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EXTENDED TO MAY 15, 2017

Return of Organization Exempt From Income Tax

Form 990

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

OMB No. 1545-0047

2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning OCT 1, 2015 and ending SEP 30, 2016

Form 990 header section containing organization name (TENNESSEE HOUSING DEVELOPMENT CORPORATION), EIN (74-2891327), address (125 PRESTON STREET, JACKSON, TN 38301), and principal officer (C. WINSTON HENNING).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown, and expense breakdown for 2015.

Part II Signature Block

Signature block containing signatures of C. Winston Henning (Officer) and Janet Smith (Preparer), along with dates and titles.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

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Form **990**

CHANGE OF ACCOUNTING PERIOD  
**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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**2016**  
Open to Public Inspection

**A** For the 2016 calendar year, or tax year beginning **OCT 1, 2016** and ending **DEC 31, 2016**

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

**C** Name of organization: **TENNESSEE HOUSING DEVELOPMENT CORPORATION**  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **125 PRESTON STREET**  
 City or town, state or province, country, and ZIP or foreign postal code: **JACKSON, TN 38301**

**D** Employer identification number: **74-2891327**

**E** Telephone number: **731-422-1671**

**G** Gross receipts \$: **1,114.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

**F** Name and address of principal officer: **C. WINSTON HENNING**  
**SAME AS C ABOVE**

**H(c)** Group exemption number: **18**

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **JACKSONHA.COM**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1998** **M** State of legal domicile: **TN**

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**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TENNESSEE HOUSING DEVELOPMENT CORPORATION SEEKS RESOURCES TO CONTINUE TO DEVELOP AFFORDABLE</b>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>3</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>3</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year
<b>9</b> Program service revenue (Part VIII, line 2g)		0.	0.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,910.	1,114.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,910.	1,114.
<b>Expenses</b>		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	109,512.	26,859.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	109,512.	26,859.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-100,602.	-25,745.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	1,636,277.	1,610,532.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	0.	0.
		1,636,277.	1,610,532.

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**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: *C. Winston Henning* Date: **03/08/2017**  
 Type or print name and title: **C. WINSTON HENNING, SECY/TREASURER**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **JANET SMITH** Preparer's signature: *Janet Smith* Date: **03/03/17** Check  self-employed PTIN: **P01203649**  
 Firm's name: **SMITH MARION & CO., LLP** Firm's EIN: **27-3337428**  
 Firm's address: **1940 ORANGE TREE LANE, SUITE 100 REDLANDS, CA 92374** Phone no. **909-307-2323**

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

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LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION