Short Form 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-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2016

Open to Public Inspection

Depa Inter	Department of the Treasury Internal Revenue Service Information about Form 990-EZ and its instructions is at www.irs.gov/form990.						
A	For ti						
B _		f applicable	ployer identification number				
╞≕	Name o	s change	SAN ANTONIO ALTERNATIVE HOUSING CORP #23	3-1628100			
<u> </u>	Initial re			ephone number			
-		im/terminated	1215 S. TRINITY ST.	210) 224-2349			
F		ed return	City or town, state or province, country, and ZIP or foreign postal code				
			SAN ANTONIO TX 78207-6143 Nu	oup Exemption Imber			
G	Accou	unting Meth	nod Cash X Accrual Other (specify) ► H Check ► X	if the organization is not			
ı		site: 🟲 <u>N</u>	<u> </u>	ttach Schedule B			
J	Tax-ex	cempt status	(check only one) $- \boxed{X}$ 501(c)(3) $$ 501(c) () \blacktriangleleft (insert no) $$ 4947(a)(1) or $$ 527 (Form 990, 9	990-EZ, or 990-PF)			
K		of organiza					
L	Add I	nes 5b, 6c s (Part II, c	, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	.▶\$			
Pa	rt I		ie, Expenses, and Changes in Net Assets or Fund Balances (see the instruction				
			he organization used Schedule O to respond to any question in this Part I				
	1		ons, gifts, grants, and similar amounts received	1			
	2		service revenue including government fees and contracts	2			
	3		nip dues and assessments	3			
	4		at income	4			
	5 a	Gross am	ount from sale of assets other than inventory 5a				
	b	Less cost	or other basis and sales expenses				
2017	6		s) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c			
R E	a	Gross inco	ome from gaming (attach Schedule G if greater than \$15,000) 6 a				
€ E	b	Gross inco	ome from fundraising events (not including \$ of contributions				
N			raising events reported on line 1) (attach Schedule G if the sum coss income and contributions exceeds \$15,000) 6 b				
∑	C	Less dire	ct expenses from gaming and fundraising events 6 c				
AM CAMMANA	d		e or (loss) from gaming and fundraising events (add lines 6a and btract line 6c)	6 d			
2	7 a	Gross sale	es of inventory, less returns and allowances				
Ĺ	ľ		t of goods sold				
ž.	i .		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c			
	8		enue (describe in Schedule O)	8			
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9			
_	10			10			
	11		"SY 1 1/1/1 A ** 1	5/1			
E	12	Salaries	other compensation, and employee benefits	/12			
EXPENSES	13	Profession	to the compensation, and employee benefits	13			
E	14		cy, rent, utilities, and maintenance.	14			
S	15	-	publications, postage, and shipping	15			
Š	16		enses (describe in Schedule O)	16			
	17	-	enses. Add lines 10 through 16	17			
	18		(deficit) for the year (Subtract line 17 from line 9).	18			
A NS E E T	19	Net asset	s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	40			
뜎	20	•	orted on prior year's return)	0.			
S	20		inges in net assets or fund balances (explain in Schedule O)	20			
-	21		s or fund balances at end of year Combine lines 18 through 20	21 0.			
БA	a ro	r raperwo	rk Reduction Act Notice, see the separate instructions.	Form 990-EZ (2016)			

