Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

Beginning of Current Year End of Year	Α	For th	e 2018 calendar year, or tax year beginning $$ JUL 1 , $$ $$ $$	<u>018 and</u>	ending	<u>JUN 30, 201</u>	9						
Douglass Household Suppose District Douglass Household Douglass D						D Employer identi	fication number						
Dona business as Number and street (or P.O. box if mail is not delivered to street address) 34.06 G lacier Highway 34.06 G lacier Highway 34.06 G lacier Highway 34.06 G lacier Highway 123,771.	Г	Addr	ess J A M T. Douglas Housing Inc.	_									
Number and street (or P.0. box if mail is not delivered to street address) 80 m/sute 907 463 330.3 3406 Glacier Highway 918 1 123,771. Takesempt statut XI 5010(05) 501(er) 1 more and address of principal officer Dale Valicance 1 more and address of principal officer Dale Valicance 1 more and address of principal officer Dale Valicance 1 more and address of principal officer Dale Valicance 1 more and address of principal officer Dale Valicance 1 more and address of principal officer Dale Valicance 1 more and address of principal officer Valicance Va	F	Nam		•		92-1	0158468						
Standard	F	Initia	· · · · · · · · · · · · · · · · · · ·	ddrace)	Room/suit								
City or town, state or province, country, and ZIP or foreign postal code G. oreas receipts 123,771.	F	Final	2406 Classian Highway	luuress)	1100m/suit	1 .							
Management Man	_	term	n-	nostal anda									
Name and address of principal officer Dale Valcarce Same as C above Tax-exempt status X 501(c)(3) 501(c) M (insert no.) 4947(a)(1) or 1.000 1.00	Г	Ame		postal code									
Same as C above Tax-exempt status X 501(c)(3) 501(c) 4 (Insert no.) 4947(a)(1) or	片	Appl		rce									
Tax-exempt status	_												
Webster N / A	_	Taylo		4047/2\/1\	or (1)	7 7							
Part Summary	_												
Briefly describe the organization's mission or most significant activities Drov\(\frac{1}{2}\) to Drov\(\frac{1}{2}\) income disabled individuals				Other -	I Voz								
to low income disabled individuals 2 Check this box			Summary		1								
Strotal number of individuals employed in calendar year 2018 (Partivi Inne 29) RECEIVED S 0 0 0 0 0 0 0 0 0	ø	1	Briefly describe the organization's mission or most significant act	ivities <u>prov</u>	ide H	<u>UD subsidize</u>	ed housing						
Strotal number of individuals employed in calendar year 2018 (Partivi Inne 29) RECEIVED S 0 0 0 0 0 0 0 0 0	Š		to low income disabled individual	ls	<u> </u>								
Strotal number of individuals employed in calendar year 2018 (Partivi Inne 29) RECEIVED S 0 0 0 0 0 0 0 0 0	rı	2	Check this box if the organization discontinued its ope										
Strotal number of individuals employed in calendar year 2018 (Partivi Inne 29) RECEIVED S 0 0 0 0 0 0 0 0 0	ove.	3	Number of voting members of the governing body (Part VI, line 1a	a)		3	10						
B Net unrelated business taxable income from Form 990-T, line 38	<u>ن</u> مع	4	Number of independent voting members of the governing body (f	Part VI, line 1b)		4	10						
B Net unrelated business taxable income from Form 990-T, line 38	es	5	Total number of individuals employed in calendar year 2018 (Part	V, line 2a)			0						
B Net unrelated business taxable income from Form 990-T, line 38	Ϋ́	6	Total number of volunteers (estimate if necessary)	I KEC	FIVE		0						
B Net unrelated business taxable income from Form 990-T, line 38	Ċ	7 a	Total unrelated business revenue from Part VIII, column (C), line 1	2		72	0.						
B Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses (Part IX, column (A), line 1e) 19 Total expenses (Part IX, column (A), line 1e) 19 Total assets (Part IX, column (A), line 1at-11d, 11f-24e) 10 Total assets (Part IX, column (A), line 1at-11d, 11f-24e) 11 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 10 Total liabilities (Part X, line 16) 10 Total liabilities (Part X, line 26) 11 Total liabilities (Part X, line 26) 12 Total liabilities (Part X, line 26) 12 Total liabilities (Part X, line 26) 13 Total liabilities (Part X, line 26) 14 Beginning of Current Year 15 Signature Block 16 Index penalties of pergury, I explain that player examined this return, inclinding accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Data propagar (other than officer) is based on all information of which preparer has any knowledge. Part II Signature Block 16 Firm's name 1 Laura Lindal CPA 16 Firm's address 5509 Canvasback Rd 17 Preparer 18 Firm's address 5509 Canvasback Rd 18 Blaine, WA 98230 17 Proper promiting accompanying schedules and statements, and to the best of my knowledge. 17 Print Print and the Print III accompanying Schedules and Statements, and to the best of my knowledge. 18 Firm's EIN 26-3824391 19 Propagar Sugnature 19 Date 19 Chieck IX Print IX 26-3824391 19 Propa	_	b	Net unrelated business taxable income from Form 990-T, line 38	YAM S	2 0 202		0.						
9 Program service revenue (Part VIII, line 2g) UGDEN. 0 68,715. 58,652.	ē			[즈]	L	Prior Year	Current Year						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8	Contributions and grants (Part VIII, line 1h)	1 000	VENI L	37,622	65,098.						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Š	9	Program service revenue (Part VIII, line 2g)	UGL	JEIN, U	68,715	58,652.						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	- 20	. 21.								
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II Signature Block Inder penalties of perjury, I Inclare that I have examined this return, inclinding accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Date Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Firm's name Laura Lindal CPA Firm's address Firm's address 5509 Canvasback Rd Blaine, WA 98230 Phone no. (206) 734-8134	α		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	11e)		0 .	0.						
