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.

Department of the Treasury Internal Revenue Service

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

ONIB NO 1545-0047
2016
Open to Public
Inspection

_	For the	2016 calendar year, or tax year beginning and	enaing	-	
В	Check if applicable	C Name of organization		D Employer identific	cation number
_	Addres	CATHOLIC HOUSING OF BIRMINGHAM II			
F	change	VILLA MARIA II			
Ļ.	change	Doing business as			029894
늗	return Final		Room/suite	E Telephone number	
L	— retum/ termin-	500 82ND STREET SOUTH			933-1020
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	388,263.
F	retum Applica	BIRHINGHAH, AL 35200		H(a) is this a group re	
L	tion pendin	F Name and address of principal officer: DNOCE MOAGLAND	25206	for subordinates	
		1300 82ND STREET SOUTH, BIRMINGHAM, AL		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) ()	or 527	1 '	list. (see instructions)
		e: N/A		H(c) Group exemption	
	art I	organization X Corporation			State of legal domicile AL
ø		Briefly describe the organization's mission or most significant activities: $\overline{ ext{PROV}}$			OUSING TO
& Governance		ELDERLY RESIDENTS THRU HUD SUBSIDIZED REI	NT PRO	GRAM.	
Ě	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	9
ಲ ಇ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
es	5	otal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0
₹	6	otal number of volunteers (estimate if necessary)		. 6	0
Activities		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990 T∤line 34 N	<u> S </u>	7b	0.
	1	[D] SON 14 201/	일 _	Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		364,291.	388,224.
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		45.	39.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		364,336.	388,263.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		121,755.	108,399.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	.	0.	0.
Š	Ь	Fotal fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		374,780.	386,468.
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		496,535.	494,867.
	19	Revenue less expenses. Subtract line 18 from line 12		<132,199.	> <106,604.
Net Assets or	<u>[</u>		Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		3,633,610.	3,543,452.
A P	21	Total liabilities (Part X, line 26)	<u> </u>	4,500,092.	4,516,538.
		Net assets or fund balances. Subtract line 21 from line 20		<u> <866,482.</u>	> <973,086.
		Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	e, correc	t, and complete Declaration of preparer (other than officer) is based on all information of wi	hich preparei	has any knowledge	
		Signature of difficer		13/13/	2017
Sig				Date	
He	re	BRUCE HOAGLAND, BOARD CHAIRMAN Type or print name and title		··	
-				Date Check	PTIN
0-1	:a	Print/Type preparer's name CHARLES T. HALLBERG T.T. C. Preparer's signature	1	NE (01/17)	
Pai		CHARLES J. HALLBERG III C		05/01/17 self-employe	
	parer	Firm's name LENAHAN SMITH & BARGIACHI, P.C. Firm's address 1080 BROOKFIELD RD		Firm's EIN	62-1422748
US(Only	Firm's address 1080 BROOKFIELD RD MEMPHIS, TN 38119		D-00	1-684-1100
_	41			Phone no 90	
Ma	y the II	S discuss this return with the preparer shown above? (see instructions)			X Yes No

CATHOLIC HOUSING OF BIRMINGHAM II VILLA MARIA II

		0-3029894 Page 2
Pa	t 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: PROVIDING LOW INCOME HOUSING TO ELDERLY RESIDENTS.	
	TROVIDING BOW INCOME HOODING TO BEDERBY REDIDENTS.	
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 m	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, and
	revenue, if any, for each program service reported.	200 224 .
4a	(Code) (Expenses \$453,565. including grants of \$) (Revenue S PROVIDES LOW INCOME HOUSING TO THE ELDERLY THROUGH SUBSII	
	PROVIDED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVI	
	SECTION 202 OF THE NATIONAL HOUSING ACT.	ECFHENI UNDER
	BECTION 202 OF THE NATIONAL HOUSING ACT.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue 5	,)
4c	(Code) (Expenses \$ including grants of \$) (Revenue	
	, (code, / (code	,,
		
4d	Other program services (Describe in Schedule O.)	,
_	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 453,565.	
<u>4e</u>	Total program service expenses ► 453,565.	Form 990 (2016)
		rom 930 (20 1 6)

VILLA MARIA II Part IV Checklist of Required Schedules

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 I Section 901(6)(3) organizations. Did the organization angage in lobbying activities, or have a section 501(fit) election in effect during the tax year? If "Yes," complete Schedule C, Part II I is the organization a section 501(6)(4), 501(6)(5), or 501(6), o				Yes	No
2 is the organization required to complete Schedule O, Part II 3 both the organization engage in diverse or indexed political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 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 5 Is the organization assetined for Revenue Procedule Ps 919 If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amount an isual funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 10 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 conusisting, debit management, credit repair, or debt negotiation services? 11 If the organization report an amount for investments or prospet schedule D, Part IV 12 If the organization report an amount for investments or their season in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV 13 If the organization report an amount for investments or complete Schedule D, Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16 If If "Yes," complete Schedule D, Part IV 14 Did the organization report an amount for investments or complete Schedule D, Part	4			v	
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4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III 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 Revenule Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization manual my donor advanced 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 II 7 Did the organization distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III 8 Did the organization amanuan collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 10 Did the organization report an amount for land, buildings, and equipment 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 VIII 11 Did the organization report an amount for investments - order securities 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 X III 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III 11 Did the organization report an amount for other assets in Part X, line 15	3		2		Х
during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(5), 501(c)(5), or 501(c)(6) or ganization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historical areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasinedwowments? If "Yes," complete Schedule D, Part V If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 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 VIII Did the organization report an amount for investments or 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,	4		3		
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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 counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quast-endowments? If "Yes," complete Schedule D, Part V 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 If the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for investments of the securities 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 VII 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Line 15 Line			8		Х
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	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
complete Schedule G, Part III	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
		complete Schedule G, Part III	19	لـــا	<u>X</u>

Form 990 (2016) VILLA MARIA II
Part IV Checklist of Required Schedules (continued)

			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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 2º 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		1	
	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	= :-		<u> </u>
	any tax-exempt bonds?	24c	Ì	}
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1.0	 	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200	 	†
_	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,"		ļ	
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	\- <u></u> -		-
	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		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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		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		Х
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		Х
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	Х	•
35a	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		Х
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	
		Form	990	(2016)

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Par				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
$\overline{\cdot}$			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
Ū	(gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		 -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		Х
ď	If "Yes," Indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	,		
	sponsoring organization have excess business holdings at any time during the year?	8		ĺ
9	Sponsoring organizations maintaining donor advised funds.		,,	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11	Section 501(c)(12) organizations. Enter:]		1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u></u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			Γ
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2016)

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

•	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	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	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	з	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
•	more members of the governing body?	7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7ь		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u> </u>		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		11a	Х	
b				
12a	The same of the sa	12a		X
b		12b		
С	The same of the sa			
	In Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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	Į		
	taxable entity during the year?	16a		Х
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	1		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	SPM, LLC - 205-933-1020			
	1103 RICHARD ARRINGTON JR BLVD SOUTH, BIRMINGHAM, AL 35205			

VILLA MARIA II

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Form 990 (2016) 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.

X Check this box if neither the organization	n nor any related	orga	anıza	<u>ation</u>	cor	npe	nsat	ed any current officer, o		
(A)	(B)	1	(C)					(D)	(E)	(F)
Name and Title	Average	ído	not c	Pos	ition more	tION nore than one		Reportable	Reportable	Estimated
	hours per	box	oox, unless person is both an officer and a director/trustee)		h an	compensation	compensation	amount of		
	week		T	Taaa	Irecia	Trus	iee)	from	from related	other
	(list any hours for	Eg		l		L		the	organizations	compensation from the
	related	9	18			Safec		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	TT I		8 €	in De		(** 2 1033 11:100)		and related
	below	Individual trustee or director	Institutional trustee	_	g e	S St CO	₅₅			organizations
	line)	lidiv	Instit	es de	Key employee	Highest compensated employee	Former			
(1) REV ROBERT BAKER	2.00									
BOARD MEMBER		<u> </u>	ļ	<u> </u>				0.	0.	0.
(2) MRS FRANCES WIDEMAN	2.00				ŀ		ł		_	_
BOARD MEMBER		<u> </u>	ļ	<u> </u>			<u> </u>	0.	0.	0.
(3) MRS KOKO MACKIN	2.00						1			
BOARD MEMBER	2.00	<u> </u>	↓	<u> </u>	<u> </u>	ļ.,	_	0.	0.	0.
(4) MR BRUCE HOAGLAND	2.00		1		Ì					
PRESIDENT	2.00		ļ	₩	-	├	-	0.	0.	0.
(5) MR KENNETH SIMON	2.00	-		1				0.	0.	_
SECRETARY / TREASURER	2.00		<u> </u>	╁	├	-	-	U .	0.	0.
(6) MRS MELVA LANGFORD	2.00	1						0.	0.	0.
BOARD MEMBER	2.00	⊨		\vdash	ł			0.		0.
(7) REV MSGR PAUL L. ROHLING BOARD MEMBER	2.00				ŀ			0.	0.	0.
BOALD TIMEBUL				-	\vdash		<u> </u>			
							<u></u>			
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		1	<u> </u>	↓		<u> </u>	ļ			
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VILLA MARIA II

rdf	VII Section A. Officers, Directors, Trus		оюу	ees,			gne	st C						
	(A)	(B)	l nii l						(D) (E)				(F)	
•	Name and title	Average	(do not check more than one		Reportable	Reportable			timate					
		hours per week	20%, 2200 po.			erson is both an director/trustee)			compensation	compensation	ו		nount	of
		(list any	├ .			Ι		_	from the	from related			other	
		hours for	gusct				L		organization	organizations (W-2/1099-MIS			pensa om th	
		related	50	25 28			rsafe		(W-2/1099-MISC)	(** 2) 1000 14110	Ο,		anızat	
		organizations	frust	로		88	E DE		(,			-	d relat	
		below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	est cc	- -				orga	anızatı	ons
		line)	힏	Inst	Officer	Key	Highest compensated employee	Former						
			1											
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			L	<u></u>	L.,	<u> </u>		Ļ.	ļ					
	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)							<u> </u>	0.	<u> </u>	0.			0.
2	Total number of individuals (including but	not limited to th	ose	iste	ed a	bov	e) w	ho r	eceived more than \$100	,000 of reportable	€			_
	compensation from the organization						_							0
												_,	Yes	No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	у ег	mplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for	such individual										3		X
4	For any individual listed on line 1a, is the s	um of reportab	le c	omp	ens	atioi	n an	d oti	her compensation from	the organization				
	and related organizations greater than \$15	50,000? If "Yes,	" cc	mpl	ete :	Sch	edul	e <i>J</i> 1	for such individual			4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	tion '	from	any	y uni	relat	ed organization or indivi	dual for services				
	rendered to the organization? If "Yes," cor	nplete Schedul	e J	for s	uch	per	son		<u> </u>			5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	dep	ende	ent d	cont	ract	ors t	that received more than	\$100,000 of com	pens	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear	end	ing v	with	or w	/ithir	n the organization's tax	year.			_	
	(A)								(B)			(0	 ;)	
	Name and busines	s address	N	ON:	E				Description of s	ervices	С	ompe	nsatio	n
										Ì				
										ţ				
				-							_			
2	Total number of independent contractors	(including but i	not !	lmit-	-d +c	the	امور	eter	d above) who received a	ore than	·······			
~	\$100,000 of compensation from the organ	•	.0(1				0	C	abore, milo leceived i	io, ciiaii				
	w. 55,555 5. Somponedion nom the Organ													

