	1,727,995	1,941,983	9,306,761
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</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
<b>c</b> Add lines 7a and 7b.						0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						9,306,761

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6.	1,370,624	2,118,878	2,147,281	1,727,995	1,941,983	9,306,761
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	193,339	117,837	780,769	140,436	151,385	1,383,766
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.	193,339	117,837	780,769	140,436	151,385	1,383,766
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,563,963	2,236,715	2,928,050	1,868,431	2,093,368	10,690,527

**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**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	87.060 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	88.040 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	12.940 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	11.960 %

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	<b>4b</b>		
<b>c</b>	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)? <i>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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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

**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
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ .....
- b** Permanent endowment ▶ .....
- c** Temporarily restricted endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		53,417	9,659	43,758
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				43,758

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	3,149,304
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	1,055,936
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,055,936
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	2,093,368
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	2,093,368

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	2,346,602
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	2,346,602
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	2,346,602

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-1533966

**Name:** THE AMERICAN OPPORTUNITY FOUNDATION INC

## Supplemental Information

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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...
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.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5
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.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KENNESAW STATE UNIVERSITY FOUNDATION 1000 CHASTAIN ROAD NO 9101 KENNESAW, GA 30144	23-7034345	501(C)(3)	76,524				EMERGENCY HOUSING FOR HOMELESS STUDENTS, SCHOLARSHIPS & COMPUTERS
WARRICK DUNN CHARITIES INC 229 PEACHTREE STREET NE SUITE 675 ATLANTA, GA 30303	42-1545318	501(C)(3)	20,000				SCHOLARSHIPS FOR DISADVANTAGED STUDENTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE DRAKE HOUSE INC 10500 CLARA DRIVE ROSWELL, GA 30075	20-0943038	501(C)(3)	15,000				HOUSING FOR HOMELESS SINGLE MOTHERS AND THEIR CHILDREN
NAMI GEORGIA 4120 PRESIDENTIAL PKWY STE 200 ATLANTA, GA 30340	58-1466482	501(C)(3)	15,000				TO ASSIST THOSE WITH MENTAL ILLNESSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AOF HSI MANAGEMENT SERVICES CORP 1000 PARKWOOD CIRCLE SE SUITE 320 ATLANTA, GA 30339	84-2147133	501(C)(3)	900,000				HOUSING ASSISTANCE TO THE ECONOMICALLY DISADVANTAGED



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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.		
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on 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	<b>1b</b> Yes	
<b>2</b> 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 on Line 1a?	<b>2</b> Yes	
<b>3</b> 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.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> 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.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**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	34,544	30,298	551,842	0
	(ii)	0	0	0	0	0	0	0
2 KATHRYN WALKER VICE PRESIDENT, SECRETARY	(i)	210,000	50,000	0	32,387	25,116	317,503	0
	(ii)	0	0	0	0	0	0	0
3 THOMAS J NULL VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	275,000	50,000	0	34,544	12,780	372,324	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 O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

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 COMPENSATION STUDY PREPARED BY OUTSIDE, INDEPENDENT COMPENSATION CONSULTING FIRMS TO ASSIST IN SETTING TOP MANAGEMENT COMPENSATION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE BY REQUEST.

## 990 Schedule O, Supplemental Information

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



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE AMERICAN OPPORTUNITY FOUNDATION INC

Employer identification number

58-1533966

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> HSI MANAGEMENT INC 1000 PARKWOOD CIRCLE SE SUITE 320 ATLANTA, GA 30339 58-1119868	MANAGEMENT OF AFFORDABLE HOUSING	GA	AOF HSI MANAGEMENT SERVICES CORP	C					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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>Yes</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>Yes</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>Yes</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>Yes</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		<b>No</b>
<b>f</b> Dividends from related organization(s) . . . . .		<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .		<b>No</b>
<b>h</b> Purchase of assets from related organization(s) . . . . .		<b>No</b>
<b>i</b> Exchange of assets with related organization(s) . . . . .		<b>No</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		<b>No</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		<b>No</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>Yes</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		<b>No</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>Yes</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		<b>No</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		<b>No</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>Yes</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		<b>No</b>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		<b>No</b>

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

See Additional Data Table

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

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

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

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

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**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	
1000 PARKWOOD CIRCLE SE SUITE 320 ATLANTA, GA 30339 84-2147133	LOW INCOME HOUSING	GA	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) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
LENZEN HOUSING LP 470 S MARKET STREET SAN JOSE, CA 95113 77-0552400	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
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	
PINES AFFORDABLE HOUSING LLC 512 NORTH PINES ROAD SPOKANE, WA 99206 20-4242875	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
PONDEROSA AFFORDABLE SENIOR HOUSING 9314 E MONTGOMERY AVE SPOKANE, WA 99206 20-1904218	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SAN JOSE ARTIST HOUSING LP 470 SOUTH MARKET STREET SAN JOSE, CA 95113 20-0983837	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
SILVERWOOD ALLIANCE APARTMENTS LLC 1120 E TERRACE ST SUITE 300 SEATTLE, WA 98122 91-2137784	AFFORDABLE HOUSING	WA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
STEADFAST CAMERON PARK LP 18100 VON KARMAN AVENUE SUITE 500 IRVINE, CA 92612 02-0591969	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
W-FOUNTAINS DIAMOND-BAR LP 2566 OVERLAND AVE 700 LOS ANGELES, CA 90064 20-8673269	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
PACIFIC PARK EXECUTIVE PLAZA LP 4530 E THOUSAND OAKS BLVD STE 100 WESTLAKE VILLAGE, CA 91362 82-0540216	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
SHILOH ARMS PARTNERS LP 1700 SEVENTH AVENUE SUITE 2000 SEATTLE, WA 98101 26-3158289	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
VERANDA GREEN TNC LLC 1120 E TERRACE ST SUITE 300 SEATTLE, WA 98122 20-8740216	AFFORDABLE HOUSING	WA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
ALE HOUSING LP 2 COOPER STREET CAMDEN, NJ 08101 26-1957584	AFFORDABLE HOUSING	WA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
CRESCENT MANOR PARTNERS LP 1700 SEVENTH AVENUE SUITE 2000 SEATTLE, WA 98101 27-0736916	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
CAPITAL FORESIGHT COMMUNITIES I LP 2980 BEVERLY GLEN CIRCLE SUITE 300 BEL AIR, CA 90077 27-5312853	AFFORDABLE HOUSING	DE	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
RIALTO FAMILY HOUSING PARTNERS II LP 3105 EAST GUASTI ROAD SUITE 100 ONTARIO, CA 917618641 45-3961684	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
RIALTO FAMILY HOUSING PARTNERS LP 3105 EAST GUASTI ROAD SUITE 100 ONTARIO, CA 917618641 45-2688650	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
1621 MESA DRIVE LP 500 NEWPORT CENTER DRIVE SUITE 200 NEWPORT BEACH, CA 92660 27-5219666	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
APD HOUSING PARTNERS 21 LP 1700 SEVENTH AVE SUITE 2000 SEATTLE, WA 98101 27-2043801	AFFORDABLE HOUSING	AK	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
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	



(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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	
7777 VALLEY VIEW LP 500 NEWPORT CENTER DRIVE SUITE 200 NEWPORT BEACH, CA 92660 33-0789831	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
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	
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	
APD HOUSING PARTNERS 16 LP 2 COOPER STREET CAMDEN, NJ 08101 26-2204759	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
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	
22702 PACIFIC PARK DRIVE LP 500 NEWPORT CENTER DRIVE SUITE 200 NEWPORT BEACH, CA 92660 33-0556579	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
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	
POMONA COMMUNITY PARTNERS LP 2922 DAIMLER STREET SANTA ANA, CA 92705 27-4337697	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
RESERVE AT EVERETT PARTNERS LLLP 323 TELEGRAPH ROAD BELLINGHAM, WA 98226 90-1006950	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
ROCKVALE APARTMENTS LP 101 PACIFICA SUITE 250 IRVINE, CA 92618 80-0869244	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
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	
ALOSTA LANDMARK LP 10600 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025 80-0856586	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
SUMMERCREST APARTMENTS ASSOCIATES LP 18006 SKY PARK CIRCLE SUITE 200 IRVINE, CA 92614 82-3433412	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
EL RANCHO VERDE APARTMENTS LP 4401 WILSON BOULEVARD ARLINGTON, VA 22203 46-1071469	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	