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13 , 877 . 16 , 892 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13 , 877 . 16 , 892 . 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 0 . 17 Other expenses (Part IX, column (A), line 25) 0 . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 157 , 949 . 221 , 592 . 19 Revenue less expenses Subtract line 18 from line 12 (51 , 592) (70 , 401) 19 Revenue less expenses Subtract line 18 from line 12 (51 , 592) (70 , 401) 19 Revenue less expenses Subtract line 18 from line 12 (51 , 592) (70 , 401) 10 Total labslities (Part X, line 16) (70 , 4116) 11 Total labslities (Part X, line 26) (70 , 4116) 12 Total labslities (Part X, line 26) (70 , 4116) 13 , 877		12	Total revenue - add lines 8 through 11 (must equal Part VIII, colur	106,357	123,771.								
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0 .	0.						
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.		14		-		0 .	0.						
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	ý	15	Salaries, other compensation, employee benefits (Part IX, column	(A), lines 5-10)		13,877	16,892.						
17 Other expenses (Part X, column (A), lines 11a-11o, 117-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Inder penalties of perjury, I inclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Balanting of original preparation of which preparer has any knowledge. Sign Print/Type preparer's name Preparer Paid Print/Type preparer's name Laura Lindal Preparer Use Only Firm's address 5509 Canvasback Rd Blaine, WA 98230 Phone no. (206) 734-8134	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	,									
17 Other expenses (Part X, column (A), lines 11a-11o, 117-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Inder penalties of perjury, I inclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Balanting of original preparation of which preparer has any knowledge. Sign Print/Type preparer's name Preparer Paid Print/Type preparer's name Laura Lindal Preparer Use Only Firm's address 5509 Canvasback Rd Blaine, WA 98230 Phone no. (206) 734-8134	be	b			0.								
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 157,949. 221,592. 19 Revenue less expenses Subtract line 18 from line 12 < 51,592. < 97,821. 20 Total assets (Part X, line 16) 1,366,299. 1,316,416. 21 Total liabilities (Part X, line 26) 2,124,384. 2,172,322. 22 Net assets or fund balances Subtract line 21 from line 20 < 758,085. < 855,906. Part II Signature Block	ŵ	17				144,072	204,700.						
19 Revenue less expenses Subtract line 18 from line 12		18		ine 25)									
Beginning of Current Year End of Year		19		•		<51,592							
Inder penalties of perjury, Inclare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date	P				В	eginning of Current Year							
Inder penalties of perjury, Inclare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date	sets	20	Total assets (Part X, line 16)										
Inder penalties of perjury, Inclare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date	ASS	21	Total liabilities (Part X, line 26)			2,124,384	2,172,322.						
Inder penalties of perjury, Inclare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date	Fee	22	Net assets or fund balances Subtract line 21 from line 20			<758,085	<855,906.>						
true, correct, and complete. Description of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign			Signature Block										
Sign Here Date Date Date Date Date Date Print/Type or print name and title Print/Type preparer's name Laura Lindal Preparer Use Only Firm's address 5509 Canvasback Rd Blaine, WA 98230 Pate Date Date V/0/3/9 self-employed P01267403 Firm's EIN 26-3824391 Phone no. (206) 734-8134	Ung	ler pen	alties of perjury, I mclare that I have examined this return, including accom	panying schedule	es and state	ments, and to the best of r	ny knowledge and belief, it is						
Sign Here Dale Valcarce, CFO Type or print name and title Print/Type preparer's name Paid Laura Lindal Preparer Use Only Firm's address 5509 Canvasback Rd Blaine, WA 98230 Date Check X PTIN Self-employed P01267403 Firm's EIN 26-3824391 Phone no. (206) 734-8134	true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all	Information of w	hich prepari	er has any knowledge.							
Here Dale Valcarce, CFO Type or print name and title Print/Type preparer's name Laura Lindal Preparer Use Only Firm's address 5509 Canvasback Rd Blaine, WA 98230 Preparer Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type						16-	-22-19						
Print/Type preparer's name Laura Lindal Preparer Use Only Date Valcarce, CFO Type or print name and title Print/Type preparer's name Laura Lindal Preparer Use Only Date Valcarce, CFO Type or print name and title Print/Type preparer's name Laura Lindal Preparer Use Only Firm's name Laura Lindal CPA Firm's EIN 26-3824391 Phone no. (206) 734-8134	Sig	n	Signature of officer			Date							
Print/Type preparer's name Paid Paid Preparer Laura Lindal Preparer Use Only Blaine, WA 98230 Preparer Type or print name and title Preparer's signature Date O/13/19 Self-employed P01267403			▶ Dale Valcarce, CFO										
Paid Laura Lindal June 100 mode Preparer Firm's name Laura Lindal CPA Firm's EIN 26-3824391 Use Only Firm's address 5509 Canvasback Rd Phone no. (206) 734-8134													
Paid Laura Lindal Jume 1 Jume 2 Image: Self-employed of the property of the proper			Print/Type preparer's name Preparer's signa	ature /	1.0		X PTIN						
Preparer Firm's name Laura Lindal CPA Firm's EIN 26-3824391 Use Only Firm's address 5509 Canvasback Rd Blaine, WA 98230 Phone no. (206) 734-8134													
Use Only Firm's address 5509 Canvasback Rd				-	 '	- 							
Blaine, WA 98230 Phone no. (206) 734-8134													
		-				Phone no. (2	206) 734-8134						
way the industrist return with the preparer shown above (see instructions)	Ma	y the I	RS discuss this return with the preparer shown above? (see instru	ctions)			Yes No						