Page 9

		Check if Schedule O cont	tains a response	or note to any lin	e 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
nts nts	1 a	Federated campaigns	1a					
ira ou	b		1b					
S,E	С	Fundraising events	1c					
ar /	d	Related organizations	1d					
S,E	е		1-1-					
P. S.	f	All other contributions, gifts, gran						
돌		similar amounts not included abo	1 1					
ËÖ	g							
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	·					
				Business Code	· ·			
8	2 a			531110	224,467.			
او ∑	b	TENANT RENTS		531110	157,180.			
Sel	c	SPECIAL CLAIMS		531110	3,963.	3,963.		
हूं इंड	d	LAUNDRY AND VEN	NDING	531110	2,492.	2,492.		
Program Service Revenue	е	MISCELLANEOUS		531110	122.	122.		
ا ت	f	All other program service reve	enue					
\longrightarrow	. 9			>	388,224.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	39.			39.
	4	Income from investment of ta	x-exempt bond p	proceeds -	·			
	5	Royalties		•	····			
l			(ı) Real	(II) Personal				
	6 a							
1	b	•						
	C	, ,						
	d	` '		(D) (O)				
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	 					
	D	Less: cost or other basis						
	_	and sales expenses						
ì	_	Gain or (loss) Net gain or (loss)	L			1		
_]	d s a	Gross income from fundraising	a avante (not					
Jue	0 0	including \$	of					
Other Reven		contributions reported on line						
æ		Part IV, line 18	a a					
the	b	Less: direct expenses	b					
0		Net income or (loss) from fund	_	•				1
		Gross income from gaming a	-					
	-	Part IV, line 19	а					
	ь	Less: direct expenses	b					
	c	Net income or (loss) from gan	ning activities	•				
		Gross sales of inventory, less	•					
		and allowances	. а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	es of inventory	. ▶	_			
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С	·						
	đ	All other revenue						
	е	Total. Add lines 11a-11d		▶	000			
	12	Total revenue. See instructions		▶	388,263.	388,224.	0	. 39.

VILLA MARIA II

Part IX Statement of Functional Expenses

Secu.	on 501(c)(3) and 501(c)(4) organizations must comp Check If Schedule O contains a respon			mpiete column (A)	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		<u> </u>	g	одреноев
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. 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,				
	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)	101 100	101 100		
7	Other salaries and wages	101,190.	101,190.		
8	Pension plan accruals and contributions (include			}	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,209.	7,209.		
10	Payroll taxes .	1,209.	7,209.		
11	Fees for services (non-employees):				
a	Management	38.	38.		
b	Legal Legal Legal	9,236.	2,736.	6,500.	
	Lobbying	37230.	2/1301	0,300.	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	5,583.	5,583.		·
13	Office expenses	15,196.	15,196.		
14	Information technology				
15	Royalties				
16	Occupancy	46,169.	46,169.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,116.		2,116.	
20	Interest	·			
21	Payments to affiliates	120 117	120 117		
22	Depreciation, depletion, and amortization	128,117.	128,117.		
23	Insurance				
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 0) REPAIRS AND MAINTENANCE	81,470.	81,470.		
a b	INSURANCE	37,137.	37,137.		
	MANAGEMENT FEES	32,686.	0,,10,	32,686.	
q	SERVICE COORDINATOR EXP	19,589.	19,589.		
e	All other expenses	9,131.	9,131.		
25	Total functional expenses. Add lines 1 through 24e	494,867.	453,565.	41,302.	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 I if following SOP 98-2 (ASC 958-720)				

20-3029894 Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 3,822. 2,678. Cash - non-interest-bearing 1 57,929. 78,135. Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net 666. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 4,699,442. 1,304,325. basis. Complete Part VI of Schedule D 10a 3,504,952. 3,395,117. 10b 10c b Less: accumulated depreciation 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 Investments · program-related. See Part IV, line 11 13 44,217. 45,599. 14 14 Intangible assets 22,161. 21,786. 15 15 Other assets. See Part IV, line 11 3,633,610. 3,543,452. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 15,489. 31,647. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 20. 66. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 4,466,200. 4,466,200. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 18,337. 18,671. 25 Schedule D 4,500,092. 4,516,538. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances <866,482.>₂₇ <973,086.> 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds <866,482.>33 <973,086.> 33 Total net assets or fund balances 3,543,452. 3,633,610.34Total liabilities and net assets/fund balances

orm	990 (2016) VILLA MARIA II	20-302	9894	Pa	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			63.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>67.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<10	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<86	6,4	82.
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	<97	3,0	86.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			<u></u>	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 Schedule	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 reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	<u></u>
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			1
	Act and OMB Circular A-133?	-	3a	<u>X</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	L

Form **990** (2016)

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CATHOLIC HOUSING OF BIRMINGHAM II