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							Yes	No		Yes	No	
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	
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	
HERALD APARTMENTS LP  10573 WEST PICO BLVD 294 LOS ANGELES, CA 90064 54-2093196	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
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	
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	
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	
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	
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	
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	
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	
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	
VILLAS AT LAKEWOOD PARTNERS LLLP  323 TELEGRAPH ROAD BELLINGHAM, WA 98226 46-1232211	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
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	
1300 NORTH SHAFFER PARTNERS LP  500 NEWPORT CENTER DRIVE SUITE 200 NEWPORT BEACH, CA 92660 33-0771023	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
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	

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							Yes	No		Yes	No	
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	
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	
15811 EAST ALICANTE ROAD LP 500 NEWPORT CENTER DRIVE SUITE 200 NEWPORT BEACH, CA 92660 47-4748672	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
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	
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	
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	
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	
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	
ANTELOPE VALLEY APARTMENT ASSOC LP 18006 SKY PARK CIRCLE 200 IRVINE, CA 92614 30-0809206	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP					No			No	
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	
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	
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	
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	
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	
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	

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							Yes	No		Yes	No	
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	
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	
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	
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	
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	
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	
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	
LINDEN FLATS LLLP  520 PIKE STREET SUITE 1010 SEATTLE, WA 98101 30-0940263	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
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	
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	
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	
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	
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	
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	
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	

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							Yes	No		Yes	No	
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	
HLH AFFORDABLE LP 701 S MYRTLE AVENUE MONROVIA, CA 91016 30-0877002	AFFORDABLE HOUSING	CA	AOFGOLDEN STATE COMMUNITY DEVELOPMENT CORP	N/A				No			No	
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	
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	
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	
ENCORE HOUSING LLLP 520 PIKE STREET SUITE 1010 SEATTLE, WA 98101 82-3949841	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
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	
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	
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	
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	
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	
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	
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	
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	
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	

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							Yes	No		Yes	No	
WESTLAKE CITY LIGHTS  3250 WILSHIRE BLVD SUITE 1805 LOS ANGELES, CA 90010 95-4559395	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
WILSHIRE CITY LIGHTS ASSOCIATES  3250 WILSHIRE BLVD SUITE 1805 LOS ANGELES, CA 90010 95-4799029	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
KING CROSSING HOUSING PARTNERS LP  26565 WEST AGOURA ROAD SUITE 200 CALABASAS, CA 91302 81-2776671	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
SANTA INEZ APARTMENTS LP  7755 CENTER AVENUE SUITE 575 HUNTINGTON BEACH, CA 92647 82-3399309	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
SPRINGTREE WISHROCK LIMITED PARTNERSHIP  THREE CANAL PLAZA SUITE 501 PORTLAND, ME 04101 82-3878387	AFFORDABLE HOUSING	OR	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
WILLOW CROSSING LLLP  520 PIKE STREET SUITE 1010 SEATTLE, WA 98101 83-1838622	AFFORDABLE HOUSING	WA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
1996 MAPLE AVENUE LP  500 NEWPORT CENTER DRIVE SUITE 200 NEWPORT BEACH, CA 92660 27-0342779	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
MAPLE AND MAIN APARTMENTS LP  26515 CARMEL RANCHO BLVD STE 200 CARMEL, CA 93923 90-1285115	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
CLAREMONT VILLAGE VENTURE LP  2711 N SEPULVEDA BLVD 526 MANHATTAN BEACH, CA 90266 82-3601000	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
PIONEER GARDENS VENTURE LP  2711 N SEPULVEDA BLVD 526 MANHATTAN BEACH, CA 90266 82-3559540	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
PARKWOOD MANOR HOUSING PARTNERS LP  26565 WEST AGOURA ROAD SUITE 200 CALABASAS, CA 91302 82-2907073	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
CASA PAREDES HOUSING PARTNERS LP  26565 WEST AGOURA ROAD SUITE 200 CALABASAS, CA 91302 82-2630210	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
LIH ARBOR SQUARE LP  800 NORTH G STREET LOMPOC, CA 93436 84-2573663	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
HAMPSTEAD VILLA MIRAGE PARTNERS LP  250 W 55TH STREET FL 35 NEW YORK, NY 10019 45-4254505	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
HAMPSTEAD MONO HILLTOP PARTNERS LP  250 W 55TH STREET FL 35 NEW YORK, NY 10019 45-3142384	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	

