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.

Intern	nal Reve	nue Service Go to www.irs.gov/Form990 for instructions and the la	itest information.	Inspection
A F	or the	e 2017 calendar year, or tax year beginning JUL 1, 2017 and ending	JUN 30, 2	2018
B , a	Check (f pplicabl	C Name of organization	D Employer i	dentification number
	Addre chang	J.A.M.I. Douglas Housing, Inc.		
	Name chang		9	2-0158468
]Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone i	
	Final return		9	07 463 3303
Ĺ	termin ated	City or fown, state or province, country, and ZIP or foreign postal code	G Gross receipts	s <u>106,357.</u>
<u> </u>	Amena return Applic	Julieau, AK 99001	H(a) Is this a g	
L	_tion pendii	F Name and address of principal officer Daie Valcaice	for subord	
	````	same as C above   Same as C	<b>H(b)</b> Are all subor-	dinates included? Yes No
		te: N/A	<del>7  </del>	emption number
				95 M State of legal domicile: AK
	ırt I	Summary		
9	1	Briefly describe the organization's mission or most significant activities provide	HUD subsid	lized housing
JUC.		to low income disabled individuals		
D Activities & Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	more than 25% of its	net assets
٥٥		Number of voting members of the governing body (Part VI, line 1a)		3 9
ತ		Number of independent voting members of the governing body (Part VI, line 1b)		4 9
<b>22</b>		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5 0
7		Total number of volunteers (estimate if necessary)		6 0 7a 0.
ಷ		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990·T, line 34		7a 0.
	<b>.</b>	Net difference business taxable income from Form 550-1, line 54	Prior Year	Current Year
<u> </u>	8	Contributions and grants Part VIRIECTEIVED	10,2	
	9	Program service revenue (Pafit VIII, Inne 2g)	71,9	
		Investment income (Part VIII) column (A) lines 3, 4, and		27. 20.
2	11	Other revenue (Part VIII, doilymn (A), lines 5, 60, 80,00c, il 0c, and 11e)		0. 0.
$\Xi$	12	Total revenue - add lines 8 through 11 (must equal Part VII) column (A), line 12)	82,2	52. 106,357.
SCANNED DEC	13	Grants and similar amounts paid (Tatt) x column (A) lines (-3)		0. 0.
13		Benefits paid to or for members (Part-IX, column (A), line 4)		0. 0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8	96. 13,877.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.
Exp		Total fundraising expenses (Part IX, column (D), line 25)  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	168,1	72. 144,072.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	169,0	
		Revenue less expenses Subtract line 18 from line 12	<86,8	
Soc		The strategy of the strategy o	Beginning of Current	
sets	20	Total assets (Part X, line 16)	1,438,4	
Net Assets or Fund Balances		Total liabilities (Part X, line 26)	2,144,9	15. 2,124,384.
		Net assets or fund balances Subtract line 21 from line 20	<706,4	93.> <758, <u>085.</u> >
	<u>rt II</u>	Signature Block		
		tics of perjuly. I declare that have examined this return, including accompanying schedules and st		
true,	correc	t, and complete Decla ation of prepayer (other than officer) is based on all information of which prep	parer has any knowledg	
<b>C</b> :		Signature of officer	Date	10-17-2018
Sign Here		Dale Valcarce, CFO	2410	
11616	-	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Colod C	heck X PTIN
Paid		Laura Lindal	<u> </u>	elf-employed P01267403
Prep		Firm's name Laura Lindal CPA	Firm's E	
Use (	Only	Firm's address 13939 127th Place NE		
		Kirkland, WA 98034	Phone r	0.(206) 734-8134
Мау	the IF	S discuss this return with the preparer shown above? (see instructions)		Yes No
73200	11-2	3-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.	$\bigcirc$	Form <b>990</b> (2017)

orn	<u>n 990 (2017)</u> <b>J.A.M.I. Dou</b>	<u>glas F</u>	<u>lousing</u>	, Inc.		9:	<u>2-0158468</u>	Page 2
Pa	rt III Statement of Program Service Ac	complis	hments			<del>-</del>		
	Check if Schedule O contains a response or	note to any	/ line in this Pa	art III		_		
1	Briefly describe the organization's mission							
	provide HUD subsidized ho	using	to low	income	disab	<u>led ind:</u>	<u>ividuals</u>	
2	Did the organization undertake any significant prog	ram servici	es during the	year which w	ere not listed	on the		
	prior Form 990 or 990-EZ?		-				Ye:	s X No
	If "Yes," describe these new services on Schedule	0						
3	Did the organization cease conducting, or make sig		anges in how	it conducts,	any program	services?	Ye	s X No
	If "Yes," describe these changes on Schedule O		J					
4	Describe the organization's program service accom	nplishments	s for each of it	s three large:	st program se	rvices, as mea	asured by expense	es
	Section 501(c)(3) and 501(c)(4) organizations are re							
	revenue, if any, for each program service reported	•	•	Ū			·	
4a		42. inclu	iding grants of \$ _			) (Revenue \$	68	,715·)
	provide HUD subsidized hor	using	to low	income	disab			<u> </u>
							<del> </del>	
							_	
		<del></del> -			"			
						<del></del>		
4b	(Code) (Expenses \$		iding grants of \$			) (Bayanua \$		
	/ (Expenses #					_ , (10001111000_		
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	<del>-</del>							<del></del>
4c	(Code) (Expenses \$		des supplies of C	· -		) (Bayanya &		
40	(Code ) (Expenses \$	inclu	ding grants of \$ _		-	_ ) (Hevenue \$ _		
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_	011							
4d	Other program services (Describe in Schedule O)				,			
	(Expenses \$ including grains		4.0	)_	(Revenue \$		)	
<u>4e</u>	Total program service expenses	129,2	42.				<del>-</del>	200
							Form	<b>990</b> (2017)

Form 990 (2017)

J.A.M.I. Douglas Housing,
Part IV | Checklist of Required Schedules

ra	Tria Checklist of Reduited Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	<u> </u>
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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		X
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_		X
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	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			
	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		Х
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			٠,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>11d</u>		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444		х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		^
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZd	Λ	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	İ		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
	complete Schedule G. Part III	19		X

Form 990 (2017) J.A.M.I. Douglas Housing, Inc. 92-0158468 Page 4

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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 19 If "Yes," complete Schedule I, Parts I and II	21	_	X
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 2? 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	_	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	•
	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		X