VILLA MARIA II

Employer identification number

20-3029894 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2016 VILLA MARIA II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					, , , , , , , , , , , , , , , , , , , 	
Cale	ndar year (or fiscal year beginning in) ► 🛚	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support		<u></u>		.	11	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(4) 2012	(2) 20 10	(0) 2011	(-)	(0) 20 10	(i) forces
8	Gross income from interest,						
Ť	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business		-				
3	activities, whether or not the						
	·			İ		1	
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						•
44	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	-4- /		<u> </u>	.1	12	
	Gross receipts from related activities,				ov voor oo o oooti		
13	First five years. If the Form 990 is for		s iirst, second, tri	ira, ioaran, or man a	lax year as a secur	30 1 (C)(3)	▶□
Se	organization, check this box and stor ction C. Computation of Publ		rcentage				
	Public support percentage for 2016 (column (fl)		14	%
	Public support percentage from 2015		•	Colonial (1))		15	<u>%</u>
	a 33 1/3% support test - 2016. If the			on line 13 and line	14 is 33 1/3% or	turi I	
100	stop here. The organization qualifies				141000 1707001	more, erreek and be	» Carlo
,	o 33 1/3% support test - 2015. If the	•	-		 d line 15 is 33 1/3	% or more, check th	nis box
•	and stop here. The organization qua					, o o i i i i o i o i i o o i i i i	▶ □
17:	a 10% -facts-and-circumstances tes	•			ne 13, 16a, or 16b,	and line 14 is 10%	or more.
176	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					art villow the organ	
	meets the macts-and-circumstances b 10% -facts-and-circumstances tes	-	•			17a and line 15 in	10% or
			~				
	more, and if the organization meets t						_
40	organization meets the "facts-and-cir						
18	Private foundation. If the organization	on alla not check a	LUCK OF TIME 13, I	oa, 100, 17a, or 17	D, CHECK THIS DOX	and see instruction	13 F L

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and		-				
	membership fees received. (Do not				1		
	ınclude any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	227 200	322,431.	267 077	264 201	200 224	
_	organization's tax-exempt purpose	321,209.	322,431.	301,911.	304,291.	388,224.	1,770,132.
3	Gross receipts from activities that are not an unrelated trade or business 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	327,209.	322,431.	367,977.	364,291.	388,224.	1,770,132.
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)						1,770,132.
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	327,209.	322,431.	367,977.	(d) 2015 364,291.	388,224.	1,770,132.
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	136.	90.	69.	45.	39.	379.
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	136.	90.	69.	45.	39.	379.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	327,345.	322,521.	368,046.	364,336.	388,263.	1,770,511.
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	tion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (line 8, column (f) d	ıvıded by line 13, d	column (f))	_	15	99.98 %
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	99.90 %
	ction D. Computation of Inve			· · · · · · · · · · · · · · · · · · ·			
17	Investment income percentage for 20	016 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	.02 %
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	.10 %
19	a 33 1/3% support tests - 2016. If the			on line 14, and line	e 15 is more than 3		
	more than 33 1/3%, check this box a 5 33 1/3% support tests - 2015. If the	and stop here. The	organization qual	ifies as a publicly s	supported organiza	ation .	$\triangleright X$
	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)

Section A. A	Supporting	Organizations
--------------	------------	----------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VIhow the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 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 VIhow 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 VIwhen 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 Viwhat controls the organization put in place to ensure such use.
- 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 VIhow the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VIwhat 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3ь		
3с		
4a		
45		
4b		
_4c		
1		
5a		
5b 5c	ļ	
6		ļ
7		
8		<u> </u>
9a		
9b		
_		
_9c		-
_10a		
10b		
990 or 9	90-F7	2016

Sche	CATHOLIC HOUSING OF BIRMINGHAM II solule A (Form 990 or 990-EZ) 2016 VILLA MARIA II	20-302989	4 Pa	age 5
	rt V Supporting Organizations (continued)			
1 0	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	-140
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
	below, the governing body of a supported organization?	11b		
	A family member of a person described in (a) above?	11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.			
Sec	tion B. Type I Supporting Organizations		V	
		[Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			i
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			i
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			:
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			i
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		ļ
Sec	ction C. Type II Supporting Organizations			
<u> </u>	Mon of Type if dupper mig of garmenterio		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			į
	-	1	•	İ
<u>C</u>	the supported organization(s).		L	
<u>5ec</u>	ction D. All Type III Supporting Organizations		Yes	No
	The state of the s		162	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	*		
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the		1	ĺ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ĺ
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yearsee in	nstructions).		
a	The second of the Anti-de Took Or with the Obstance	•		
b	The state of the s			
	The state of the s	tity (see instructions	2)	
~		ity (see instructions	Yes	No
2	Activities Test. Answer (a) and (b) below.		103	1,40
a	· ·			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a	 	ļ
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		

