

Short Form Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

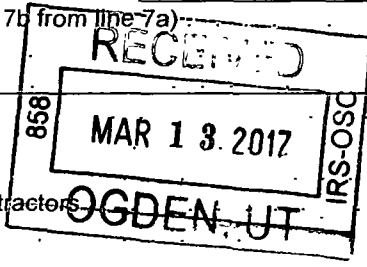
A	For the 2015 calendar year, or tax year beginning _____, and ending _____	
B	Check if applicable	
<input type="checkbox"/>	Address change	
<input type="checkbox"/>	Name change	
<input type="checkbox"/>	Initial return	
<input type="checkbox"/>	Final return/terminated	
<input type="checkbox"/>	Amended return	
<input type="checkbox"/>	Application pending	
C	Name of organization AFFORDABLE HOUSING ASSOCIATION OF ARKANSAS	
	Number and street (or P O box, if mail is not delivered to street address)	Room/suite
	P.O. BOX 1358	
	City or town	State ZIP code
	SILOAM SPRINGS	AR 72761
	Foreign country name	Foreign province/state/county Foreign postal code
D	Employer identification number 58-1824749	
E	Telephone number (479) 524-7791	
F	Group Exemption Number ▶	

G Accounting Method	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ▶	_____		
J Tax-exempt status (check only one) —	<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c)(6) (insert no. <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	_____	

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **153,464**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	109,691
	3 Membership dues and assessments	3	40,592
	4 Investment income	4	531
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
Expenses	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	2,650
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	153,464
	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	31,950
	14 Occupancy, rent, utilities, and maintenance	14	621
15 Printing, publications, postage, and shipping	15	3,852	
16 Other expenses (describe in Schedule O)	16	81,373	
17 Total expenses. Add lines 10 through 16	17	117,796	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	35,668
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	238,479
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	1
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	274,148



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Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	238,484	22	274,145
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	238,484	25	274,145
26 Total liabilities (describe in Schedule O)	5	26	-3
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	238,479	27	274,148

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? INFORMATION SHARING ABOUT RENTAL HOUSING

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 TRAINING WORKSHOPS AND ANNUAL MEETINGS AND CONVENTIONS OVER 100 ATTENDED			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		78,102
29 PUBLISH NEWSLETTER AND LEASES FOR MEMBERS			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		2,077
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses. (add lines 28a through 31a)	32		80,179

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE SCHEDULE	Hr/WK VAR	-0-	NONE	NONE
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
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	Hr/WK			
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
35 c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		
40 c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. <input type="text" value="NONE"/>		
42 a	The organization's books are in care of <input type="text" value="JUDY HOBBS"/> Telephone no. <input type="text"/> Located at <input type="text" value="ADDRESS ON PAGE ONE"/> City <input type="text"/> ST <input type="text"/> ZIP + 4 <input type="text"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42 b			X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: <input type="text"/>		X
42 c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. <input type="text" value="43"/>		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44 b			X
c	Did the organization receive any payments for indoor tanning services during the year?		X
44 c			X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
44 d			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		X
45 b			X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
46

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Title	Hr/WK 00			
Name Title	Hr/WK .00			
Name Title	Hr/WK 00			
Name Title	Hr/WK 00			
Name Title	Hr/WK 00			

f Total number of other employees paid over \$100,000 ▶ NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None City Str ST ZIP		
Name City Str ST ZIP		
Name City Str ST ZIP		
Name City Str ST ZIP		
Name City Str ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 ▶ NONE

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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: Judy Hobbs Date: 3/6/17
 Type or print name and title: Judy Hobbs, Executive Director

Paid Preparer Use Only
 Print/Type preparer's name: DAN MEDLOCK Preparer's signature: Dan Medlock CPA Date: 2/21/2017 Check if self-employed PTIN: P00239580
 Firm's name: Daniel L. Medlock, CPA Firm's EIN:
 Firm's address: 900 S. Shackelford Rd. Ste. 300 Phone no:
Little Rock, AR 72211

May the IRS discuss this return with the preparer shown above? ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

AFFORDABLE HOUSING ASSOCIATION OF ARKANSAS

Employer identification number

58-1824749

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

M 24

Name of the organization

AFFORDABLE HOUSING ASSOCIATION OF ARKANSAS

Employer identification number

58-1824749

AFFORDABLE HOUSING ASSOCIATION OF ARKANSAS
SCHEDULE OF OTHER DEDUCTIONS FOR 990 EZ
FOR 12-31-16 (58-1824749)

ANNUAL MEETING/HOTEL	53939
ANNUAL MEETING MISC	5671
ANNUAL MEETING REGIST GIFTS	4124
ANNUAL MEETING PRINTING	2073
ANNUAL MEETING SPEAKERS FEES	12294
NON-PROGRAM EXPENSES:	
AWARDS	371
BOARD MEETINGS	634
INSURANCE	430
ACCOUNTING	765
OFFICE EXP	341
TRAVEL	731
	<u>81373</u>

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Name of the organization

Employer identification number

AFFORDABLE HOUSING ASSOCIATION OF ARKANSAS

58-1824749

Board of Directors
Affordable Housing Association of Arkansas
July 1, 2015 – June 30, 2016

<u>Board Member</u>	<u>Expiration of Term</u>
Arby Smith - President	6-30-2017
Thom Embach – Vice President	6-30-2016
Craig Carter -- Secretary/Treasurer	6-30-2017
Dennis Wiles	6-30-2017
Ed Wiles	6-30-2018
Russ Altizer	6-30-2016
Ken McDowell	6-30-2015
Annette Cowen	6-30-2017
Chris Klapsa	6-30-2016
Lori Stewart	6-30-2018

Name of the organization

Employer identification number

AFFORDABLE HOUSING ASSOCIATION OF ARKANSAS

58-1824749

AFFORDABLE HOUSING ASSOCIATION OF ARKANSAS
 TAX RETURN SCHEDULE
 FOR 2016

58-1824749

	TRAINING WORKSHOPS AND ANNUAL MEETINGS CONVENT.	PUBLISH NEWSETTER AND LEASES	DUES AND OTHER INCOME	TOTAL
REVENUE				
MEETINGS AND CONVENTIONS	98215			98215
MISCELLANEOUS LEASES	0	11476	2650	2650
DUES			40592	40592
INVESTMENT/MISC			531	531
TOTAL REVENUE	98215	11476	41123	153464
DIRECT PROGRAM EXPENSE				
HOTEL	53939			53939
MISC	3971			3970
PRINTING	2073	2077		4150
REGIST GIFTS	4124			4124
SPEAKERS	12295			12295
OTHER	0			0
HOTEL-TRAINING	0			0
REFUNDS	1700			1700
TOTAL DIRECT PROG EXP	78102	2077	0	80178
NET EXCESS REVENUES, (EXPENSES)	20113	9399	41123	73286
GENERAL & ADM				
AWARDS			371	371
BOARD MEETINGS			634	634
INSURANCE			430	430
MANAGEMENT FEES			31950	31950
ACCOUNTING FEES			765	765
TRAVEL			732	732
OFFICE EXP			341	341
POSTAGE			1774	1774
TELEPHONE			621	621
			<u>37618</u>	<u>37618</u>
NET EXCESS REVENUES	(1271)	9511	3505	35668