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	Ì		
	any tax-exempt bonds?	24c		
	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,"			.,
	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			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	- 28a	-+	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes." complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," 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	36		X
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	37		X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		17	
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	(004 =
		Form	990	(2017)

Par		Regarding Other IRS Filings and Tax Compliance ule O contains a response or note to any line in this Part V				
					Yes	No
1a	Enter the number repo	rted in Box 3 of Form 1096 Enter -0- if not applicable	1a 11			
b	Enter the number of Fo	orms W-2G included in line 1a Enter -0- if not applicable	1b 0	į !		
С	Did the organization co	omply with backup withholding rules for reportable payments to vendors and	reportable gaming			
	(gambling) winnings to	prize winners?		1c	X	<u> </u>
2a	Enter the number of er	nployees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar y	ear ending with or within the year covered by this return	2a0			
b	If at least one is report	ed on line 2a, did the organization file all required federal employment tax retu	ırns?	2b	$\vdash \vdash \vdash$	<del></del>
	Note. If the sum of line	es 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)			
	<del>-</del>	ave unrelated business gross income of \$1,000 or more during the year?		3a	$\vdash \vdash \vdash$	X
		form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b	$\vdash$	<u> </u>
4a	-	calendar year, did the organization have an interest in, or a signature or other				
		oreign country (such as a bank account, securities account, or other financial	l account)?	4a	$\vdash$	X
b		ne of the foreign country				
		ng requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR)			
		a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	•	notify the organization that it was or is a party to a prohibited tax shelter trans	action?	5b_	$\vdash$	
		b, did the organization file Form 8886-T?	No average at an action	5c		_
6a		have annual gross receipts that are normally greater than \$100,000, and did	the organization solicit	6a		x
	•	were not tax deductible as charitable contributions?	itions or aifts	Ua		
D	were not tax deductible	zation include with every solicitation an express statement that such contribu	nions or gins	6b		
7		ay receive deductible contributions under section 170(c).				]
и а	•	ve a payment in excess of \$75 made partly as a contribution and partly for goods and si	ervices provided to the payor?	7a		X
		ization notify the donor of the value of the goods or services provided?		7b		
	_	ell, exchange, or otherwise dispose of tangible personal property for which it v	vas required			
•	to file Form 8282?		·	7c		X_
d		umber of Forms 8282 filed during the year	7d			
е		ceive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?	7e		
f	Did the organization, d	furing the year, pay premiums, directly or indirectly, on a personal benefit con	tract?	7f		
g	If the organization rece	erved a contribution of qualified intellectual property, did the organization file F	Form 8899 as required?	. 7g	igsquare	<u> </u>
h		erved a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		<u> </u>
8	Sponsoring organizat	tions maintaining donor advised funds. Did a donor advised fund maintaine	d by the			اــــا
		on have excess business holdings at any time during the year?		8	$\vdash \vdash \vdash$	<del></del>
9		tions maintaining donor advised funds.				احـــا
а		ganization make any taxable distributions under section 4966?		9a	$\vdash$	<del>                                     </del>
b		ganization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>
10	Section 501(c)(7) orga		100			1
		ital contributions included on Part VIII, line 12	10a			
		ed on Form 990, Part VIII, line 12, for public use of club facilities	100	'		
11	Section 501(c)(12) org	-	11a			
_		ner sources (Do not net amounts due or paid to other sources against				
D	amounts due or receiv		11b			
12a		n-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		ount of tax-exempt interest received or accrued during the year	12b			
13		alified nonprofit health insurance issuers.				
		nsed to issue qualified health plans in more than one state?		13a		
_		ions for additional information the organization must report on Schedule O				i
b	Enter the amount of re	serves the organization is required to maintain by the states in which the	1 1			
		d to issue qualified health plans	13b			
	Enter the amount of re		13c			<u> </u>
		ceive any payments for indoor tanning services during the tax year?		14a	$\vdash$	X
b	If "Yes," has it filed a F	orm 720 to report these payments? If "No," provide an explanation in Schedu	ile O	14b		
				Form	1 <b>990</b> (	(2017)

92-0158468 J.A.M.I. Douglas Housing, Inc. Form 990 (2017) 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  $\overline{\mathbf{X}}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AK Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request ___ Other (explain in Schedule O) X Another's website Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records Dale Valcarce - (907) 463-3303

732006 11-28-17

3406A Glacier Hwy, Juneau, AK

## 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

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	offi	not c , unle cer an	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	( <b>E</b> ) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	hours for related ganizations below line)	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) Joan Cahill	1.00									
Vice President		Х		X				0.	0.	0 .
(2) Claire Geldhof	1.00									
Director		X	<u> </u>					0.	0.	0
(3) David Branding	2.00									
Secretary		X		Х			L	0.	0.	0
(4) Melanie Rodriguez	1.00							_	_	
Director		X	ļ					0.	0.	0 .
(5) Laura Rorem	1.00								_	
Director		X			ļ	_		0.	0.	0
(6) Phyllis Carlson	1.00								•	•
Director		X	<b></b> -					0.	0.	0
(7) Ann Turner Olson	1.00								0.	0
Director	1 00	X						0.		0
(8) Gordon Williams	1.00	x						0.	0.	0
Director	2.00	▞						0.		•
(9) Anthony Sholty	2.00	x						0.	0.	0
Director								3.		
								_		
<u> </u>										
	-	{							j	

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	ang	d Hi	ghe	st C	Compensated Employe	es (continued)				
	· (A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable		Es	tımatec	į
	•	hours per	box	, unte	ss pe	rson	ıs bot	h an	compensation	compensation			ount o	f
		week		cer an	o a d	recto	r/trus	iee)	from	from related			other	
		(list any hours for	recto						the	organization			pensatı	
		related	5	8			sated		organization	(W-2/1099-MI	SC)		om the	
		organizations	ruste	nstitutional trustee		 ස	преп		(W-2/1099-MISC)			_	anızatıcı İ relate	