3a

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

20-3029894 Page 6 Schedule A (Form 990 or 990-EZ) 2016 VILLA MARIA II Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year **Section B - Minimum Asset Amount** (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

Schedule A (Form 990 or 990-EZ) 2016

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

CATHOLIC HOUSING OF BIRMINGHAM II Schedule A (Form 990 or 990-EZ) 2016 VILLA MARIA II 20-3029894 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: b c From 2013 **d** From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D. a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3) and 4c Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2016

а

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

<u>Schedule A</u>	(Form 990 or 990-EZ) 2016. VILLA PIARIA II	20-3029894 Page 8
Part-Vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 illine 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
	(See instructions.)	
		
		
		·

632028 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.

OMB No 1545-0047 16 Open to Public Inspection

Name of the organization

CATHOLIC HOUSING OF BIRMINGHAM II VILLA MARIA II

Employer identification number 20-3029894

Par	Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Im		or Acco	unts. Complete if the
	organization answered Tes Off Form 330, Falt IV, III	(a) Donor advised funds	(b) Fur	nds 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 advis	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring	
	ımpermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7	•
1	Purpose(s) of conservation easements held by the organizat	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically impo	rtant land area
	Protection of natural habitat	Preservation of a cert	ıfied historıc	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a co <u>nserv</u>	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		. 2b	
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation eas	sements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easeme	nts during the year
_	> \$		(L) (A) (B) (B	
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(I)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat			
	include, if applicable, the text of the footnote to the organization	ttion's financial statements that describes	tne organiza	tion's accounting for
Dai	conservation easements. III Organizations Maintaining Collections of	of Art Historical Treasures or O	ther Simi	lar Accate
[F. CI	Complete if the organization answered 'Yes' on Forn	•		iai Assets.
12	If the organization elected, as permitted under SFAS 116 (A		nent and hal	ance sheet works of ort
	historical treasures, or other similar assets held for public ex			-
	the text of the footnote to its financial statements that descri		noc or public	solvice, provide, iir i art XIII,
h	If the organization elected, as permitted under SFAS 116 (A		and balanc	a sheet works of art historical
	treasures, or other similar assets held for public exhibition, e			
	relating to these items:	saddation, or research in furtherance of pu	Dilo 3ei vice,	provide the following amounts
	(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 tre	easures or other similar assets for financia	l gain, provid	* to
~	the following amounts required to be reported under SFAS		, gan, provid	,
9	Revenue included on Form 990, Part VIII, line 1	1.0 y 300 000) relating to these items.	•	•
а Ь	Assets included in Form 990, Part X			*
D	Assets IIICIUUGU III I OIIII 330, FAILA			w .

