Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

~ '	OI LINE	20 to Caleridal year, or tax year beginning	a criaing					
В	Check If	C Name of organization		D Employer identific	cation number			
_	Addres		INC	Į				
늗	Name		INC	72-1	372670			
片	ichange □linitial ireturn	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
F	Final return/	402 OFFICE PARK DRIVE	270	1 - '	874-9217			
_	termin- ated			G Gross receipts \$	290,237.			
Γ	Amend			H(a) Is this a group re				
Ē	Application			for subordinates				
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in				
$\overline{\Gamma}$	Tax-exe	mpt status: X 501(c)(3) 501(c) ()) or 527	7 ` `	list (see instructions)			
		e:▶N/A		H(c) Group exemption	•			
Ř	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1998 N	A State of legal domicile: AL			
	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: ${f TO}$	PROVIDE	E LOW INCOME	HOUSING,			
Activities & Governance		COMBAT COMMUNITY DETERIORATION, AND LESS	SEN THE	BURDEN OF	GOVERNMENT			
ž.	2	Check this box $lacktriangle$ if the organization discontinued its operations or disp	osed of more	e than 25% of its net as	ssets.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	12			
නේ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12			
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	1			
Σŧ	6	Total number of volunteers (estimate if necessary)		6	0			
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
			ļ	Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)		0.	0.			
ē	9	Program service revenue (Part VIII, line 2g)	ļ	242,072.	260,678.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,336.	12,028.			
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	305.	17,531.			
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		248,713.	290,237.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	 	0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)	, -	0.	106 600			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	"	190,269.	196,620.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u> -	0.	0.			
Εχα	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	60 773	68,938.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ļ					
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	259,042. -10,329.	<u>265,558.</u>			
	19	Revenue less expenses Subtract line 18 from line 12	D.		24,679.			
ets c	20	NOV ② つ ねつ	:? P	eginning of Current Year 64, 344, 044.	End of Year 61,758,131.			
ASS	21	Total liabilities (Part X, line 16)	-	63,545,224.	60,934,632.			
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20	-	798,820.	823,499.			
	art II	Signature Block		, , , , , , , , , , , , , , , , , , , ,	023,3331			
_		Ities of perjury, I declare that I have examined this return, including accompanying schedu	lles and staten	nents, and to the best of m	v knowledge and belief, it is			
		t, and complete Declaration of greparer (other than officer) is based on all information of						
		V MM Selling		V 11/13	112			
Sig	jn	Signature of officer		Date '	, ,			
He	re	BILL TILLY, EXECUTIVE DIRECTOR						
		Type or print name and title	_ -	<u> </u>				
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN			
Pai -		PHYLLIS S INGRAM, CPA PHYLLIS S INGR	AM, CP	L1/06/17 self-employe				
	parer	Firm's name CARR, RIGGS & INGRAM, L.L.C.		Firm's EIN	72-1396621			
Use	Only	Firm's address 7550 HALCYON SUMMIT DRIVE			4 001 6600			
_		MONTGOMERY, AL 36117		Phone no. 33	4-271-6678			
		AS discuss this return with the preparer shown above? (see instructions) 1-16 LHA For Paperwork Reduction Act Notice, see the separate instruc			X Yes No Form 990 (2016)			
632	001 11-1	1-16 LOA FOR PADERWORK REQUCTION ACT NOTICE. See the separate instruc	uons.		rorm 330 (2016)			

rai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	Г	_
1	Briefly describe the organization's mission.		
	TO PROVIDE LOW INCOME HOUSING, COMBAT COMMUNITY DETERIORATION,	AND	
	LESSEN THE BURDEN OF GOVERNMENT HOUSING PROGRAMS.	111111111111111111111111111111111111111	
	BUDDEN III DONDEN OF OUVERNMENT INOUTING PRODUCTION		
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 X	Nο
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
	If "Yes," describe these changes on Schedule O		•••
	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 e	· · · · · ·	
	revenue, if any, for each program service reported.	Apended, and	
	(Code) (Expenses \$ 179,534. including grants of \$) (Revenue \$	278,209	
74	TO PROVIDE LOW INCOME HOUSING, COMBAT COMMUNITY DETERIORATION,	AND	<u>.</u>
	LESSEN THE BURDEN OF GOVERNMENT HOUSING PROGRAMS.	_ באות	
	DESSEN THE BUNDEN OF GOVERNMENT HOUSING PROGRAMS.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code) (Expenses \$		
	(Code) (Expenses \$		
4c	(Code) (Expenses \$		