		below	dualt	tona	_	ag d	st co	a					nizatio	
		line)	Individual trustee or director	Instite	Officer	Кеу етріоуее	Highest compensated employee	Form						
		···												
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							$\sqcup$			<del>-</del>				
	Sub-total							<b>&gt;</b>	0.		0.			<u>0.</u>
	Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	0.		_0.		_	0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0.		_0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100	,000 of reportab	le			_
—	compensation from the organization											—т		0
											r		Yes	No
3	Did the organization list any former officer,		ste	e, ke	y en	nplo	yee,	or l	highest compensated ei	mployee on	ŀ			
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		<u>X</u>
4	For any individual listed on line 1a, is the su	ım of reportabl	e co	mpe	ensa	tion	and	oth	her compensation from t	the organization	ł			
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	for such individual			4		X
5	Did any person listed on line 1a receive or a	accrue comper	ısatı	on f	rom	any	unre	elat	ed organization or indivi	dual for services				
	rendered to the organization? If "Yes," com	plete Schedule	J f	or su	ıch j	<u>oers</u>	on_					5		<u>X</u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	npensa	ation fr	om	
	the organization Report compensation for	the calendar ye	ear e	endir	ng w	<u>/ith (</u>	or wi	thự	the organization's tax y	/ear				
	(A)							ľ	(B)			(C		
	Name and business	address	NC	NE					Description of s	ervices	C	ompen	sation	
								T		- <del></del>				
2	Total number of independent contractors (ii	ncluding but ne	ot lır	nited	d to	thos	se lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organization			_		C					_			_
											-	Form §	90 (20	17)

-	Check if Schedule O contains a response or note to any line in this Part VIII									
					(A Total re	) venue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
nts	1 a	Federated campaigns	1a							
Grai	b	Membership dues	1b							
_ = =	c	: Fundraising events	1c							
Gifts, ilar A	d	Related organizations	1d							
S, E	е	Government grants (contribut	ions) 1e	37,622.						
p t	f	All other contributions, gifts, gran	its, and							
호美	•	sımılar amounts not ıncluded abo	ve 1f							
Contributions, Gif and Other Similar	g	Noncash contributions included in lines	1a-1f \$	•		THE PLAN				
<u>8 0</u>				2.323.93 . *.	<u>622.</u>		是所有的政策的	12 12 17 1 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				Business Code		7,50-10 44.84				
<u>8</u>	2 a	Program service	revenu	623990	68	<u>715.</u>	68,715.	<u> </u>	_	
Program Service Revenue	b	·	•					<u> </u>		
S E	С	:·	<del></del>				<del></del> _			
Real	d	·		- 1	<u> </u>					
P.	e	All -46-		<u> </u>				<del></del>		
_	T	All other program service reve	enue		60	715.	NET-MAKENDE LAT COUNTRY I	SWIGORNALISME	adebila ovik W	
$\overline{}$	<u>_</u> 9	Total, Add lines 2a-2f	duudondo inter	not and	00,	<u>/13.</u>	· · · · · · · · · · · · · · · · · · ·	The solves program a bearing of	Blacker - Alternativities mal	
	3	Investment income (including other similar amounts)		20.	·		20.			
	4	Income from investment of tax	x-exempt bond r	proceeds .			<del></del>	-		
	5	Royalties	v evenibr poúra b	, coccus .				<del></del>		
	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(ı) Real	(ıı) Personal	A STATE OF THE PERSON NAMED IN	国籍建			PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PR	
	6 a	Gross rents	3/							
	b	Less rental expenses		,						
,	С	5								
	d	Net rental income or (loss)		<b>•</b>	_					
	7 a	Gross amount from sales of	(i) Securities	(ıı) Other				Belikiet.		
		assets other than inventory	,	,		-300				
	b	Less cost or other basis								
		and sales expenses					<b>海</b> 经验的企业的			
ľ		Gain or (loss)	<u> </u>	L						
		Net gain or (loss)		<u> </u>	Tables extrast	k market from	ence of its owners before the its	ndiament to be tighted	waston on the contract	
e l	8 a	Gross income from fundraising		,				MORE WITH		
Ne l		including \$	o'							
8		contributions reported on line Part IV, line 18	•			w.				
Other Rever	b		· a b							
δ	C			· •	Vi Tellerit School	(Kir.C.MA			26-25-15-15-18-21	
}		Gross income from gaming ac	-							
	-	Part IV, line 19	а							
1	b		b	-						
	С		ing activities .							
	10 a	Gross sales of inventory, less	returns			MESS.			WAY TO THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE O	
		and allowances	<b>∵ а</b>							
	b	Less cost of goods sold	, <b>b</b>							
-	<u> </u>	Net income or (loss) from sales	s of inventory	<u> </u>	B. B. B. 103. V 29		76.74 - 76 is. 7 \$ - 2 " " F F F 77	** A1 2. h	2	
- 1	_	Miscellaneous Revenue	<u>e</u>	Business Code		12 P			<u>lotanthan</u>	
	11 a		<u> </u>			_				
,	b			·	<u> </u>				· · · · · · · · · · · · · · · · · · ·	
	С				<u> </u>		<u> </u>			
	d	All other revenue		<u> </u>	<u> </u>		数据で表現を2013で含まれる。 	AN ANDREAS	Principal Management of	
	е	Total. Add lines 11a-11d			106	257			THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	
	12	Total revenue See instructions.		<u> </u>	TOP	357.	68,715.	0.	20.	

Section 501(c)(3) and 501(	(c)(4) organizations must	complete all columns	All other organizations	must complete column (A)
section son (c)(d) and dong	(c)(T) Organizations must	dompioto un dolumno	7 III QUITOT OF GUITALE INC. TO	

	Check if Schedule O contains a respor			(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				<b>种数2%全球</b> 的
	and domestic governments See Part IV, line 21			TO THE PERSON OF THE PROPERTY OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON	EST STEEN CONTRACTOR OF
2	Grants and other assistance to domestic		ē		
	ındıvıduals See Part IV, line 22			学生的人的主义的人的主义	TO THE PROPERTY OF A
3	Grants and other assistance to foreign	•			A STANKING
	organizations, foreign governments, and foreign	2		表。这种意识	
	individuals See Part IV, lines 15 and 16			\$\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S
4	Benefits paid to or for members			in Tilling whis	
5	Compensation of current officers, directors,			,	
	trustees, and key employees				
6	Compensation not included above, to disqualified	*			
	persons (as defined under section 4958(f)(1)) and	i .			
	persons described in section 4958(c)(3)(B)	42 000	10.050	2 010	
7	Other salaries and wages	.13,877.	10,958.	2,919.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	<del></del>			,
9	Other employee benefits	<u>-</u> .			·
10	Payroll taxes				
11	Fees for services (non-employees)	10 020	r	10 020	
а	Management	10,830. 3,661.		10,830. 3,661.	
b	Legal	_3,001.		3,001.	
C	Accounting	<u> </u>		<u> </u>	
d	Lobbying			雑々に突れた雑気が	
e	Professional fundraising services. See Part IV, line 17	<del></del>	The same states of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of	1945/4/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
f	Investment management fees				y .
g	·	6;7 <u>50</u> .		6,750.	•
	column (A) amount, list line 11g expenses on Sch O.)	0,750.		0,750.	
12	Advertising and promotion	<del></del>	<u> </u>		