Form	990-EZ (2016) SAN ANTONIO ALT	ERNATIVE HOUSING C	ORP #23	73-	162810	O Page 2
Pa	<u>rt II </u> Balance Sheets (see the inst	ructions for Part II)				
	Check if the organization used Sched	<u>lule O to respond to any questi</u>				<u> </u>
22	Cash, savings, and investments		<u> </u>	A) Beginning of year	Table 1	End of year
23	Land and buildings				+	0.
24	Other assets (describe in Schedule O)				23	<u> </u>
25	•			0.	24	0.
	Total assets			0.	25	<u> </u>
26	Total liabilities (describe in Schedule O)				26	0.
27	Net assets or fund balances (line 27 of o			0.	27	0.
Pa	rt III Statement of Program Service A				E	kpenses
140	Check if the organization used Sch					for section 501
wnat	is the organization's primary exempt purpose? $\frac{NC}{NC}$ or the organization's program service accepted by expenses in a clear and concise of the organization.	one. Inactive at th	<u>is time</u>		(c)(3) and 5	
mea	cribe the organization's program service acc sured by expenses. In a clear and concise i	complishments for each of its the manner describe the services to	ree largest program ser provided, the number of	vices, as persons	for others)	ns, optional
bene	fited, and other relevant information for each	ch program title				
28	None. Inactive at this to	ime.				
	(Grants \$ 0.) If th	is amount includes foreign grai	nts, check here		28 a	0.
29						<u>_</u>
	(Grants S) If th	is amount includes foreign grai	nts check here		29 a	
30	, , , , , , , , , , , , , , , , , , ,	grand and a second seco	,			
				. – – – – – –		
	(Grants \$) If th	is amount includes foreign grai		. – – – – – – – – – – – – – – – – – – –	30 a	
24	Other program services (describe in Sche	dula O	its, check here	• • • • • • • • • • • • • • • • • • • •	Jua	
31		is amount includes foreign grai			31 a	
22	Total program service expenses (add li					
_					32	0.
Pa	rt IV List of Officers, Directors,					
	Check if the organization used Sch	edule O to respond to any ques		4.0.41	· · · · · ·	· · · · · ·
	(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-)	contributions to employ benefit plans, and defer compensation	ee (e) l red of	Estimated amount of their compensation
RI	CHARD TOBIN					
	AIRPERSON	0.00	0.		0.	0.
ROI	O RADLE					
_	CE CHAIRPERSON	70.00	0.		0.	0.
	BERT MORENO PHD					
	CRETARY/TREASURER	0.00	0.		0.	0.
		7				
			-			
		1				
						
		1			1	
т.	KETTU NEWCOMB			 		
	KEITH NEWCOMBECUTIVE DIRECTOR	0.00	0.		0.	_0.
<u> </u>	ECULIVE DIRECTOR	10.00		'		
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Form	990-EZ (2016) SAN ANTONIO ALTERNATIVE HOUSING CORP #23 73-162810	0	P	age 3
Par	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		<u> </u> .	. X
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
34	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
-	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	• •		<u>^</u>
	(such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	of Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		ــــــ
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	35 c		x
36		36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
	Did the organization file Form 1120-POL for this year?	37 b		Х
	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?	38 a		х
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter	1		
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	_		
t	Gross receipts, included on line 9, for public use of club facilities	1 1		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 section 4912 section 4955 section 4955			
t	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 b		x
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	100		
	I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	-		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax		 	ļ.,
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e	<u> </u>	X
41	List the states with which a copy of this return is filed			
42 a	The organization's			
	books are in care of J. Keith Newcomb Telephone no (210)			<u> 19</u>
	Located at 1215 S. Trinity San Antonio TX ZIP+4 78207			T No.
t	o 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)?		Yes	
	If 'Yes,' enter the name of the foreign country	42 b		X
				1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
(At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		X
	If 'Yes,' enter the name of the foreign country			
			_	,
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		- _	_
	and enter the amount of tax-exempt interest received or accrued during the tax year		157	1 51:
	Did the account of the second control of the		Yes	No
44 8	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			I
	instead of Form 990-EZ	44 b	 	X
	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
(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)?	45a	T	X