	•	г——	Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		 	l
_	If "Yes," complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		v
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-3-		X
4	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ı		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ı ıa		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			_
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.	
_	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	10h		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		1	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
	Complete Conscisio G, 1 art in		aan /	

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	}	LX
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ĺ
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			ł
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	} }		ļ
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		- 1	1 .
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			45
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations] _]	ì	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_	1	77
^-	Part V, line 1	34		X
35a		35a		<u>_v</u>
b		25.	j	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes " complete Schedule R. Part V. line 2.		- }	v
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		-	v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u>X</u>
50	Note. All Form 990 filers are required to complete Schedule O	38	v	
	140.CC. / SET OFFE GOO MOTO DE TOQUITO DE COMPONIO O	Form	990 /	2016)
		. 0.111		,,

2016) ALABAMA MULTIFAMILY LOAN CONSORTIUM, INC
Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V Part V

	Check if Schedule O contains a response or note to any line in this Part V		r	ᆚ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u>)</u>]
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	} '	
	(gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,	į.		
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			•
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	Ì '	ľ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1		1
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			Ì
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1		ĺ
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ļ	. [l
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	1	1)
a	Initiation fees and capital contributions included on Part VIII, line 12	-		l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		I
11	Section 501(c)(12) organizations. Enter			Ì
a	Gross income from members or shareholders 11a	1 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		}	i
40	amounts due or received from them.)	١ ا	-	İ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		ļ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b				
_	organization is licensed to issue qualified health plans Enter the amount of recovers on head			l
	Enter the amount of reserves on hand Did the ergenization reserve any payments for indeer tanging conveces during the tax year?	1		v
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "Ale," provide an explanation in School III O	14a		<u>X</u> _
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>sec</u>	tion A: Governing Body and Management		Γ	г——
		r——	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12	{	(
	If there are material differences in voting rights among members of the governing body, or if the governing	[ļ	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	l	ļ	
	Enter the number of voting members included in line 1a, above, who are independent 1b 12	}		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other]		
	officer, director, trustee, or key employee?	2_		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X
6	Did the organization have members or stockholders?	6_	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a_	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,		
	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_	لــــا	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		· — —	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	, 1		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a		_X_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent]	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?]	
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	
b	Other officers or key employees of the organization	15b		<u>X</u> _
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		ł	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		ľ	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		Ì	
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE		 _	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	fınan	cial	
	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.			
	BILL TILLY - 205-874-9217			
	402 OFFICE PARK DRIVE, SUITE 270, BIRMINGHAM, AL 35223-2462			

Form 99	

ALABAMA MULTIFAMILY LOAN CONSORTIUM, INC

72-1372670

Page 7

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(do box	not c	(C) Position theck more than one is person is both an ind a director/trustee)			one han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GRADY BEDWELL	1.00	x						0.	0.	0
DIRECTOR (2) JIM CLAYTON	1.00	^	\vdash	}	-	\vdash	-	<u></u>	0.	0.
DIRECTOR	1.00	x						o.	0.	0.
(3) JIMMY COLLINS	1.00									
DIRECTOR		X			L_	<u> </u>	L	0.	0.	0.
(4) CLAUDE EDWARDS	1.00	1				i				
DIRECTOR		X	Ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(5) CATESBY JONES	1.00					-				
DIRECTOR	1.00	X			-	├	}	0.	0.	0.
(6) CHAD JONES	1.00	x	İ		1	ì		0.	0.	0.
DIRECTOR (7) SCOTT LATHAM	1.00	^	-	<u> </u>	-	<u> </u>	<u> </u>	<u> </u>		<u></u>
DIRECTOR	1.00	x				ļ		0.	0.	0.
(8) RANDY LITTLE	1.00									
DIRECTOR		X		L.		L		0.	0.	0.
(9) DANNY RAY	1.00								-	
DIRECTOR		X	<u> </u>	<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
(10) ROBERT STRICKLAND	1.00	 			1				_	_
DIRECTOR	1 00	X			 	├		0.	0.	0.
(11) ALVIS STOREY	1.00	X	ļ			ļ	ļ	0.		•
DIRECTOR	1.00	^	 	-	ŀ-	+-		ļ	0.	0.
(12) DENNIS UPCHURCH DIRECTOR	1.00	$ _{\mathbf{X}}$						0.	o.	0.
(13) SCOTT JAMES	1.00	-	†	-	İΤ	 	-	<u>_</u> .		.
PRESIDENT -		1		x	ĺ	}	1	0.	0.	0.
(14) KELLY JONES	1.00									
VICE PRESIDENT		<u>L</u> _	<u> </u>	X		L		0.	0.	0.
(15) GENE CRANE	1.00		l	l	l		ļ			
TREASURER		L	<u>L</u> .	X	Ц.	<u>L</u>	<u> </u>	0.	0.	0.
(16) BILL TILLY	40.00	-							_	
EXEC. DIRECTOR, SECRETARY	 	├	 	X	}—	 		169,572.	0.	17,242.
		1								
									l	