orm	1990 (2018) J.A.M.I. Douglas Housing, Inc.	<u>92-0158468</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	provide HUD subsidized housing to low income disabled in	<u>ıdividuals</u>	
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	3
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	,	
4a	(Code) (Expenses \$	58.	652.)
40	provide HUD subsidized housing to low income disabled in	ndividuals	,
	provide non substituted nousing to low income disabled in	<u>laiviaaaib</u>	
		_	
		<u> </u>	
4b	(Code) (Expenses \$	e \$)
		 -	
	· · · · · · · · · · · · · · · · · · ·		
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	e\$)
		<u> </u>	
		 	
	Other control of Charles and C		
4d			
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 195,731.		
		Form 9	90 (2018)

	990 (2018) J.A.M.I. Douglas Housing, Inc. 92-015	58 <u>468</u>	Р	age 3
Pa	rt IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	
•	If "Yes," complete Schedule A	1	х	
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 effe	ct		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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_	ļ	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	/ 6_	ļ	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?		x	
	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanen	. 9	<u> </u>	
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	,,	93.	
	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	х	
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	ĺ		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	l		
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	77
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
D	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
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
•	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
7	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		Х
8	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
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	990 (2018) J.A.M.I. Douglas Housing, Inc. 92-01	<u> 8468</u>	<u> </u>	age 4
Pa	rt IV Checklist of Required Schedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		ļ	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22	<u> </u>	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			
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	-	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
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			ļ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	İ	İ	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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	İ	i	l
	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		_x
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
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?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check it Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	7		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
832004	4 12-31-18	Form	990 (2018)

Form **990** (2018)

If "Yes," complete Form 4720, Schedule O

J.A.M.I. Douglas Housing, Inc. 92-0158468 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 \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 O. 10 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? 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: a The governing body? 8a X b 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 X 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, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 taxable entity during the year? 16a 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 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 (1024 or 1024-A 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 Own website X Another's website X Upon request Other (explain in Schedule O) 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

832006 12-31-18

Form 990 (2018)