orm 990-E	Z (2016) SAN	ANTONIO ALTERNA	TIVE HOUSING C	ORP #23		73-162	8100	_	age 4
								Yes	No
		ngage, directly or indirectly					46	+	
		office? If 'Yes,' complete So					. 40	1	Х
Part VI		1(c)(3) organizations 501(c)(3) organization and 51		stions 47-49b	and 52, and	complete the	tables		
		ganization used Schedule	O to respond to any que	estion in this Part \	VI				. \Box
 -	ONCOR II THE OF	gamzation asca concadic	o to respond to any que	Ston in this rait	••••			Yes	No
compl	ete Schedule C	engage in lobbying activities , Part II............							х
48 Is the	organization a s	school as described in secti	ion 170(b)(1)(A)(ii)? If Ƴ	es,' complete Sch	edule E		48		Х
	-	nake any transfers to an ex							Х
		ed organization a section 52						<u> </u>	<u> </u>
		or the organization's five hig o received more than \$100,					key		
	(a) Name and title o	f each employee	(b) Average hours per week devoted to position	(c) Reportable compe (Forms W-2/1099-N	ensation contribu	Health benefits, utions to employee plans, and deferred ompensation	(e) Estimate other com		
None									-
								-	
			-						
				-					
				<u> </u>					
		employees paid over \$100						_	
51 Comp	ensetion from the	or the organization's five higher organization. If there is n	ghest compensated inde	pendent contracto	ors who each re	eceived more than	\$100,000	of	
		ss address of each independent cor			(b) Type of service		(c) Com	pensatio	
	(a) Name and busine	ss address of each independent con	itractor		(b) Type of service				
<u>None</u>				-					
						·			
				-					
				-					
				-					
					<u> </u>				
				_[
									
52 Did th	ne organization (r independent contractors e complete Schedule A? Not i A	e: All section 501(c)(3)	organizations mus	t attach a		. ► XYe		
Under penalties	s of nemun. I declare	that I have examined this return in	cluding accompanying schedule	s and statements, and t	to the best of my kno				
true, correct, ar	nd complete Declara	tion of preparer (other than officer)		nich preparer has any kr	nowledge	c/ /2 0			
Sign	Signature of a) In Tyme ?			Dat				
Here	Type or print n			· · · · · · · · · · · · · · · · · · ·		utive Dire			
Paid	Print/Type prepare	r's name	Preparer's signature	Date	•	Check ff ff self-employed	TIN 		
Preparer	Firm's name ►	SAN ANTONIO ALT	ERNATIVE HSING						
Use Only	Firm's address -	1215 S TRINITY				Firm's EIN ►			
		SAN ANTONIO		TX 78	207-6143	Phone no (21	0) 224	<u>-234</u>	<u>9</u>
May the IR	S discuss this re	eturn with the preparer show	wn above? See instructi	ons			. ► 🔲 Υ є	es [No
-	_ - -					-	Form 9	90-EZ	(2016

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

SAN ANTONIO ALTERNATIVE HOUSING CORP #23 73-1628100 Part | 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)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 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). 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) 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 university 10 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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 Provide the following information about the supported organization(s) (i) Name of supported organization (v) Amount of monetary (vi) Amount of other (ii) EIN (iii) Type of organization (described on lines 1-10 (iv) is the anization listed support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E)

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

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

Sect	ion A. Public Support								
Caler begir	dar year (or fiscal year ning 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')								
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
	The value of services or facilities furnished by a governmental unit to the organization without charge						·		
4	Total. Add lines 1 through 3	•			Ţ				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4						_		
Sec	tion B. Total Support								
Caleı begir	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
	Total support. Add lines 7 through 10								
12	Gross receipts from related activiti	es, etc (see instru	ictions)			12			
	First five years. If the Form 990 is organization, check this box and s	top here		third, fourth, or fift	h tax year as a sec	tion 501(c)(3)	▶ 🗍		
Sec	tion C. Computation of Pu Public support percentage for 201	blic Support F	Percentage		<u> </u>				
14									
15	Public support percentage from 20						%		
16a	33-1/3% support test—2016. If the and stop here. The organization of	ne organization did qualifies as a publi	I not check the book cly supported orga	x on line 13, and lii anization	ne 14 is 33-1/3% o	r more, check this l	box ▶ []		
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did qualifies as a publi	not check a box o	on line 13 or 16a, a anization	nd line 15 is 33-1/3	3% or more, check	this box		
17a	7a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
	b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organiz	ation did not chec	k a box on line 13	, 16a, 16b, 17a, or	17b, check this bo	x and see instruction	ons ▶ 📋		
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2016		