13	Office expenses Information technology	· <u> </u>			
14	<u>.</u>	1			·
	, Royalties			_	
16	Occupancy				-
17	Travel Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	<del>.</del>			
19 20	Interest		_		-
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	49,439.	49,439.		
23	Insurance	6,855.	6,855.		
23 24	Other expenses Itemize expenses not covered	HARRIET IN	ANGEL ELLE	WALLES WASH	新成队(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)
	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 )	nwo po		<b>计划的图像态位</b>	
а	Operating and maintenan	30,984.	30,984.		
b	Utilities	30,906.	30,906.		
c	Other renting expense	3,110.		3,110.	
d	Bank charges	1,191.		1,191.	
	All other expenses	346.	100.	246.	
25	Total functional expenses Add lines 1 through 24e	157,949.	129,242.	28,707.	0.
26	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)				<u> </u>

Pa	t X∷	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			(P)
,			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	16,907.	1_	17,234.
	2	Savings and temporary cash investments	95,191.	2	72,844.
	3	Pledges and grants receivable, net	<del></del>	3	
	4	Accounts receivable, net	1,208.	4	544.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	Commercial and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco
	6	Loans and other receivables from other disqualified persons (as defined under		#17 . #F	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			<b>开始的条件 30</b> 0号
		employers and sponsoring organizations of section 501(c)(9) voluntary	MANAGE STATE OF THE		
ts		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	-
	9	Prepaid expenses and deferred charges	17 72 87 1 7 AND 18 1 AND 18 A	9	IN TO UT OF JOHN WENT PLANE SHOW
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 2,261,222		12,000	
	b	Less accumulated depreciation 10b 985,545	. 1,325,116.	10c	1,275,677.
·	11	Investments - publicly traded securities		11	<u> </u>
	12 ·	Investments other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	<del></del>	13	
	14	Intangible assets		14_	-
	15	Other assets See Part IV, line 11	1 420 422	15_	1,366,299.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,438,422.	16	57,334.
	17	Accounts payable and accrued expenses	11,053.	17	31,334.
	18	Grants payable	367.	18	21.
	19	Deferred revenue	307.	20	
	20	Tax-exempt bond liabilities	5,095.	21	5,229.
	21	Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,	ELECTION OF A SECTION	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	平島、全国市政治(1986年) 2000年120日
Liabilities	22	key employees, highest compensated employees, and disqualified persons		4 4 7 7 7 4	
įį		Complete Part II of Schedule L	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	22	- Ni a dia da ini Merieda e Areses
Ľ	23	Secured mortgages and notes payable to unrelated third parties	2,061,800.	23	2,061,800.
	24	Unsecured notes and loans payable to unrelated third parties	2/002/000	24	
	25	Other liabilities (including federal income tax, payables to related third			_
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,144,915.	26	2,124,384.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		<b>以業</b>	MICHIGATE WAR
S		complete lines 27 through 29, and lines 33 and 34.		نگلا	William America E
nce.	27	Unrestricted net assets	<706, <u>493</u> .	>27	<758,085.
3ala	28	Temporarily restricted net assets		28	,
JQ E	29	Permanently restricted net assets	A CONTRACT OF THE PARTY AND A CONTRACT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	29	, w want b. m. m. m. m. m. m. m. m. m. c. m. c. m. c. m. c. m. c. m.
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶		建	<b>夏季新华的</b>
Net Assets or Fund Balances		and complete lines 30 through 34.	PAGE A LABORAGE		
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid in or capital surplus, or land, building, or equipment fund		31	· · · · · · · · · · · · · · · · · · ·
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	<706,49 <u>3</u> .		<758,085.
	34	Total liabilities and net assets/fund balances	<u>1,438,422.</u>	34	1,366,299.

	1990 (2017) J.A.M.I. Douglas Housing, Inc.	<u>92-015</u>	8468	_Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	<b>,</b>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>57.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>49.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>92.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<706	5, <u>4</u>	<u>93.</u> :
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	<7 <u>5</u> 8	3,0	<u>85.</u> :
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\mathbf{x}$
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	ıle O	.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			1
	separate basis, consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate basis,	1 1		- 1
	consolidated basis, or both		1 1	*	- 1
	Separate basis Consolidated basis X Both consolidated and separate basis		1		.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Se	chedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Single Audit			
	Act and OMB Circular A-133?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re-	quired audit			
	and the contract to a Cabad In Contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the	•	1	~ I	

732012 11-28-17

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

		.T . A . '	M. T. Dougl	as Housing,	Inc.			9	2-0158468			
Pa	rt I	Reason for Public (				ıs part ) Se	e instructions					
		zation is not a private found		<del>-</del>	·							
1		A church, convention of chi							<b>~</b> (2)			
2	_	A school described in secti					N N/					
3		A hospital or a cooperative					n).					
4		A medical research organization	,				•	)(iii). Enter	the hospital's hame,			
•		city, and state		,				, ,	·			
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ted by a go	overnmental u	ınıt describ	ed in			
٠		section 170(b)(1)(A)(iv). (C		<b>.</b>		, 3						
6		A federal, state, or local gov		nental unit described in s	section 17	70(h)(1)(A)	(v).					
7		An organization that norma	•					he general	public described in			
•		section 170(b)(1)(A)(vi). (Co		ma part of no support				5				
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )										
9	_	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
J		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
		university	grant college or agric	undre (see mandenons)	Linter tile	riairio, oitj	, and state of	, ti 10 00 09	<b>.</b>			
ın	X	An organization that normal	lly receives (1) more	than 33 1/3% of its sun	nort from	contribution	nns members	thin fees a	nd gross receipts from			
10	لما	activities related to its exem										
		income and unrelated busin										
		See section 509(a)(2). (Cor		(less section 5 in tax) in	Jili busine	3303 4044	med by the of	garnzanon	artor our o oo, 1010			
11		An organization organized a	•	walv to test for nublic sa	faty See	saction 50	)Q(a)(A)					
12		An organization organized a		-				arry out the	purposes of one or			