ALABAMA MULTIFAMILY LOAN CONSORTIUM, INC

72-1372670

Form 990 (2016)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (**D)** Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1a **b** Membership dues 1b 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 15 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business** Code 2 a LOAN SERVICE FEES 522200 231,011. 231,011. Service 29,667. 29,667. ь PARTICIPATION FEES 522200 All other program service revenue 260,678. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 12,028. 12,028. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 17,531. 17,531. 11 a OTHER INCOME 900099 d All other revenue 17,531.e Total. Add lines 11a-11d

290,237.

278,209

12,028.

Total revenue. See instructions.

632009 11-11-16

72-1372670 Page 10

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) Program service (D) Fundraisino (A) Total expenses (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 167,152. 186,814. 19,662. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9,806. 9,806. Payroll taxes 10 Fees for services (non-employees): a Management 542. 542. Legal 29,865. Accounting 1,584. 28,281 С Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 1,110. 450. column (A) amount, list line 11g expenses on Sch O.) 660. Advertising and promotion 12 3,348. 3,348. 13 Office expenses Information technology 14 Royalties 15 10,263 10,263. Occupancy 16 10,355. 10,355. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 6,615. 6,615. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 653. 653. 22 Depreciation, depletion, and amortization 3,015. 3,015. 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 3,172. 3,172. a DUES & SUBSCRIPTIONS e All other expenses 265,558. 179,534. 86,024. 0. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ____ if following SOP 98-2 (ASC 958-720)

Par	tΧ	Balance Sheet		
		Check if Schedule O contains a response or note to any line in the	Part X	
			(A) Beginning of year En	(B) d of year
	1	Cash - non-interest-bearing	431,971. 1	469,992
	2	Savings and temporary cash investments	1,266,908. 2 1,	264,304
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	4	
ĺ	5	Loans and other receivables from current and former officers, dir	itors,	
		trustees, key employees, and highest compensated employees.	omplete	
		Part II of Schedule L	5	
	6	Loans and other receivables from other disqualified persons (as	fined under	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), ar	contributing	
		employers and sponsoring organizations of section 501(c)(9) volu	tary	
က္		employees' beneficiary organizations (see instr) Complete Part II	f Sch L 6	
Assets	7	Notes and loans receivable, net		671,467
AS	8	Inventories for sale or use	8	
	9	Prepaid expenses and deferred charges	6,875. 9	9,197
	_	Land, buildings, and equipment cost or other		
		basis. Complete Part VI of Schedule D 10a	13,116.	
	ь	Less: accumulated depreciation 10b	10,681. 3,088. 10c	2,435
	11	Investments - publicly traded securities	11	
	12	Investments - other securities See Part IV, line 11	12	
	13	Investments - program-related. See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets See Part IV, line 11		340,736
	16	Total assets. Add lines 1 through 15 (must equal line 34)	64,344,044. 16 61,	758,131
	17	Accounts payable and accrued expenses	716. 17	739
	18	Grants payable	18	
	19	Deferred revenue		929,413
	20	Tax-exempt bond liabilities	20	<u>, , , , , , , , , , , , , , , , , , , </u>
	21	Escrow or custodial account liability Complete Part IV of Schedu		
so.	22	Loans and other payables to current and former officers, director		
<u> </u>		key employees, highest compensated employees, and disqualifie	1 1	
Liabilities		Complete Part II of Schedule L	22	
Ĕ	23	Secured mortgages and notes payable to unrelated third parties		004,480
	24	Unsecured notes and loans payable to unrelated third parties	24	004,400
	25	Other liabilities (including federal income tax, payables to related		
		parties, and other liabilities not included on lines 17-24) Complete		
		Schedule D	25	
	26	Total liabilities, Add lines 17 through 25		934,632.
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶		<u> </u>
S		complete lines 27 through 29, and lines 33 and 34.		
Net Assets or Fund Balances	27	Unrestricted net assets	798,820. 27	823,499.
<u> </u>	28	Temporarily restricted net assets	28	010,400
ă	29	Permanently restricted net assets	29	
	23	Organizations that do not follow SFAS 117 (ASC 958), check		
F	Ì	and complete lines 30 through 34.		
<u>ရ</u>	30	Capital stock or trust principal, or current funds	30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
Ž	32	Retained earnings, endowment, accumulated income, or other fu		
2	33	Total net assets or fund balances		823,499.
	ا محا	Total liabilities and net assets/fund balances		758,131.