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sect	Section A. Public Support									
	dar 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									
2	any 'unusual grants ')	0.	0.	0.	0.	0.	0.			
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	0.	0.	0.	0.	0.	0.			
3	Gross receipts from activities					-				
	that are not an unrelated trade or business under section 513.	0.	0.	0.	0.	0.	0.			
4	Tax revenues levied for the	0.		0.	0.	0.				
	organization's benefit and									
	either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.			
5	The value of services or	0.		· · · · · · · · · · · · · · · · · · ·		· ·				
	facilities furnished by a governmental unit to the									
	organization without charge	0.	0.	0.	0.	0.	0.			
	Total. Add lines 1 through 5	0.	0.	0.	0.	0.	0.			
<i>7</i> a	Amounts included on lines 1, 2, and 3 received from									
	disqualified persons	0.	0.	0.	0.	0.	0.			
b	Amounts included on lines 2		Ŭ.	<u> </u>						
	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	_		•		_				
•	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.			
		0.	0.	0.	0.	0.				
0	Public support. (Subtract line 7c from line 6)						0.			
Sec	tion B. Total Support									
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
9	Amounts from line 6	0.	0.	0.	0.	0.	0.			
10a	Gross income from interest, dividends,	-								
	payments received on securities loans, rents, royalties and income from									
	sımilar sources	0.	0.	0.	0.	0.	0.			
b	Unrelated business taxable income (less section 511									
	taxes) from businesses									
	acquired after June 30, 1975	0.	0.	0.	0.	0.	0.			
	Add lines 10a and 10b Net income from unrelated business	0.	0.	0.	0.	0.	0.			
11	activities not included in line 10b,		:							
	whether or not the business is	•	0		_	^				
12	regularly carried on Other income Do not include	0.	0.	0.	0.	0.	0.			
	gain or loss from the sale of									
	capital assets (Explain in Part VI)									
13	Total support. (Add lines 9,									
	10c, 11, and 12)	0.	0.	0.	0.	0.	0.			
14	First five years. If the Form 990 is organization, check this box and s						▶ □			
Sec	tion C. Computation of Pul									
15	Public support percentage for 2010			3, column (f))		15	0.00 %			
16	Public support percentage from 20	15 Schedule A, Pa	art III, line 15		<u> </u>	16	0.00 %			
Sec	tion D. Computation of Inv	estment Incor	ne Percentage							
17	Investment income percentage for	2016 (line 10c, co	lumn (f) divided by	line 13, column (f))	17	0.00 %			
18	Investment income percentage fro	m 2015 Schedule	A, Part III, line 17			18	0.00 %			
19a	33-1/3% support tests-2016. If t									
_	is not more than 33-1/3%, check the		_			_	• []			
b	33-1/3% support tests—2015. If to line 18 is not more than 33-1/3%, (
20	Private foundation. If the organiz		-	-						
	- Trate roundation. If the organiz	anon did not check		ISD, GIEG	tina box and acc		· · · · · · · · · · · · · · · · · · ·			

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)

	Sections A, D,	and E	If you checked	12d of Part I,	complete S	Sections A ar	nd D, and c	omplete P	<u>art 🗸) </u>
Section A	. All Supporti	ng Orga	nizations						