3406A Glacier Hwy, Juneau, AK 99801

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

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

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

(A) Name and Title	(B) Average hours per	box	not c , unle	Pos check ess pe	more rson	than is bot	h an	· ·	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	stee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Joan Cahill	2.00	X		x				0.	0.	0.
President	1.00	A		Λ				0.		<u> </u>
(2) Claire Geldhof	1.00	X						0.	0.	0.
Director (2) Applie Warrani	1.00	Δ.							0.	0.
(3) Amalia Monreal	1.00	X						0.	0.	0.
Director	1.00	Λ						•	<u> </u>	
(4) Melanie Rodriguez	1.00	x						0.	0.	0.
Director (5) Laura Rorem	2.00	<u> </u>			-			•	0.	<u> </u>
•	2.00	x		\mathbf{x}				0.	0.	0.
Secretary (6) Phyllis Carlson	1.00	22		- 22			<u> </u>			
Director	1100	x						0.	0.	0.
(7) Ann Turner Olson	1.00				-					
Director		x						0.	0.	0.
(8) Gordon Williams	1.00									
Director		X						0.	0.	0.
(9) Anthony Sholty	2.00									
Vice President		X		X				0.	0.	0.
(10) Cindee Brown-Mills	2.00									
Treasurer	•	X		X				0.	0.	0.
									-	
								<u> </u>		Farm 990 (0010)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	ane	d Hi	ghe	st C	Compensated Employe	es (continued)		
(A)	(B)	(C)						(D)	(E)		(F)
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation compensa			amount of
	week (list any	-				J., G.	T	from the	from related	- 1	other compensation
	hours for	direct				_		organization	organization (W-2/1099-MI		from the
	related	10 aa	stee			nsate		(W-2/1099-MISC)	(** 2, 1000 ****	,	organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee					and related
	below	Ividua	ptato	Officer	E E	plest	Former				organizations
	line)	<u>E</u>	E S	₩ ₩	ē,	물통	횬		 -		
		ł									
		_				<u> </u>			_		
		-									
									<u> </u>	-	
		1									
	 		_								
		1									
						-		_		-	
	• • • • • • • • • • • • • • • • • • • •	1									
		1									
								,			
1b Sub-total							>	0.		0.	0.
c Total from continuation sheets to Part V	II, Section A							0.		0.	0.
d Total (add lines 1b and 1c)								0.		0.	0.
Total number of individuals (including but including	not limited to th	ose	liste	d at	oove	e) wh	no re	eceived more than \$100	,000 of reportab	e	•
compensation from the organization											0
0.00										Г	Yes No
3 Did the organization list any former officer		ISTE	э, ке	y en	npio	yee,	or	nignest compensated ei	mployee on	-	
line 1a? If "Yes," complete Schedule J for		ı			. 4		J _46	h	· · · · · · · · · · · · · · · · · · ·	ŀ	3 X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15									ine organization	ŀ	X
5 Did any person listed on line 1a receive or									dual for convices	ŀ	4 4
rendered to the organization? If "Yes," con							Cial	ed organization or indivi	dual for services	-	5 X
Section B. Independent Contractors	ipiete ochedan	5 0 7	01 30	1011	<i>3</i> 073	011					<u> </u>
Complete this table for your five highest co	ompensated inc	depe	nde	nt c	ontr	acto	rs t	hat received more than	\$100.000 of com	npensa	tion from
the organization Report compensation for											
(A)								(B)			(C)
Name and business	address	NO	NE	3				Description of s	ervices	Cc	ompensation
							_				
							4				
							\dashv				
									ļ		
D. Tatalanaharat ataurat							<u>.</u>	(abana) n ta ana			
2 Total number of independent contractors (\$100,000 of compensation from the organ	-	ot IIr	nited	10	thos C		ted	above) who received m	ore than		
φτου,σου οι compensation from the organ	izativii 📂										

B) J.A.M.I Statement of Revenue

			Check if Schedule O cont	tains a response	or note to any lii	ne in this Part VIII			,
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
yy	4	-	Federated campaigns	1a	2 miles than to mak	THE CHILD	GME CARREST	FOREST LINES	275-44-375
s, Grants Amounts	ļ. '		. •	i i					AF ACLEAN
عَ ق			Membership dues	1b					
	ł	_	Fundraising events	1c					
ons, Grff Similar		d	Related organizations	1d	CE 000	建筑机器			
Sir.	١.	е	Government grants (contribut		65,098.				
e ti		f 	All other contributions, gifts, gran						医多类医原乳
Contributions and Other Sin			similar amounts not included abo					维州基础	
P P		g	Noncash contributions included in lines	1a-1f \$.		的是多数是1点。	李达的一类	后的线数数据统
<u>O</u> 6		h	Total. Add lines 1a-1f	*	<u> </u>	65,098.	STANDARD THE STANDS	NETHER TARRET	President of the second
		4	ا مصحود المحاجب المحاجب المحاجب	TE	Business Code	4	- 	PATER PROPERTY.	
Program Service Revenue	2	а	<u>Program service</u>	<u>revenu</u>	623990	58,652.	58,652.		• • •
e e		þ							-
n S	١.	С				,	,	<u>'</u>	<u> </u>
g a		ď			· · · · ·				
Š_	i	е			,	,,,,			
<u>α</u>		f	All other program service reve	enue			Books at a words the above was	P TAY CHANGE AND COMP OF	and the product that is a
	<u> </u>	g	Total. Add lines 2a-2f		<u> </u>	58,652.	A PROBLEM		
	.3		Investment income (including	dividends, intere	st and	, ,		~	بر ق ع
			other similar amounts)	*	▶	21.	·		21.
	4		Income from investment of tax	x-exempt bond p	roceeds >				1
•	5		Royalties					*	,
			-	(ı) Real	(II) Personal			表示探答	
	6	а	Gross rents	•					
		b	Less rental expenses						的特殊的
		С	Rental income or (loss)		,				
		d	Net rental income or (loss)					•	
, ,	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory	,					
٠.	١,	b	Less cost or other basis		•				
•			and sales expenses		•				
		c	Gain or (loss)	,					
,	'	d	Net gain or (loss)		•	, ,		-	*
as	8	а	Gross income from fundraising	g events (not				átá alfaithe	Markey Charles
, ğ			including \$	of	`,				PATT WARKED
eve	,		contributions reported on line	1c) See					
E.		•	Part IV, line 18	a	- '				
Other Reve		b	Less direct expenses	- b	1				
0			Net income or (loss) from fund	- (The second of th		A SECTION OF THE PROPERTY OF THE PARTY OF TH	- and interior and the second and the second
			Gross income from gaming ac	ſ			HAND WEREN ST		
	-	•	Part IV, line 19	·- a	٧	斯的多种的一种			阿利尔德国
		b	Less direct expenses	b		经销售的			er acemia
			Net income or (loss) from gam		•	one and the same a bindle of the same of the same of	A STATE OF THE PARTY OF THE PAR	And the second s	and the state of t
	10		Gross sales of inventory, less			孙强广州的东汉 军	1262XE32277	THE TRANSPORT	WENT TE (. 1) 17 3 1
		_	and allowances	a	-	AND THE STATE OF		KARATA	THE THE PARTY
'		h	Less cost of goods sold	ь		"HARELETAN			
			Net income or (loss) from sales	- L		rengilis addition appropri	and the later the second		100 - 200 Mar. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
.		<u> </u>	Miscellaneous Revenue	ĭ	Business Code	rii ailata	AND THE SERVE		Children and The State of
٠٠}	11	a '	- ·	· ·	<u> </u>	ileah ini masaki kiring sani dalah ini masa	metilitaria de de materialitar de destille		Little Christian Comment
,	''	a h		*	-	· •			 .
					-,				
		ں ہے	All other revenue						
		u		۱ .	^ _		· "是我们的是"是一个"。		32 10 1 Car 3 Ca
.		e	Total. Add lines 11a-11d	,		123,771.	58,652.		<u> </u>
	12	•	Total revenue. See instructions			143,//1.	1 20,034.	0.	21.
83200	9 12-	31-	18				•	•	Form 990 (2018)