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							Yes	No		Yes	No	
HAMPSTEAD WASCO ARMS PARTNERS LP  250 W 55TH STREET FL 35 NEW YORK, NY 10019 45-3180892	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
CASA IMPERIAL HOUSING PARTNERS LP  26565 WEST AGOURA ROAD SUITE 200 CALABASAS, CA 91302 82-5198570	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
BROADWAY VISTAS A CALIFORNIA LIMITED PARTNERSHIP  3250 WILSHIRE BLVD SUITE 1805 LOS ANGELES, CA 90010 06-1650153	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
LAKESIDE APARTMENT HOUSING LP  26565 WEST AGOURA ROAD SUITE 200 CALABASAS, CA 91302 83-2376967	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
NEW ZION MANOR 2016 LP  20250 HARPER AVENUE DETROIT, MI 48225 47-5173725	AFFORDABLE HOUSING	MI	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
PINE VIEW PRESERVATION LP  401 WILSHIRE BOULEVARD SUITE 1070 SANTA MONICA, CA 90401 83-1363751	AFFORDABLE HOUSING	CA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
VILLA VALLEY APARTMENTS LP  18006 SKY PARK CIRCLE 200 IRVINE, CA 92614 84-2247447	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
FORT VANCOUVER APARTMENTS LLC  401 WILSHIRE BOULEVARD SUITE 1070 SANTA MONICA, CA 90401 83-3243674	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
MARIPOSA PRESERVATION LLC  401 WILSHIRE BOULEVARD SUITE 1070 SANTA MONICA, CA 90401 83-3253531	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
QUAIL RUN PRESERVATION LLC  401 WILSHIRE BOULEVARD SUITE 1070 SANTA MONICA, CA 90401 83-3274956	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
ROCKWOOD TERRACE LLC  401 WILSHIRE BOULEVARD SUITE 1070 SANTA MONICA, CA 90401 83-1687617	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
WHISPERWOOD PRESERVATION LLC  401 WILSHIRE BOULEVARD SUITE 1070 SANTA MONICA, CA 90401 83-3292860	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
WINDSTONE APARTMENTS LLC  401 WILSHIRE BOULEVARD SUITE 1070 SANTA MONICA, CA 90401 83-3308520	AFFORDABLE HOUSING	WA	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
CAMERON VILLA 2018 LP  20250 HARPER AVENUE DETROIT, MI 48225 83-2178616	AFFORDABLE HOUSING	MI	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
CHANNEL ISLAND APARTMENTS LP  18006 SKY PARK CIRCLE 200 IRVINE, CA 92614 82-3533900	AFFORDABLE HOUSING	DE	AOFPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	

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(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	
HERMOSA 2019 LP  230 NEWPORT CENTER DRIVE SUITE 210 NEWPORT BEACH, CA 92660 83-4715616	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	
MISSION COTTAGES LP  7777 CENTER AVENUE SUITE 230 HUNTINGTON BEACH, CA 92647 82-1354730	AFFORDABLE HOUSING	CA	AOPACIFIC AFFORDABLE HOUSING CORP	N/A				No			No	



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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
AOFPACIFIC AFFORDABLE HOUSING CORP	C	1,370,000	COST
AOFPACIFIC AFFORDABLE HOUSING CORP	L	120,000	COST
AOFHOUSTON AFFORDABLE HOUSING CORP	D	1,061,000	COST
AOFHOUSTON AFFORDABLE HOUSING CORP	A	120,000	COST
AOF MIAMI DADE AFFORDABLE HOUSING CORP	D	844,500	COST
AOFHOUSTON AFFORDABLE HOUSING CORP	L	123,000	COST
AOF MIAMI DADE AFFORDABLE HOUSING CORP	L	42,900	COST
AOF MIAMI DADE AFFORDABLE HOUSING CORP	A	99,600	COST
AOF HSI MANAGEMENT SERVICES CORP	B	900,000	COST
HSI MANAGEMENT INC	D	312,227	COST