Sche	dule D (Form 990) 2016 VILLA MA	ARIA II					20	-3029894	Page 2
Par		ollections of A	rt, Hist	orical Tr	easures, o	r Other	Similar /	Assets(continu	
3	Using the organization's acquisition, accession								
•	(check all that apply):								
а	Public exhibition	d	ı 🗀 1	oan or exc	hange progra	ms			
b	Scholarly research	e	. 🗀 (Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	n how th	ey further t	he organizatio	on's exem	pt purpose	ın Part XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, his	storical trea	sures, or othe	er sımılar a	assets		
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	nzation's co	ollection?			Yes	No No
Par	Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered "	Yes" on F	orm 990, Pa	art IV, line 9, or	
12	Is the organization an agent, trustee, custodi		diany for	contribution	e or other as	sets not in	ocluded		
10	on Form 990, Part X?	an or other intermet	Jiai y IOI V		is or other as.	36(3 110(11	loloded	Yes	No
.	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowna t	able:	•			res	140
ь	ii res, explain the arrangement in Fart Allia	and complete the ic	mowing t	able.				Amount	
_	Documenta halanaa						10	Amount	
	Beginning balance				•		1c		
	Additions during the year Distributions during the year				•		1e		
f	Ending balance				-		1f		
	Did the organization include an amount on Fo	orm 000 Port Y line	21 for a	- Secrow or c	 uetodial acco	unt liabiliti		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.						y :	res	
Par							<u> </u>		'''
	2 2 Eliastinolit aliasi somplete il	(a) Current year	1	nor year	(c) Two year		f) Three years	hack (e) Four	ears back
1a	Beginning of year balance	(a) Content year	(2) 1	noi yeai	(c) ino your	3 DUCK 1	aj Tilloo youts	, back (c) rour	Cars Dack
b	Contributions	·	,			<u> </u>			
	Net investment earnings, gains, and losses								
ر م	Grants or scholarships					-	-		
d	Other expenditures for facilities						-		
-	. '				ļ				
	and programs				1	-			
1 ~	End of year balance								
9 2	Provide the estimated percentage of the curr	rent year and halan	ce (line 1	a column (a)) held as:				
	Board designated or quasi-endowment	ent year end balant	%	g, column (a)) Held as.				
a	Permanent endowment	%	_″						
b	Temporarily restricted endowment	% %							
C	The percentages on lines 2a, 2b, and 2c sho								
3-	Are there endowment funds not in the posse		ration the	at are held s	and administs	red for the	a organizatio	ND.	
Ou	by:	ssion of the organiz	adon die	at are ricid t	and administe	ica ioi tiit	o organizatio		res No
	(i) unrelated organizations							3a(i)	10
	(ii) related organizations		•		-	•		3a(ii)	
h	If "Yes" on line 3a(ii), are the related organizations	itione lieted ae regu	red on S	chedule R2		•		3b	
4	Describe in Part XIII the intended uses of the	·				-			
	t VI Land, Buildings, and Equipm		<u> </u>	10,100.			,	· · · · ·	
La	Complete if the organization answere		0. Part IV	/. line 11a. :	See Form 990). Part X. li	ine 10.		
	Description of property	(a) Cost or			t or other		cumulated	(d) Book	value
	2000 ipiloti di proporty	basis (invest		, ,	(other)		reciation	(2, 250)	
1a	Land	,			10,000.			240	,000.
b	Buildings				14,434.	1,0	99,490		,944.
c	Leasehold improvements	· · · · · · · · · · · · · · · · · · ·		, <u> </u>			,	, -	·
ď	Equipment			16	58,483.	1	58,310	. 10	,173.
	Other				16,525.		46,525		0.

3,395,117. Schedule D (Form 990) 2016

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2016 VILLA MARIA	A II		20-3029894 _{Page}
Part-VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, I	line 11b. See Form 990, Pa	art X, line 12.
' (a) Description of security or category (including name of security)	(b) Book value	(c) Method of value	uation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV	line 11c See Form 990 Pa	art X line 13
(a) Description of investment	(b) Book value		Jation: Cost or end-of-year market value
(1)	 		
(2)	 		
(3)	 		
(4)			
(5)	1		
(6)	 		
(7)			
(8)			
(9)	 		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	+		
Part IX Other Assets.			
Complete if the organization answered "Yes	on Form 990 Part IV	line 11d See Form 990 Pr	art Y line 15
	Description	ine 11d. Oce 1 On 1 930, 1 8	(b) Book value
(1)	,		(2) 2001 (4.00
(2)			
(3)			
(4)			
(5)		 	
(6)			
			·
<u>(7)</u>			
(8)			
Total (Column (b) must sound Form 2000 Port V and (R) (ii	no 15 \		-
Total. (Column (b) must equal Form 990, Part X, col. (B) III Part X Other Liabilities.	ne 15.)		
Complete if the organization answered "Yes	on Form 990 Port IV	line 11e or 11f Coe Form (200 Part V Iran 25
(a) December of lightly	Official 950, Fait IV,	(b) Book value	990, Fart A, IIIIe 25.
		(b) Book Value	
(1) Federal income taxes (2) TENANT SECURITY DEPOSITS		18,671.	
		10,0/1.	
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	05)	10 671	
Total. (Column (b) must equal Form 990, Part X, col. (B) III	ne 25.)	18,671.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

VILLA MARIA II

Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 388,263. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2¢ d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 388,263. Subtract line 2e from line 1 3 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 4b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 388,263. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 494,867. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2ь c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 494,867 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 494,867 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

CATHOLIC HOUSING OF BIRMINGHAM II Employe VILLA MARIA II

Employer identification number 20-3029894

FORM 990, PART VI, SECTION A, LINE 3:
MANAGEMENT COMPANY, SPM, OVERSEES THE PROPERTY AND ITS FINANCIAL FUNCTIONS
FORM 990, PART VI, SECTION B, LINE 11B:
TAX RETURN IS REVIEWED AT MEETING
FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION WILL PROVIDE THE REQUIRED INFORMATION UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION WILL PROVIDE THE REQUIRED INFORMATION UPON REQUEST.