-orm	990 (2016) ALABAMA MULTIFAMILY LOAN CONSORTIUM, INC	_ / 4:	-13/26	/ U	Pag	qe 12
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>37.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		265	5,5	58.
3	Revenue less expenses Subtract line 2 from line 1	3		24	, 6	79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		798	8,8	20.
5	Net unrealized gains (losses) on investments	_5				
6	Donated services and use of facilities	6				
7	Investment expenses .	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		323	, 4	99.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			·		Yes	No
1	Accounting method used to prepare the Form 990: L Cash LX Accrual L Other				1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		1.2	2a │		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			ļ	
	separate basis, consolidated basis, or both				l	
	Separate basis Consolidated basis Both consolidated and separate basis			-)	İ	
b	Were the organization's financial statements audited by an independent accountant?		1 2	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,		ł	
	consolidated basis, or both			1)	
	X Separate basis Consolidated basis Both consolidated and separate basis		l l		-	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	·,		- 1	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		ľ			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdıt			
	Act and OMB Circular A-133?			Ba		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dıt		ļ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			b		
			Fo	ırm S	990 (2	2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization Employer identification number 72-1372670 ALABAMA MULTIFAMILY LOAN CONSORTIUM 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) 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)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 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 10 X 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.) 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 12 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 12q. 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. 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. ☐ 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. 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. 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 Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (ii) EIN (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 ALABAMA MULTIFAMILY LOAN CONSORTIUM, INC72-1372670 Page 2

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 fails to qualify under the tests listed below, please complete Part III.) Section A: Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) **(b)** 2013 (c) 2014(a) 2012 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2016

17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016 ALABAMA MULTIFAMILY LOAN CONSORTIUM, INC72-1372670 Page 3 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 b	elow, please comp	olete Part II)				
	ction A: Public Support					Г	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014_	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	20 405	44 405	0- 004	4.0		40- 44-
	include any "unusual grants ")	39,497.	11,125.	25,001.	19,750.	29,667.	125,040.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	220,759.	116,040.	251,003.	222,322.	231,011.	1,041,135.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	8					
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	L					
6	Total. Add lines 1 through 5	260,256.	127,165.	276,004.	242,072.	260,678.	1,166,175.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
_8	Public support, (Subtract line 7c from line 6)						1 166 175
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	260,256.	127,165.	276,004.	242,072.	260,678.	1,166,175.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,551.	3,832.	6,844.	6,336.	12,028.	39,591.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b	10,551.	3,832.	6,844.	6,336.	12,028.	39,591.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	734.	871.	44,668.	305.	17,531.	64,109.
13	Total support. (Add lines 9, 10c, 11, and 12)	271,541.	131,868.	327,516.	248,713.	290,237.	1,269,875.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here						
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage			······································	
15	Public support percentage for 2016 (line 8, column (f) d	ivided by line 13, o	column (f))		15	91.83 %
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	93.36 %
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)16 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	3.12 %
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	2.89 %
19a	33 1/3% support tests - 2016. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a 33 1/3% support tests - 2015. If the	·	•				▶ X
	line 18 is not more than 33 1/3%, che				•	,	
	Private foundation If the granusate			•		•	*

Schedule A (Form 990 or 990-EZ) 2016 ALABAMA MULTIFAMILY LOAN CONSORTIUM, INC72-1372670 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