Section 501(c)(3) and 501(c)(4) or	rganizations must complete all columns. All other orga	nizations must complete column (A)

	Check if Schedule O contains a respons				(5)
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			İ	
	trustees, and key employees			_	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	16 000	14 052	0.020	
7	Other salaries and wages	16,892.	14,853.	2,039.	
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	12 206		12 206	
a	Management	12,386.		12,386.	
b	Legal			- +	
С.	Accounting				
d	, , , , , , , , , , , , , , , , , , ,				· · · · · -
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g		6 750		6,750.	
	column (A) amount, list line 11g expenses on Sch 0.)	6,750.	· <u>-</u>	6,750.	
12	Advertising and promotion		· -		
13	Office expenses Information technology				
14					
15	Royalties				<u>-</u>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20	Interest				-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	49,114.	49,114.		
23	Insurance	5,906.	5,906.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Operating and maintenan	82,765.	82,765.		· ·-
b	Utilities	43,093.	43,093.		
c	Other renting expense	3,414.	==, == =	3,414.	
d	Bank charges	1,272.		1,272.	
	All other expenses	•		-	
25	Total functional expenses. Add lines 1 through 24e	221,592.	195,731.	25,861.	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)				
3201	0 12-31-18	.			Form 990 (2018

art X	Balance Sneet		
	Check if Schedule O contains a response or note to any line in this Part X		
		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing	17,234. 1	
2	Savings and temporary cash investments	72,844. 2	79,647
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	544. 4	1,308
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	
6	Loans and other receivables from other disqualified persons (as defined under		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
	employers and sponsoring organizations of section 501(c)(9) voluntary		
7	employees' beneficiary organizations (see instr). Complete Part II of Sch L	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	. 8	
9	Prepaid expenses and deferred charges	9	
10a	Land, buildings, and equipment cost or other		
	basis Complete Part VI of Schedule D 10a 2, 261, 222.		
Ь	Less: accumulated depreciation 10b 1,034,659.	1,275,677. 100	1,226,563
11	Investments · publicly traded securities	11	
12	Investments - other securities See Part IV, line 11	12	!
13	Investments - program-related See Part IV, line 11	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11	15	5
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,366,299. 16	1,316,416
17	Accounts payable and accrued expenses	57,334. 17	105,646
18	Grants payable	18	
19	Deferred revenue	21. 19	635
20	Tax-exempt bond liabilities	20	
21	Escrow or custodial account liability Complete Part IV of Schedule D	5,229. 21	4,241
22	Loans and other payables to current and former officers, directors, trustees,		
	key employees, highest compensated employees, and disqualified persons		
	Complete Part II of Schedule L	22	
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	24	.
25	Other liabilities (including federal income tax, payables to related third		
İ	parties, and other liabilities not included on lines 17-24) Complete Part X of		
	Schedule D	25	<u> </u>
26	Total liabilities. Add lines 17 through 25	2,124,384. 26	2,172,322
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		
	complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	<758,085.>27	<855,906
28	Temporarily restricted net assets	28	
29	Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶		
	and complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	31	
32	Retained earnings, endowment, accumulated income, or other funds	32	
33	Total net assets or fund balances	<758,085.>33	
34	Total liabilities and net assets/fund balances	1,366,299. 34	1,316,416

Form **990** (2018)

	990 (2018) J.A.M.I. Douglas Housing, Inc.	92-01	58468	Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>71.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>92.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>21.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<758	<u>3,0</u>	<u>85.</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			<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u> <85!</u>	<u>5,9</u>	<u>06.</u> >
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Lx</u> _
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No
٠	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
20	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis.			
	consolidated basis, or both				{
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii				
	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 requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	х	
			Form	990 (2018)