12		more publicly supported or										
		lines 12a through 12d that										
а		Type I. A supporting orga							aivina			
a		the supported organization										
		organization You must c			· majomy	oo ao.						
ь		Type II. A supporting organization	•		tion with it	s supporte	ed organizatio	n(s) by ha	vina			
U		control or management o										
		organization(s) You mus			a po			.9	<b>F</b>			
_	Γ.	Type III functionally inte	•		in connec	tion with a	and functiona	lly integrate	ed with.			
·		its supported organization						,	,			
А		Type III non-functionally						rted organi	zation(s)			
ŭ		that is not functionally int										
		requirement (see instruction										
_		Check this box if the orga						II. Type III				
-		functionally integrated, or					,	, .,,,				
•	Ente	r the number of supported of		nany magnatos sapporti								
		ide the following information	•	d organization(s)								
9		) Name of supported	(II) EIN	(III) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1 10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)			
				above (see management)								
				•								
					-							
	_	<u>-</u>					_					
			-			1	<del></del>	_				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-08-17 Schedule A (Form 990 or 990-EZ) 2017

	edule A (Form 990 or 990-EZ) 2017 J	.A.M.I. D	<u>ouglas Ho</u>	<u>using, In</u>			<u>8468 Page 2</u>			
Pa	rt II Support Schedule for									
	(Complete only if you checke				n failed to qualify	under Part III If the	organization.			
	fails to qualify under the tests	s listed below, plea	se complete Part	III )						
Sec	tion A. Public Support		-							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f)/Total			
	Gifts, grants, contributions, and									
-	membership fees received (Do not									
	include any "unusual grants ")						,			
2	Tax revenues levied for the organ-	_								
2	ization's benefit and either paid to			•						
	or expended on its behalf	,								
_	•	<del>-</del>			-					
3	The value of services or facilities	,								
	furnished by a governmental unit to	,				/				
	the organization without charge	· · · · ;		-		· · · · · · · · · · · · · · · · · · ·				
	Total. Add lines 1 through 3	N. S. 18 E. A. N. J. 27 W.	FIRE MATERIAL COLUMN	DUAGNA TAURENS	THE LAND STREET, THE STREET, BOTH SH	OMCHEACH THE M				
5	The portion of total contributions	SHEET STATES		H. Ward B.						
	by each person (other than a	Para Kang					•			
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)			Edilling In		The Harman				
6	Public support. Subtract line 5 from line 4	STORE PROTER	性性語言問題 性質	图 南州原哲学/汉克		相似性的构造	·			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
7	Amounts from line 4		i							
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources			<u>{</u>						
۵	Net income from unrelated business		#				·-			
9	activities, whether or not the	,	/	<u> </u>			-			
	business is regularly carried on.	t	/	•						
40	Other income Do not include gain		<del>                                     </del>				- "			
,iU	or loss from the sale of capital		/							
	-			_						
	assets (Explain in Part VI)  Total support. Add lines 7 through 10	E LANDERSHILL	A FE Alasalisis	A STATE AND AND A	had ds bhalch sa		· · ·			
				Transport of a the result	Lance to the late, The legister to					
	Gross receipts from related activities		<i>u</i>							
13	First five years. If the Form 990 is fo		s tirst, secona, thii	a, tourth, or titth ta	ax year as a secuc	in 50 f(c)(3)	▶□			
200	organization, check this box and storetion C. Computation of Publ					<del> </del>				
			i .	. (0)		144				
	Public support percentage for 2017 (			column (t))		14	%			
	Public support percentage from 2016					15	<u>%</u>			
16a	33 1/3% support test - 2017. If the	//			14 is 33 1/3% or i	nore, check this bo	x and			
	stop here. The organization qualifies		_				. •			
b	33 1/3% support test - 2016. If the	"			l line 15 is 33 1/3%	6 or more, check th	ns box			
	and stop here. The organization qua						▶□			
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "fac	cts-and-circumstan	ices" test, check t	his box and <b>stop</b> h	nere. Explain in Pa	rt VI how the organ	nization			
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
b	10% -facts-and-circumstances tes	t - <b>2016</b> . If the org	janization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or '			
	more, and if the organization meets to									
	organization meets the "facts-and-cire						▶□			
18	Private foundation. If the organization						s <b>&gt;</b>			
	•					edule A (Form 990				
	-					,	•			
		Ì	•	•						
		1								
		4 ,								

(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

quality under the tests listed be	elow, please comp	nete Part II)				
Section A. Public Support	· · · · · · · · · · · · · · · · · · ·				<del></del>	<del></del>
Calendar year (or fiscal year beginning in) ► 🏻	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Gifts, grants, contributions, and						
membership fees received (Do not						00 010
include any "unusual grants ")	25,860.	10,637.	7,860.	10,231.	37,622.	92,210.
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	72,462.	70,073.	72,218.	71,994.	68,715.	355,462 <b>.</b>
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						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	98,322.	80,710.	80,078.	82,225.	106,337.	447,672.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6)						447,672.
Section B. Total Support		I.	·			
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	98,322.	80,710.	80,078.	82,225.	106,337.	447,672.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	68.	46.	31.	27.	20.	192.
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b,	68.	46.	31.	27.	20.	192.
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)						
13 Total support (Add lines 9, 10c, 11, and 12)	98,390.	80,756.	80,109.	82,252.	106,357.	447,864.
14 First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organız	ation,
check this box and stop here		. =				ightharpoonup
Section C. Computation of Publi	c Support Per	rcentage			<u>,                                    </u>	
15 Public support percentage for 2017 (li	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	99.96 %
16 Public support percentage from 2016	Schedule A, Part	III, line 15			16	<u>99.76 %</u>
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	<b>17</b> (line 10c, colum	n (f) divided by lin	e 13, column (f))		17	.04 %
18 Investment income percentage from 2	2016 Schedule A, F	Part III, line 17			18	.24 %
19a 33 1/3% support tests - 2017. If the			n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar						$\triangleright \mathbf{X}$
b 33 1/3% support tests - 2016. If the						and
line 18 is not more than 33 1/3%, che						▶□
20 Private foundation If the organization						▶ □

#### 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)

0		A 11	Supporting	A	
Section	Δ	ΔП	Supporting	()raan	IZATIONS
~~~	7	~,,,,	OUDDOI UII G	OI MUII	<u> </u>

