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DLN: 93493318072738

Department of the Treasu
Internal Revenue Service

B Check if applicable \square Address change

 \square Name change

☐ Amended return

☐ Application pending

Tax-exempt status

☐ Initial return ☐ Final return/terminated

OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private ▶ Do not enter social security numbers on this form as it may be made public Open to Public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organization ST MARY DEVELOPMENT CORPORATION D Employer identification number 31-1275208 Doing business as E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2160 E FIFTH STREET (937) 277-8149 City or town, state or province, country, and ZIP or foreign postal code DAYTON, OH 45403 **G** Gross receipts \$ 3,447,997 Name and address of principal officer H(a) Is this a group return for TIMOTHY BETE □Yes ☑No subordinates? 2160 E FIFTH STREET H(b) Are all subordinates DAYTON, OH 45403 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) ☐ 501(c)() **◄** (Insert no) 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW STMARYDEVELOPMENT ORG L Year of formation 1989 M State of legal domicile **K** Form of organization lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other Summary 1 Briefly describe the organization's mission or most significant activities CREATE LASTING, AFFORDABLE HOUSING SOLUTIONS IN SOUTHWEST OHIO AND VARIOUS STATES THROUGH REAL ESTATE DEVELOPMENT AND MANAGEMENT, RESIDENT SERVICES AND FUNDRAISING, AND COMMUNITY DEVELOPMENT |4 |8 |5 |5 |2 |0 |0 |6 |0 | |7 |3 |1 |

mai												
r Governa	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net asset. Number of voting members of the governing body (Part VI, line 1a)	s 3	7								
ACHVIUES &	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6								
ALIE.	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	18								
cm	6	Total number of volunteers (estimate if necessary)	6	0								
₹	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0								
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0								
		Prior Year		Current Year								
a.	8	Contributions and grants (Part VIII, line 1h)		710,934								
ži Li	9	Program service revenue (Part VIII, line 2g)		2,162,328								
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)285,828		569,935								
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 291,523		-3,575								
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,310,718		3,439,622								
	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)		0								
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 907,230		1,082,586								
ารค	16	Professional fundraising fees (Part IX, column (A), line 11e)		0								
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶180,498										
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		9,519,437								
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 2,472,828	10,602,023 -7,162,401									
	19	Revenue less expenses Subtract line 18 from line 12										
e S		Beginning of Current Year		End of Year								
Net Assets or Fund Balances												
Bal	20	Total assets (Part X, line 16)		24,142,491								
200	21	Total liabilities (Part X, line 26)		12,580,555								
		Net assets or fund balances Subtract line 21 from line 20		11,561,936								
Par												
	edge	alties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information edge										
		2018-11-14										
::		Signature of officer Date										
Sign Here	:	TIMOTHY BETE PRESIDENT										
		Type or print name and title										
		Print/Type preparer's name Preparer's signature Date PTIN										
Paic	ı	CHARLES CRAFT CHARLES CRAFT Check ☐ If P000: self-employed	13094									
one Prep			034									
Jse		Firm's address > 2400 COUTH DIVIE DRIVE	3400									
		DAYTON, OH 45439										
1ay tl	ne II	S discuss this return with the preparer shown above? (see instructions)	✓ Y	es 🗆 No								

	CHARLES CRAFT	CHARLES CRAFT	Date	Check I if self-employed	P00013094
	Firm's name FLAGEL HUBER FLAGEL			Firm's EIN ► 3	1-0796034
	Firm's address ► 3400 SOUTH DIXIE DRIV	Έ		Phone no (937) 299-3400
	DAYTON, OH 45439				
1	ss this return with the preparer shown	n above? (see instructions) .			. 🗹 Yes 🗌 No

Form	990 (2	017)					Page 2
Par	t III	Statement	of Program Servic	e Accomplis	hments		
		Check If Sched	dule O contains a respo	onse or note to a	any line in this Part III		🗹
1	Briefly	describe the o	rganızatıon's mıssıon				
					WEST OHIO AND VARI MMUNITY DEVELOPME	OUS STATES THROUGH REAL E	ESTATE DEVELOPMENT AND
2		-	· -		vices during the year w	which were not listed on	 □ Yes ☑ No
	•		990-EZ?				⊔ Yes 🖭 No
_		•	se new services on Sch				
3		-	cease conducting, or m	nake significant	changes in how it cond	lucts, any program	. □Yes ☑No
	service						. □ Yes ☑ No
		•	se changes on Schedu				
4	Section	n 501(c)(3) and		ons are required	to report the amount	e largest program services, as r of grants and allocations to oth	
4a	(Code) (Expenses \$	534,998	including grants of \$) (Revenue \$	164,665)
	See Ad	ditional Data					
4b	(Code) (Expenses \$	789,613	including grants of \$) (Revenue \$	749,766)
	See Ad	ditional Data					
4c	(Code) (Expenses \$	588,596	ıncludıng grants of \$) (Revenue \$	1,390,860)
	See Ad	ditional Data					
	(Code) (Expenses \$	7,253,488	including grants of \$) (Revenue \$	76,370)
	VARIOU	JS ADDITIONAL P	ROGRAMS AIMED AT REV	ITILIZATION AND E	ECONOMIC DEVELOPMENT	OF TARGET NEIGHBORHOODS IN T	HE DAYTON COMMUNITY
4d	Other	program servic	es (Describe in Schedi	ule O)			
	(Expe	nses \$	7,253,488 incl	uding grants of	\$) (Revenue \$	76,370)
4e	Total	program serv	ice expenses >	9,166,6	95		

or X as applicable

Section 501(c)(3) organizations.