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SCHEDULE A

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Nan	ne of t	Employe	ridentification number							
		J.A.	M.I. Dougl	as Housing,	Inc.			92-0158468		
Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	ns part) Se	ee instruction	s		
The	organ	ization is not a private found	lation because it is	For lines 1 through 12, o	check only	one box)				
1		A church, convention of ch	urches, or association	on of churches describe	d in section	on 170(b)(1)(A)(ı).		49	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))							UI	
3	一	A hospital or a cooperative		•			ii).		• 1	
4	同	A medical research organiz					•	Niii). Enter	the hospital's name.	
٠	_	city, and state		,			(-)(-)(-)(-)	,	,	
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a o	overnmental	unit describ	ped in	
Ŭ		section 170(b)(1)(A)(ıv). (C				, 3				
6		A federal, state, or local go		nental unit described in	caction 1	70/6\/ 1\/ A \	(4)			
7	Ħ	An organization that norma	~				• -	he general	nublic described in	
′	ш	section 170(b)(1)(A)(vi). (C		initial part of its support	nom a gov	remmema	unit or nom	ine general	public described in	
			•	(4)(A)() (Complete Per	+ 11 \					
0	H	A community trust describe	, ,		•		ination with a	land aront	college	
9		An agricultural research org	-	, ,, ,,		-		-	_	
		or university or a non-land-o	grant college of agric	ulture (see instructions)	Enterthe	name, city	, and state o	i trie colleg	je or	
	T.	university		W 00 4 /00/				- l *		
10	X	An organization that norma								
		activities related to its exen								
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	irea by the o	rganization	aπer June 30, 1975	
		See section 509(a)(2). (Con	•							
11	믬	An organization organized								
12	ш	An organization organized	•	•	•		· ·	•	• •	
		more publicly supported or							neck the box in	
		lines 12a through 12d that				•		-		
а		☐ Type I. A supporting orga	•	·				• • •		
		the supported organization			a majority	of the dire	ctors or truste	es of the s	supporting	
	_	organization You must o	•							
b			anization supervised	or controlled in connec	tion with if	ts support	ed organization	on(s), by ha	iving	
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	entrol or mana	age the sup	ported	
		organization(s) You mus	t complete Part IV,	Sections A and C.						
С	<u> </u>		grated. A supporting	g organization operated	ın connec	tion with, a	and functiona	lly integrate	ed with,	
		its supported organization	n(s) (see instructions	 You must complete l 	Part IV, Se	ections A,	D, and E.			
d			y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organı	zation(s)	
		that is not functionally int	egrated The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.			
ę		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation				
f	Ente	r the number of supported o	organizations							
g		ride the following information			Livi is the eres	nization lietad				
	(1) Name of supported	(II) EIN	(III) Type of organization (described on lines 1-10	in your govern	inization listed ing document?	(v) Amount o	-	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see II	istructions)	support (see instructions)	
		_						<u> </u>		
								·		
				<u> </u>						
		·								

Schedule A (Form 990 or 990-EZ) 2018 J.A.M.I. Douglas Housing, Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization ' fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (e) 2018 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (f) Total Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from lin Section B. Total Support (c) 2016 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 201,8 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2017 Schedule A, Part II, line 14 16a 33 1/3% support test - 2018/if the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts2ánd-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to 'qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018_	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	10,637.	7,860.	10,231.	37,622.	<u>65,098.</u>	131,448.
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	70,073.	72,218.	71,994.	68,715.	58,652.	341,652 .
3	Gross receipts from activities that			-			
	are not an unrelated trade or bus- iness under section 513			<u>-</u>			
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	80,710.	80,078.	82,225.	106,337.	123,750.	473,100.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6)						473,100.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning ın) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	80,710.	80,078.	82,225.	106,337.	123,750.	473,100.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	4.6	21	27.	20	21	1 4 5
	and income from similar sources	46.	31.	21.	20.	21.	145.
	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b	46.	31.	27.	20.	21.	145.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)	80,756.	80,109.	82,252.	106,357.	123,771.	473,245.
14	First five years. If the Form 990 is for	the organization's	first, second, third	i, fourth, or fifth ta	ax year as a section	n 501(c)(3) organız	ation,
	check this box and stop here						
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2018 (I			olumn (f))	ļ	15	99.97 %
	Public support percentage from 2017					16	99.96 %
	ction D. Computation of Inves						
	Investment income percentage for 20			ie 13, column (f))	-	17	
	Investment income percentage from 2				15 0	18	.04 %
19a	33 1/3% support tests - 2018. If the	- ·					/ is not ►X
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the	organization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	
	line 18 is not more than 33 $1/3\%$, che			•		•	▶□
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	, or 19b, check th	is box and see ins	tructions	

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)