- 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 fóreign 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?
- 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)

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Schedule A (Form 990 or 990-EZ) 2017

instructions)

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-E	Z) 2017 J.A.I	M.I.	Douglas	Housing	, Inc.		92-015846	8 Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec	I Information. I lines 1, 2, 3b, 3c, stion D, lines 2 and 6, and 8, and Par	Provide t 4b, 4c, 5 I 3, Part IV	he explanatior 5a, 6, 9a, 9b, 9 V, Section E, li	ns required by Pa c, 11a, 11b, and nes 1c, 2a, 2b, 3	art II, line 10, Part I 11c, Part IV, Secti Ba, and 3b, Part V, I mplete this part for	l, line 17a or 13 on B, lines 1 ai ine 1, Part V, S	7b, Part III, line 12 nd 2, Part IV, Sec Section B, line 1e,	2, tion C,
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#### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 92-0158468

Pai	t I Organizations Maintaining Donor Advised		r Accounts. Complete if the
rai	organizations infatitely borion Advised		, 1000 de l'italia de l'indica il tilia
	Organization answered Tes On Form 990, Fait 10, line	(a) Donor advised funds	(b) Funds and other accounts
	Tatal assessment and of season	(a) some devices	
1	Total number at end of year		-
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		<del>-</del>
4	Aggregate value at end of year	when that the appets held in depar advised	fundo
5	Did the organization inform all donors and donor advisors in wi		Yes No
_	are the organization's property, subject to the organization's e		<del></del>
6	Did the organization inform all grantees, donors, and donor ad-		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose cor	Yes No
Pai	rt II Conservation Easements. Complete if the orga	paration answered "Ves" on Form 990. Part	
			. 14, 1110 7
1	Purpose(s) of conservation easements held by the organization		ally important land area
	Preservation of land for public use (e g , recreation or ed	Preservation of a certified	• •
	Protection of natural habitat	Freservation of a certified	Thistoric structure
_	Preservation of open space	ad conservation contribution in the form of s	concentation essement on the last
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a	Held at the End of the Tax Year
_	day of the tax year		2a
a	Total number of conservation easements		2b
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure.	cture included in (a)	2c
ن	Number of conservation easements on a certified instone structure of conservation easements included in (c) acquired af		20
a		ter 7725/00, and not on a mistoric structure	2d
3	listed in the National Register  Number of conservation easements modified, transferred, relea	ased extinguished or terminated by the or	
3	year	ased, extinguished, or terminated by the org	gamzation during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	<del></del>	
3	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h.		
Ü		and my or violations, and omeromy content	
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conservation	easements during the year
•	<b>▶</b> \$		,, ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4	4)(B)(ı)
•	and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense sta	atement, and balance sheet, and
_	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ication, 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		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