	_	Yes	No
			}
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2	i		
	7		
_3a			<u> </u>
3b	_		<u> </u>
3c			
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<u>4a</u>	_		
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	ddie A (Form 990 of 990-E2) 2016 ALABAMA MOLITFAMILI LOAN CONSORTIOM, INC/2-1	31401	U P	<u>age 5</u>
ra	rt IV Supporting Organizations (continued)			T
	Healthe agreemented a gift or contribution from any of the following parents?	Γ	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		İ	Ì
a	below, the governing body of a supported organization?	11a	1	1
h	A family member of a person described in (a) above?	11b	 	
-	• • • • • • • • • • • • • • • • • • • •		 	├
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	-	<u> </u>
	Mon Di Typo i cupporting organizationo		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Γ	163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	-	1	ļ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ļ	
	controlled the organization's activities. If the organization had more than one supported organization,		Ì	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		l	l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	ļ	
2	Did the organization operate for the benefit of any supported organization other than the supported	'	 -	
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		ĺ	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1	}	Ì
	supervised, or controlled the supporting organization			
Sec	supervised, or controlled the supporting organizations] 2	ــــــــــــــــــــــــــــــــــــــ	L
	Alon of Type it depperang organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	-	}	}
	the supported organization(s)	1		
Sec	etion D. All Type III Supporting Organizations	!!	L	L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		ļ	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1	Ι.	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		i
3	By reason of the relationship described in (2), did the organization's supported organizations have a			<u> </u>
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	- }		
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	-		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		i	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	}	ĺ
	how the organization was responsive to those supported organizations, and how the organization determined		ļ ,	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ĺ
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	_2b	L	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	_3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	

Sche Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin			72-13/26/U Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions. A
•	other Type III non-functionally integrated supporting organizations must co			Tan II) Dec mad detions. A
— Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		<u> </u>
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		<u> </u>
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
—е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			1
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7_	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting org	anization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2016 ALABAMA MULTIFAMILY LOAN CONSORTIUM, INC72-1372670 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2016 3 а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 3 and 4c 8 Breakdown of line 7 b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	(Form 990 or 990 EZ) 2016 ALABAMA MULTIFAMILY LOAN CONSURTION, INC /2-13/26/0 Page 8
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.)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

➤ Attach to Form 990.

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

2016 Open to Public Inspection

Name of the organization

Employer identification number

Schedule D (Form 990) 2016

ALABAMA MULTIFAMILY LOAN CONSORTIUM 72-1372670 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 Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a 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 Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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)? 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 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 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

		MULTIFAMI							<u>72670</u>	
Par										
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	are a sign	nificant i	use of its	collection	items
	(check all that apply)									
а	Public exhibition	d			hange progra	ms				
b	Scholarly research	e	· L(Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	· · · · · · · · · · · · · · · · · · ·		-	-			se in Par	t XIII.	
5	During the year, did the organization solicit o					er sımılar a	ssets	r	- 1	г
	to be sold to raise funds rather than to be ma								<u>Yes</u>	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	n answered "	Yes" on F	orm 990), Part IV, 	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other ass	sets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able [.]						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						10			
е	Distributions during the year	•					1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	ustodial accoi	unt liability	/?		Yes	No
	If "Yes," explain the arrangement in Part XIII									<u> </u>
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo						
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	ļ			ļ					
b	Contributions				ļ 				ļ	
С	Net investment earnings, gains, and losses							_		
đ	Grants or scholarships									
е	Other expenditures for facilities	ļ								
	and programs									
f	Administrative expenses									
g	End of year balance	L			L				L	
2										
а										
С	c Temporarily restricted endowment ▶%									
	The percentages on lines 2a, 2b, and 2c should equal 100%									
За	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by									es No
	(i) unrelated organizations					•			3a(i)	
_	(ii) related organizations 3a(ii)									
	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b									
	4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.									
	Complete if the organization answere		0. Part I\	/. line 11a .9	See Form 990	. Part X lir	ne 10			
	Description of property	(a) Cost or o			or other		umulate	<u>d</u> T	(d) Book v	value
	bosonphon or proporty	basis (investi			(other)	٠.,	eciation	~	(4) 5000	raide
12	Land			-	·					
	Buildings							-+		
	Leasehold improvements									
	Equipment			1	3,116.		10,6	81.	2	,435.
	Other									<u>,</u>
	Add lines 1a through 1e (Column (d) must e	equal Form 990. Part	X colur	nn (R) line 1	100)				2	435.