<u> </u>	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ì		!
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b_		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	ļ 		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			!
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			~
_	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN		:	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already			
_	designated in the organization's organizing document?	5b	-	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	0		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	•		
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
Qa	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ju	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		1	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
-	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
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.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			ı
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			j
-	determine whether the organization had excess business holdings)	10b		

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Schedule A (Form 990 or 990-EZ) 2018

Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 J.A.M. I.	<u>Douglas</u>	Housing,	Inc.	<u>92-0158468</u> Pagə 8
Part VI	Supplemental Part IV, Section A, I line 1. Part IV. Secti	Information. Providines 1, 2, 3b, 3c, 4b, 4c	e the explanations c, 5a, 6, 9a, 9b, 9c rt IV, Section E, lin	s required by Part , 11a, 11b, and 11 es 1c, 2a, 2b, 3a,	II, line 10, Part II, line c, Part IV, Section B, I and 3b, Part V, line 1,	17a or 17b, Part III, line 12, lines 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
	(See instructions)	, and 6, and Fait V, 36		and o Also comp	——————————————————————————————————————	
					_	
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				<u>-</u> -	_	
			7			
					_	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► 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

	J.A.M.I. Douglas H	lousing, Inc.	92-0158468
Pa		ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		*
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
3	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
O	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or donor advisor, or for any other purpose	Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	
		·	raitiv, ille r
1	Purpose(s) of conservation easements held by the organizat		torically important land area
	Preservation of land for public use (e.g., recreation or e	· —	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
_	Preservation of open space		f
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	L Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections o		other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	
_	the following amounts required to be reported under SFAS 1		<u> </u>
а	Revenue included on Form 990, Part VIII, line 1	The state of the s	> \$
	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018

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Sche		. Douglas								Page 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, His	torical T	reasures, c	or Othe	r Simil	<u>ar Asse</u>	ts(continu	ued)
3	Using the organization's acquisition, accessi	on, and other recor	ds, chec	k any of the	e following tha	at are a si	gnıfıcant	use of its	collection	ıtems
	(check all that apply)		_							
а	Public exhibition	•	d 🔲	Loan or ex	change progra	ams				
b	Scholarly research	•	e 🔲	Other				_		
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further	the organizati	on's exer	npt purp	ose in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical tre	asures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's o	collection?				Yes	No_
Pai	rt IV Escrow and Custodial Arran		lete if the	organizati	on answered	"Yes" on	Form 990	D, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21						_		
1a	is the organization an agent, trustee, custodi	an or other interme	diary for	contributio	ons or other as	sets not	ıncluded		_	
	on Form 990, Part X?								_ Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d_			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21, for	escrow or o	custodial acco	unt liabili	ty?	LX	Yes	∭ No
	If "Yes," explain the arrangement in Part XIII									X
Pa	rt V Endowment Funds. Complete	f the organization a	nswered	"Yes" on F	orm 990, Parl	t IV, line 1	0			
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three	ears back	(e) Four	years back
1a	Beginning of year balance		ļ							
b	Contributions									
C	Net investment earnings, gains, and losses						_	_		
d	Grants or scholarships		ļ		1					
е	Other expenditures for facilities				1					
	and programs			.=						
f	Administrative expenses							_	ļ	
g	End of year balance		J							
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column	(a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3а	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held	and administe	red for th	e organiz	zation	_	
	by									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(II)	
b	If "Yes" on line 3a(ii), are the related organiza				?				_3b	
4	Describe in Part XIII the intended uses of the		owment 1	funds			-			
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered			/, line 11a	See Form 990), Part X,	line 10			
	Description of property	(a) Cost or o			st or other	٠,,	cumulate	I	(d) Book	value
		basis (investi	ment)		(other)	dep	reciation			010
	Land				19,918.		10 5	4.5		<u>,918.</u>
	Buildings			1,90	08,330.	1,0	10,5	47.	897	<u>,783.</u>
	Leasehold improvements				20 074		0.4.5	10		0.60
	Equipment	-			32,974.		24,1	12.	8	<u>,862.</u>
	Other	<u> </u>						_	1 226	F.C.3
Tatal	Add lines 1a through 1e (Column (d) must e	gual ⊨orm 990. Pad	x colun	nn (R) line	ICIC I				- ノント	3 D 4

Schedule D (Form 990) 2018

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Schedule D (Form 990) 2018

Sche	<u>dule D (Form 990) 2018 </u>			<u>.58468</u> Pag
Pai	t XI Reconciliation of Revenue per Audited Financial S	tatements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	123,77
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		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	123,77
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2)	5	123,77
Pai	t XII Reconciliation of Expenses per Audited Financial S		nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total expenses and losses per audited financial statements	•	1	221,59
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
- а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	<u> </u>	2e	•
3	Subtract line 2e from line 1		3	221,59
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b	70	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	221,59
_	t XIII Supplemental Information.	10)		221,33
Par	e organization holds security deposits		ts.	
			<u></u>	
	·			

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(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.

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

Open to Public Inspection

OMB No 1545-0047 -

Name of the organization

J.A.M.I. Douglas Housing, Inc.