732051 10-09-17

Schedule D (Form 990) 2017

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Yes   X No	Sche		. Douglas							<u> 58468</u>	
clasek all that apply    a   Public exhibition   d   Loan or exchange programs     b   Scholarly research   e   Other     C   Preservation for future generations     A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII     5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization sollection?   Yes   No     No   Part IV    Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21     1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21     1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodial account liability     1a   Is the organization an agent trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodial account liability     1a   Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability     2   Ves   No     3   Ves   No   If Yes' explain the arrangement in Part XIII (Check here if the explanation has been provided on Part XIII     2   Ves   No   If Yes' on Form 990, Part X, line 21, for escrew or custodial account liability     3   Ves   No   If Yes' on Form 990, Part X, line 21, for escrew or custodial account liability     4   Vest   No   If Yes' on Form 990, Part X, line 10     5   Vest   No   If Yes' on Form 990, Part X, line 10     6   Contributions   Is a formation or Form 990, Part X, line 10     6   Contributions   Is a formation or Form 990, Part X, line 10     7   Condition or Formation   Is a formation or Form 990, Part X,	Pa	rt III Organizations Maintaining (	Collections of A	rt, His	torical Tr	reasures, c	or Othe	er Similar	Asse	<b>ts</b> (continu	ed)
a	3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	following tha	it are a s	ignificant use	of its	collection i	tems
b Scholarly research e  Other		(check all that apply)		_							
c Perservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII  During the year, did the organization solicit or receive donations of art, instoncal treasures, or other similar assets to be solid to raise funds rather than to be mantained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization is collection?  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21  Is genning balance  C Beginning balance  C Beginning balance  Id Additions during the year  Endowment Funds. Complete if the explanation has been provided an Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  Beginning of year balance  C Net investment earnings, gains, and losses  G Grants or scholarships  C Other expenditures for facilities and programs  Administrative expenses  G Grants or scholarships  C Prowde the estimated percentage of the current year end balance (line 1g, column (al) held as a Board designated or quasi-endowment	а	Public exhibition	•	a 🔲	Loan or exc	change progra	ams				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  5 Duming the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization sollection?    Part IV  Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21   Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   III   I	b	Scholarly research	•	е 🔲	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   If Yes, "explain the arrangement in Part XIII and complete the following table   Amount   Id.	С	Preservation for future generations									
Does sold to raise funds rather than to be mentaned as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21  1b If "Yes," explain the arrangement in Part XIII and complete the following table  C Beginning balance  1	4	Provide a description of the organization's c	ollections and expla	ıın how t	hey further t	the organizati	on's exe	mpt purpose	ın Par	t XIII	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  Is its the organization on agent, frustee, custodate or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance and additions during the year  f Ending balance and a state of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No. b. if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  1a Beginning of year balance  6a) Current year (b) Pror year (c) Two years back (d) Three years back (e) Four years back of Contributions  c Net investment earnings, gains, and losses of Grants or scholarships  c Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment    5 Agriculture of the organization by  (i) unrelated organizations  (ii) related organizations  (iii) related organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  (a) Book value basis (investment) basis (cinve) depreciation basis (orbitor) de	5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or oth	er sımılaı	assets		_	
reported an amount on Form 990, Part X, line 21  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year f Ending balance 2a Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance b Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment			aintained as part of	the orga	inization's c	ollection?				Y <u>es</u>	No_
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  X Yes No b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  Beginning of year balance C Nothrobutions c Net investment earnings, gains, and losses of Grants or scholariships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as a Board designated or quasi-endowment   % Permanent endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C Temporanity restricted endowment   % C	Pai	<del></del>	•	lete if the	e organizatio	on answered	"Yes" on	Form 990, F	art IV,	lıne 9, or	
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table  C Beginning balance d Additions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  X Yes No b If "Yes," explain the arrangement in Part XIII Chack here if the explanation has been provided on Part XIII  Part V Endowment Funds: Complete if the organization answered "Yes" on Form 990, Part IV, line 10  1a Beginning of year balance b Contributions 1b Part V Endowment Funds: Complete if the organization answered "Yes" on Form 990, Part IV, line 10  Contributions 1c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   S Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   S Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   S Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   S Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   S Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   S Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   S Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   S Provide the estimated percentage of the current year end balance (li											
b If "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 If Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10  [a) Current year (b) Phor year (c) Two years back (d) Three years back (e) Four years back Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment >	1a	Is the organization an agent, trustee, custod	lian or other interme	diary for	contribution	ns or other as	sets not	ıncluded	_	_	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  X Yes No b   f"Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   %  Permanent endowment   %  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b   f"Yes" on line 3(a)(i), are the related organization's endowment funds  Describe in Part XIII the intended uses of the organization's endowment funds  Describe in Part XIII the intended uses of the organization's endowment funds  Describe in Part XIII the intended uses of the organization's endowment funds  Describe in Part XIII the intended uses of the organization's endowment funds  Describe in Part XIII the intended uses of the organization's endowment funds  Describe in Part XIII the intended uses of the organization's endowment funds  Describe in Part XIII the intended uses of the organization's endowment funds  Describe in Part XIII the intended uses of the organization's endowment funds  Describe in Part XIII the intended uses of the organization's endowment funds  Describe in Part XIII the intended uses of the organization in Part XIII the intended uses of the organization in Part XIII the intended uses of the organization in		on Form 990, Part X?								Yes	X No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ▼ Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Contributions c Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2c Provide an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2c Provide on Form 990, Part X, line 21, for escrow or custodial account liability?  2c Provide on Form 990, Part X, line 21, for escrow or custodial account liability?  2c Provide on Form 990, Part X, line 21, for escrow or custodial account liability?  2c Provide on Form 990, Part X, line 10  2d Description of year balance  2d Did the organizations liability?  2d Description of property  2d Did the organization liability?  2d Description of property  2d Description of property  2d Description of property  2d Description of property  2d Cost or other basis (investment)  2d Description of property  2d Descripti										Amount	
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  X Yes No b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment \( \bigcite{\sigma} \) % b Permanent endowment \( \bigcite{\sigma} \) % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iv)	С	Beginning balance						1c			
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  X Yes No No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10    A Current year   (a) Prior year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four y	d	Additions during the year						1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year						_1e			
Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of property   Description of	f	Ending balance						1f			
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10   Contributions   Contri	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liabil	ıty?	LX	Yes	No ا
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back											LXI
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment \( \) % c Temporanity restricted endowment \( \) % c Temporanity restricted endowment \( \) % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Describion of property (a) Cost or other basis (investment) basis (other)  Describion of property (b) Cost or other basis (other) basis (other)  1a Land  5 Buildings 1, 908, 330. 963, 402. 944, 928. c Leasehold improvements	Par	t V Endowment Funds. Complete	· ·	nswered T	"Yes" on Fo			_			
b Contributions  c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   % Permanent endowment   % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations  b if "Yes" on line 3a(ii), are the related organization listed as required on Schedule R?  2 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property (a) Cost or other basis (other) basis (investment) (b) Cost or other basis (other) basis (other)  3 319,918.  3 319,918.  5 Buildings  1,908,330. 963,402. 944,928. c Leasehold improvements			(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three year	s back	(e) Four y	ears back
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d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as 8 Board designated or quasi-endowment \( \) % b Permanent endowment \( \) % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) results in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land	b	Contributions		1							
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	С	- <del>-</del>									
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	d	Grants or scholarships		ļ							
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶	е	Other expenditures for facilities									
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶		and programs									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶	f	Administrative expenses									
a Board designated or quasi-endowment ▶	g	•		<u> </u>				_			
b Permanent endowment	2	_	•	ce (line 1	g, column (a	a)) held as					
Temporarily restricted endowment ►	а	_		%							
The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other (b) Cost or other depreciation  1a Land  319,918. 319,918.  b Buildings 1,908,330. 963,402. 944,928. c Leasehold improvements	-		%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other) (b) Cost or other depreciation  1a Land  319,918. 319,918.  Buildings 1,908,330. 963,402. 944,928.  c Leasehold improvements	С	<del></del>									
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(i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land 319,918. 319,918.  b Buildings 1,908,330. 963,402. 944,928. c Leasehold improvements	За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	red for th	ne organizati	on	r-	
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  basis (other)  1a Land  319,918.  33(ii)  3b  (d) Book value  319,918.  319,918.  319,918.  51,908,330.  963,402.  944,928.  c Leasehold improvements		•									es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  319,918.  319,918.  319,918.  C Leasehold improvements		(i) unrelated organizations								3a(i)	
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  1a Land  Buildings  C Leasehold improvements  Description of part XIII the intended uses of the organization's endowment funds  (b) Cost or other basis (other)  (c) Accumulated depreciation  319,918.  319,918.		•								3a(II)	
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  1a Land  Buildings  C Leasehold improvements  Land, Buildings, and Equipment.  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  319,918.  319,918.  944,928.	b	• • • • • • • • • • • • • • • • • • • •	•							3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements  Co) Accumulated depreciation  319,918.  319,918.  319,918.  319,918.				owment	funds						<del></del>
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  319,918.  319,918.  5 Buildings  5 Leasehold improvements	Par										
basis (investment)         basis (other)         depreciation           1a Land         319,918.         319,918.           b Buildings         1,908,330.         963,402.         944,928.           c Leasehold improvements					1						
b Buildings		Description of property	\ \-'\		, , ,	I				(d) Book v	alue
b Buildings	1a	Land			31	9,918.				319	,918.
c Leasehold improvements							9	63,402			
		_			<u> </u>						
		•			3	2,974.		22,143		10	,831.
e Other											
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)	Total	Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), lıne 1	10c)		<b>&gt;</b>	•	1,275	677.