Schedule D (Form 990) 2016

		LTIFAMILY LOAD	N CONSORTIUM,	INC_	72-1372670	Page 3
Part VII	Investments - Other Securities.					
	Complete if the organization answered "Ye					
	tion of security or category (including name of security	(b) Book value	(c) Method of valua	ation Cost o	or end-of-year market v	alue
(1) Financia	al·derivatives	<u> </u>	<u> </u>		- 	
	-held equity interests					
(3) Other			 			
(A)			 			
(B)			 			
(C)			<u> </u>			
(D)						
(E)						
(F)			<u> </u>			
(G)			<u> </u>			
(H)						
	b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>			
Part VIII	Investments - Program Related.					
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line				
	(a) Description of investment	(b) Book value	(c) Method of valua	ation Cost o	or end-of-year market va	alue
(1)						
(2)						
(3)		_				
(4)						
(5)		_				
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX						
	Complete if the organization answered "Ye	es" on Form 990, Part IV. line	e 11d See Form 990. Par	t X. line 15		
		(a) Description			(b) Book val	ue
(1)						
(2)						
(3)		- ,, ., ., .				
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	umn (b) must equal Form 990, Part X, col (B)	line 15.)				
Part X	Other Liabilities.	<u> </u>				
L	Complete if the organization answered "Ye	es" on Form 990 Part IV line	11e or 11f See Form 90	a∩ Part X lir	ne 25	
4	(a) Description of liability	50 0111 01111 000, 1 di 110, min	(b) Book value	70, 1 art 7, m	10 25.	
1.			(b) Book Value			
	deral income taxes					
(2)						
(3)						
(4)						
(5)						
<u>(6)</u>						
(7)						
(8)						
(9)						
	umn (b) must equal Form 990, Part X, col. (B)				 	
2. Liability	y for uncertain tax positions In Part XIII, prov	ride the text of the footnote	to the organization's finar	ncial statemi	ents that reports the	

Schedule D (Form 990) 2016

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.

	t XI Reconciliation of Revenue per Audited Financial Sta			3/26/0 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir		, por motarin	
1	Total revenue, gains, and other support per audited financial statements		1	290,237.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			230/23/6
a	Net unrealized gains (losses) on investments	2a	[[
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	290,237.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII)	4b		_
С	Add lines 4a and 4b		4c	<u> </u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5 Dotum	290,237.
Pa	rt XII Reconciliation of Expenses per Audited Financial St		es per Keturn	•
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	16 12a.		265 550
1	Total expenses and losses per audited financial statements		1	265,558.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1001	\ \	
a	Donated services and use of facilities Prior year adjustments	2a 2b		
C		2c 2c		
d	64 (5) 5 (241)	2d		
e			2e	0.
3	Subtract line 2e from line 1		3	265,558.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b		4b		
С	Add lines 4a and 4b		4c	0.
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	5	265,558.
Pa	rt XIII Supplemental Information.			
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a		t v, line 4, Part X,	iline 2, Part XI,
	E ORGANIZATION HAS NOT RECOGNIZED ANY F	RESPECTIVE LIABI	LITY FOR	
UN	RECOGNIZED TAX BENEFITS AS IT HAS NO KN	OWN TAX POSITIO	NS THAT W	OULD
SU:	BJECT THE ORGANIZATION TO ANY MATERIAL	INCOME TAX EXPO	SURE. THE	TAX
YE.	ARS THAT REMAIN SUBJECT TO EXAMINATION	ARE THE YEARS 2	013 THROU	GH 2016
FO	R ALL MAJOR TAX JURISDICTIONS.			

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

ALABAMA MULTIFAMILY LOAN CONSORTIUM,

72-1372670

Employer identification number

	·			
		Γ	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	1		ł
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	1	Ì	
	Travel for companions Payments for business use of personal residence		į	Į.
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
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	1b	}	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	}		
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to	1		
	establish compensation of the CEO/Executive Director, but explain in Part III.	ł		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee	-		
		Ì		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	1		
•	organization or a related organization			
а		4a		<u>x</u> _
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			_ _
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		_X_
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of.			
а	The organization?	6a		_X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	ا و ا		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

ALABAMA MULTIFAMILY LOAN CONSORTIUM, INC 72-1372670

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2016

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

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	compensation			reported as deferred on prior Form 990
			L					
(1) BILL TILLY	ε	147,572.	22,000.	0	10,15	7,089.	186,81	
DIRECTOR, SECRETARY	(ii)	0	0	0		0.	0	0.
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	(ii)							
	(1)							
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	(ii)							
	(3)							
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	(iii							

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Inspection

Name of the organization ALABAMA MULTIFAMILY LOAN CONSORTIUM, INC	Employer identification number 72-1372670
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
HOUSING PROGRAMS.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION HAS MEMBERS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE BOARD IS ELECTED BY MEMBERS OF THE ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION'S EXECUTIVE DIRECTOR REVIEWS THE FORM 99	0 BEFORE IT IS
FILED.	
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY	THE EXECUTIVE
COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCE	IAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBIL	ITY FOR THE
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SE	LECTION OF AN
INDEPENDENT ACCOUNTANT.	