Employer identification number 92-0158468

Form 990, Part VI, Section A, line 3:
JAMHI Health & Wellness, Inc. to provide management 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 directors for approval
before filing.
Form 990, Part VI, Section C, Line 19:
The organization makes its governing documents and financial statements
available to the public upon request. The Form 990 is also available on
www.guidestar.org and the financial statements are available through the
Federal Clearinghouse.
Form 990, Part XII, Line 3b
The organization has been required in prior years and is required in
the current year to obtain a single audit in accordance with the
Uniform Guidance.

Schedule R (Form 990) 2018 (g) Section 512(b)(13) ž Employer identification number Open to Public Inspection × OMB No 1545-0047 controlled entity? 2018 Direct controlling Yes 92-0158468 part II · 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 <u>e</u> status (if section support from Public charity 501(c)(3)) Jovrnmt Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income Related Organizations and Unrelated Partnerships Exempt Code ፱ ▶ Go to www.irs.gov/Form990 for instructions and the latest information. section 501(c)(3) Legal domicile (state or Part I | 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) Attach to Form 990. Alaska provide mental health care Inc. ind residential support Primary activity Primary activity Douglas Housing, For Paperwork Reduction Act Notice, see the Instructions for Form 990. services JAMHI Health & Wellness, Inc. - 26-0106659 Name, address, and EIN (if applicable) J.A.M.I. Name, address, and EIN of related organization of disregarded entity 3406A Glacier Highway Name of the organization Juneau, AK 99801 Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

92-0158468

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Schedule R (Form 990) 2018 J.A.M.I. Douglas Housing, Inc

Part III 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

General or Percentage managing ownership Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related a secretarion or trust during the tax year (i) Section 512(b)(13) controlled entity? Yes No ड Percentage ownership Yes No Ξ Code V-UBI amount in box 1/20 of Schedule - K-1 (Form 1065) Share of end-of-year assets Ξ <u>6</u> Oisproportionate Yes No allocations? Ξ Share of total income ε Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) (e) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) 9 Legal domicile (state or foreign country) છ (d)
Direct controlling entity Primary activity <u>e</u> (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization (a) (a)

Schedule R (Form 990) 2018

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92-0158468

Page 2

Inc. Douglas Housing, J.A.M.I. Schedule R (Form 990) 2018

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 Part III

General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year 3 Yes 9 amount in box 20 of Schedule K-1 (Form 1065) Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets **6** Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization <u>a</u> Part IV

i) tion 5X(13) colled	No				_						_
(i) Section 512(b)(13) controlled entity?	Yes										
(h) Percentage ownership										•	
(g) Share of end-of-year							_				
(f) Share of total income			-	•							
(e) The of entity Scorp, S corp	(200		,								
(d) Direct controlling entity											
(c) Legal domicile (state or foreign	country)										
(b) Primary activity											
(a) Name, address, and EIN of related organization											

Schedule R (Form 990) 2018

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Page 3

Party 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	Z
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more rel	ated organizations listed I	n Parts II-IV?		+
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>-			1a	×
b Gift, grant, or capital contribution to related organization(s)				1b	×
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan quarantees to or for related organization(s)				19	×
e Loans or loan guarantees by related organization(s)					
				<u>p</u>	4
f Dividends from related organization(s)					×
g Sale of assets to related organization(s)				1g	×
h Purchase of assets from related organization(s)				1h	×
 Exchange of assets with related organization(s) 				1i	×
J Lease of facilities, equipment, or other assets to related organization(s)				į.	×
k Lease of facilities, equipment, or other assets from related organization(s)				· +	×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			1u	×
 Sharing of paid employees with related organization(s) 				10	×
				4	
				d X	
 Reimbursement paid by related organization(s) for expenses 				19	×
r Other transfer of cash or property to related organization(s)				, - -	×
s Other transfer of cash or property from related organization(s)				15	×
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 th	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	volved	
(1) JAMHI Health & Wellness, Inc.	M	12,386.			
(2) JAMHI Health & Wellness, Inc.	Ц	16,892.			
(8)					
(4)					
(5)					
(9)					
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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

illat was flot a related organization, see instructions regarding exclusion for certain investment partnerships	structions regarding exciu	sion for certain inve	estment partnersnips						.
(e)	((e) (d)		(6)	Ē	€	8	3
Name, address, and EIN of entity	Primary activity	ĕ Ē	Predominant income partners sec (related, unrelated, 501(c)(3) excluded from tax under		Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Location Code V-UBI General or Percentage Locations amount in box 20 managing ownership allocations of Schedule K-1 pariner	General or managing partner?	Percentage ownership
		country)	sections 512-514) Yes No	lucome	assets	Yes No	(Form 1065)	Yes No	
						-			
								.—	
									
								-	
								<u>, </u>	
						-			

Schedule R (Form 990) 2018

Schedule R	(Form 990) 2018	J.A.M.I.	Douglas	Housing,	Inc	<u>92-0158468</u>	Page 5
Part VII	Supplemental Infor	mation					
	Provide additional information	ation for responses	to questions on	Schedule R See	instructions		
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