Schedule R (Form 990) 2016 (g) Section 512(b)(13) Employer identification number 20-3029894 ŝ Open to Public Inspection OMB No 1545-0047 2016 × controlled 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 NONE **e** status (if section Public charity 501(c)(3)) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. CATHOLIC HOUSING OF BIRMINGHAM II Total income Related Organizations and Unrelated Partnerships Exempt Code ত্ত section 501(C)(3) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. ALABAMA LOW INCOME HOUSING FOR THE Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. ELDERLY VILLA MARIA II Name, address, and EIN (if applicable) CATHOLIC HOUSING OF BIRMINGHAM, INC. 63-0973872, 500 82ND STREET SOUTH Name, address, and EIN of related organization of disregarded entity 35206 Name of the organization ķ SCHEDULE R BIRMINGHAM, (Form 990) Part # Part II

VILLA MARIA II

Schedule R (Form 990) 2016

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

Page 2

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General or Percentage managing ownership Schedule R (Form 990) 2016 Section 512(b)(13) controlled entity? Yes No 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 Percentage ownership Yes No Ξ Code V-UBI camount in box 20 of Schedule 4.1 (Form 1065) Share of end-of-year assets Disproportionate Yes No allocations? $\hat{\boldsymbol{\varepsilon}}$ Share of total income Share of end-of-year assets 6 Type of entity (C corp., S corp, or trust) <u>e</u> Share of total Income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্ত Legal domicile (state or foreign country) ত Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 632162 09-06-16 Part IV

20-3029894 Page 3

Schedule R (Form 990) 2016 VILLA MARIA II

Part ¥ 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 No	Ŷ
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?	ons with one or more r	elated organizations listed	d in Parts II-IV?			
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity	πλ			19		×
b Gift, grant, or capital contribution to related organization(s)				1 _b		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				14		×
				4		×
				2		:
f Dividends from related organization(s)			,	7		×
g Sale of assets to related organization(s)			•	19		×
h Purchase of assets from related organization(s)				‡		×
i Exchange of assets with related organization(s)				=		×
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	7.	×
I Performance of services or membership or fundraising solicitations for related org	related organization(s)			=		×
	related organization(s)			1		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			1n		×
o Sharing of paid employees with related organization(s)				10	X	
						;
p Reimbursement paid to related organization(s) for expenses				10		\times
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				÷	· · · ·	×
				\$		×
s for infor	who must complete t	nis line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) CATHOLIC HOUSING OF BIRMINGHAM I, INC.	0	0				
(2)						- [
(3)						i
(4)						
(5)				ŀ		<u> </u>
(9)						
632163 09-06-16			Schedule R (Form 990) 2016	R (Form	990)	2016

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CATHOLIC HOUSING OF BIRMINGHAM II

VILLA MARIA II

Schedule R (Form 990) 2016

Part 14 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 relative or gaing and the control of	(4)	(3)	(5)	(0)	€	(6)	3	€	9	(K
Nill true specific owell	Drimary activity	alcile elicile	Predominant income had	Are all thers sec	Share of	Share of	Dispropor-	Code V-UBI	General	Percentage
Marrie, address, and Env of entity	בווומן מכוויוון		(related, unrelated, 50 excluded from tax under	501(c)(3) 1er orgs /	total	end-of-year	tionate allocations?	tonate amount in box 20 managing ownership old Schedule K-1	managin	ownership
		country)	sections 512-514) Ye	Yes No	Income	assets	Yes No	(Form 1065)	Xes N	
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				+						
				+					\perp	
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								Schedule	R (For	Schedule R (Form 990) 2016
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CATHOLIC HOUSING OF BIRMINGHAM II Schedule R (Form 990) 2016 VILLE Part VII Supplemental Information. 20-3029894 Page 5 VILLA MARIA II Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2016