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 J.A.M.I. Douglas Housing	g, Inc.		58468 Page <b>4</b>
Pai	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a		
1	Total revenue, gains, and other support per audited financial statements		1	106,357.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	106,357.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
, a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
_	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	106,357.
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•	
1	Total expenses and losses per audited financial statements		1	157,949.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		-	
a	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
b	Other losses	2c	<del>-</del>	
ب 2	Other (Describe in Part XIII )	2d	<del></del>	
d	,			Λ.
_	Add lines 2a through 2d		3	157,949.
3	Subtract line 2e from line 1		-3	131,747.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	45		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		0
	Add lines 4a and 4b	<b>.</b> .	4c	157,949.
5 Dat	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 TXIII Supplemental Information.			101,040.
	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	y additional information		
The	e organization holds security deposits	for its tenan	its.	
			***************************************	
			-	,

#### **SCHEDULE 0** (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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** 92-0158468

J.A.M.I. Douglas Housing, Inc.	92-0158468
Form 990, Part VI, Section A, line 3:	
Juneau Alliance for Mental Health, Inc. to provide mana	gement services as
approved by HUD.	· · · · · · · · · · · · · · · · · · ·
Form 990, Part VI, Section B, line 11b:	
A draft of the Form 990 is provided to the board of dir	ectors for approval
before filing.	·
Form 990, Part VI, Section C, Line 19:	
The organization makes its governing documents and fina	ncial statements
available to the public upon request. The Form 990 is a	lso available on
www.guidestar.org and the financial statements are avai	lable through the
Federal Clearinghouse.	
Form 990, Part XII, Line 3b	
The organization has been required in prior years and i	s required in
the current year to obtain a single audit in accordance	with the
Uniform Guidance.	<del></del>
	·
	· <del></del>

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

Schedule O (Form 990 or 990-EZ) (2017)

# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ■ Attach to Form 990.

2017	Open to Public

T)

OMB No 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

Inc.

Douglas Housing,

J.A.M.I.

Name of the organization Department of the Treasury Internal Revenue Service

Inspection

**Employer identification number** 

92-0158468

Schedule R (Form 990) 2017 (g) Section 512(b)(13) controlled Š × entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets \$ e status (if section support from Public charity 501(c)(3)) Jovrnmt Total income Exempt Code section ਉ 501(c)(3) Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) Alaska provide mental health care and residential support Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. services 3406A Glacier Highway, Juneau Juneau Alliance for Mental Health, Inc. -Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 26-0106659 99801 Part Part II AK

92-0158468 Page 2

Schedule R (Form 990) 2017 J.A.M.I. Douglas Housing, Inc.

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

,	of bisproportionate amount in box managing ownership amount in box managing ownership amount in box managing ownership amount in box managing ownership amount in box managing ownership amount in box managing ownership amount in form 1065) yes No.			on or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	Share of total Share of Percentage 512(b)(13) (6) (6) Section Share of Percentage 512(b)(13) end-of-year ownership assets Yes No				Schedule R (Form 990) 2017
	Share of total Share of income end-of-year assets			swered "Yes" on Form	(e) Type of entity (C corp, S corp, or trust)				
3	t income related, tax under 12-514)			plete if the organization an	(c) (d) Legal domicite (state or foreign country)				28
3	Direct controlling entity			poration or Trust. Com x year	(b) . Primary activity Leg		_		
Snip during the tax year	ctivity do			ations Taxable as a Corp	Prı				
organizations freated as a partnership during the tax year	s, and EIN janization			Part IV   Identification of Related Organizations Taxable as a Corporation or forming the tax year	(a) Name, address, and EIN of related organization				732162 09-11-17

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	oN se
1 During the tax year, did the organization engage in any of the following transaction	ins with one or more re	transactions with one or more related organizations listed in Parts II-IV?	n Parts II:1V?		
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	rty			<b>1</b> a	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				4	×
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan quarantees to or for related organization(s)				1d	×
				ą	×
				2	-
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)				1g	×
h Purchase of assets from related organization(s)				ŧ	×
i Exchange of assets with related organization(s)				;=	×
j Lease of facilities, equipment, or other assets to related organization(s)				į.	×
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				<b>+</b>	×
I Performance of services or membership or fundraising solicitations for related orga	related organization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	janization(s)			E E	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			ţ	×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	×
				144	-
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>				+	×
q Reimbursement paid by related organization(s) for expenses				10	×
r Other transfer of cash or property to related organization(s)				<b>-</b>	×
ø				1s	4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered r	elationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1) Juneau Alliance for Mental Health, Inc.	M	10,830.			
(2) Juneau Alliance for Mental Health, Inc.	Сı	13,878.			
(3)					
(4)					
(9)					
(9)					
732163 09-11-17	29		Schedule	Schedule R (Form 990) 2017	990) 2017

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

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

that was not a related organization. See instructions regarding exclusion for certain investment partners in ps	structions regarding exclu	SION IOI CERTAIN IIIVE	estment parmersmps							
(a)	<b>(</b> Q)		(p)	Are all	€	(6)	Ξ	3	3	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income pa (related, unrelated, 5	6 partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tonate allocations?	Dispuppir Code V-UBI General or Percentage tond amount in Dox 20 managing ownership allocations?	General o managing partner?	Percentage ownership
		country)	sections 512-514)	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2017

<u>Schedul</u> e	R (Form 990)	2017	J.A.M.I.	Douglas	Housing,	Inc.	92-0158468 Page 5
Part V	II Supple	mental Inf	J.A.M.I. formation.				
			rmation for response	s to questions on	Schedule R. See	e instructions	
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