			Yes	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a_		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled	4b		
_	or supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under	40		
С	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c_		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			
	amendment to the organizing document)	5a_		L-,
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	<u>6</u>		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L. (Form 990 or 990-EZ)	8		
۸-				
ча	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

	dule A (Form 990 or 990-EZ) 2016 SAN ANTONIO ALTERNATIVE HOUSING CORP #23 73-1628 IV Supporting Organizations (continued)	100	P	ag
rar	t IV Supporting Organizations (continued)		Yes	•
11	Has the organization accepted a gift or contribution from any of the following persons?			Ė
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	 	
b	A family member of a person described in (a) above?	11b		Γ
c	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,		Yes	
	applied to such powers during the tax year	1		\vdash
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			_
		_	Yes	-
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the	1		\vdash
<u></u>	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	 -		ᆫ
360	tion D. All Type III Supporting Organizations		Yes	Г
		<u> </u>	1.00	H
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		-
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		 	┝
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played	3		-
Sec	in this regard tion E. Type III Functionally Integrated Supporting Organizations		<u>'</u>	_
1 6	The organization is the parent of each of its supported organizations. Complete line 3 below	·		
2	Activities Test Answer (a) and (b) below.		Yes	L
6	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a	 	+
ı	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
2	Parent of Supported Organizations Answer (a) and (b) below.			T
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of	ļ	<u> </u>	L
•	each of the supported organizations? Provide details in Part VI .	3a	ــــ	1
			1	

Sche Par	dule A (Form 990 or 990-EZ) 2016 SAN ANTONIO ALTERNATIVE HOUSING Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Control			28100 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on tinstructions. All other Type III non-functionally integrated supporting organizations may be a supported to the integral Part Test as a qualifying trust on the instructions.	Nov 20	, 1970 (explain in Part V	i) See h E.
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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)			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		<u> </u>
8	Minimum Asset Amount (add line 7 to line 6)	8		<u></u>
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integrate	ed Type	e III supporting organizat	ion

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Schedule A (Form 990 or 990-EZ) 2016

Sche	dule A (Form 990 or 990-EZ) 2016 SAN ANTONIO ALTERNAT	IVE HOUSING COR	RP #23 73-162	28100 Page 7						
Par	t'V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)							
Section D — Distributions										
1	Amounts paid to supported organizations to accomplish exempt purpos	es								
2	ns,									
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations								
4	Amounts paid to acquire exempt-use assets									
5	Qualified set-aside amounts (prior IRS approval required)									
	Other distributions (describe in Part VI) See instructions									
7	Total annual distributions. Add lines 1 through 6	 								
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	tion is responsive (provid	le details							
9	Distributable amount for 2016 from Section C, line 6									
10	Line 8 amount divided by Line 9 amount									
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016						
1	Distributable amount for 2016 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions									
3	Excess distributions carryover, if any, to 2016									
a										
b				<u> </u>						
C	From 2013									
d	From 2014									
е	From 2015									
f	Total of lines 3a through e									
g	Applied to underdistributions of prior years		<u> </u>							
h	Applied to 2016 distributable amount									
j	Carryover from 2011 not applied (see instructions)									
j	Remainder Subtract lines 3g, 3h, and 3i from 3f									
4	Distributions for 2016 from Section D, line 7 \$									
a	Applied to underdistributions of prior years									
	Applied to 2016 distributable amount									
	Remainder Subtract lines 4a and 4b from 4		<u> </u>							
5	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									
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions									
7	Excess distributions carryover to 2017. Add lines 3 _j and 4c.									
8	Breakdown of line 7		† -							
a			 							
	Excess from 2013		 							
	Excess from 2014	<u> </u>								
	Excess from 2015		 							
	Excess from 2016	 	 							
	ENOUGH HOME ZOTO 1 1 1 1	<u> </u>	<u> </u>	<u> </u>						

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Schedule A (Form 990 or 990-EZ) 2016

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.)

SCHEDULÈ O (Form'990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

SAN ANTONIO ALTERNATIVE HOUSING CORP #23

73-1628100

Pt V, Line 35b

Organization had no income for tax year 2016.