Part IV

Checklist of Required Schedules	
	ĺ
the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	ĺ

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII 🕏

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Nο

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

Page 3

No

Yes

Yes

Yes

Yes

Yes

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

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19

- 2 Yes 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3
- 1 Schedule A 💆

29

Page 4

	•
Part IV	Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Checkist of Reduited Schedules (Continued)			
		Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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," 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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

Yes

Yes

Form 990 (2017)

Nο

Nο Nο

Νo

Nο

No

Nο

Νo

Nο

orm	990 (2017)			Page !
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 14 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b	1		
		4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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	4		N.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		No
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?			
	The state of the s	4a		No
b	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7c		No
d	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		No
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	 ''		110
y	required?	7g		
h	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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)	1		
2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
_	Section Series(22) quantica nonprone nealth insulance issuess.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in			
b	which the organization is licensed to issue qualified health plans			
	The organization is needed to issue qualified feeling paids			
С	which the organization is licensed to issue qualified health plans	14a		No

Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction 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 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	\vdash		110
	members of the governing body?	7a		No
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	P.)	
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Vos	
12		13	Yes Yes	
L3	Did the organization have a written whistleblower policy?	\vdash	Yes	
L4	, ,	14	res	
L5	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
_		16b		
Se L7	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
	<u>ОН</u>			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 2160 E FIFTH STREET DAYTON, OH 45403 (937) 277-8149			

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, or 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (E)

Name and Title	Average hours per week (list any hours for related	•	ne b	ox, in of tor/t	t ch unle: ficei rust	ss pers and a ee)	son	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) BRETT HENRY BOARD OF DIRECTORS	0 00	Х						0	0	0
(2) SHARI ROGERS BOARD OF DIRECTORS	0 00	Х						0	0	0
(3) CAROL GAEKE BOARD OF DIRECTORS	0 00	Х						0	0	0
(4) BO GUNLOCK BOARD OF DIRECTORS	0 00	х						0	0	0
(5) DAN ABRAHAMOWICZ BOARD OF DIRECTORS	0 00	Х						0	0	0
(6) KRISTINA LEWIS BOARD OF DIRECTORS	1 00	X						10,095	0	0
(7) AUSTIN TYLER LEE RAINS BOARD OF DIRECTORS	0 00	Х						0	0	0
(8) TIMOTHY BETE PRESIDENT/TREASURER	40 00			x				115,360	0	25,050
(9) BARBARA PROSSER CHIEF FINANCIAL OFFICER	40 00			x				98,675	0	20,368
(10) WESLEY YOUNG VICE PRESIDENT/SECRETARY	40 00			x				104,415	0	23,366
										Form 990 (2017)

Part VII

(F)

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	than o	ne b	ox, u in of	t che inle: ficer	eck moss pers and a ee)	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (I W-		
		for related organizations below dotted line)	Individual trustee or director	In stitutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC	., (organizati relati organiza	ed
											\pm		
											+		
											\pm		
											+		
-											\pm		
c ·	Sub-Total		nΑ.				*		328,545		0		68,784
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos					rec	· I	100,000			
												Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .												
4	For any individual listed on line 1a, is organization and related organization	the sum of rep	ortable (comp	ensa	ation	n and d	other	compensation fro		3		No_
	ındıvıdual		• •	•	•	•	•				4		No
5	Did any person listed on line 1a recei services rendered to the organization										5		No
Se	ection B. Independent Contract	ors											
1	Complete this table for your five high from the organization Report compe										mpens	sation	
		(A) and business addre		,						(B) cription of services	\Box	(C Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization \blacktriangleright 0

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part	VIII												
		Check if Schedule	e O contains a	a respo	onse or r	ote to any	(his Part VII (A) revenue	Re	(B) lated or	Ur	(C) nrelated usiness	(D) Revenue excluded from
									fı	exempt unction evenue		evenue	tax under sections 512-514
ें दे	1a	Federated campaigr	ns	1a									
Grants Impounts		Membership dues		1 b									
s. G Am		Fundraising events		1c									
Siffs		Related organization Government grants (co		1d 1e		507,907							
im.		All other contributions,		l re		307,907							
itior er S		and similar amounts no above	ot included	1f		203,027							
년 원		Noncash contributio	ns included										
Contributions, Gifts, Grants and Other Similar Amounts		in lines 1a-1f \$ F otal. Add lines 1a-1	f	_		•							
						Business	Code	710,934					
เคาแ	2a Lo	OW INC DEVELOPER FE	EES				531390	1,3	331,800	1,331	,800		
ď		ENIOR HOUSING					531390		332,301		2,301		
MCE		OW INC HOUSING MGN OUTREACH SERVICES	11				531310 624100		274,502 223,725		,502 3,725		
Σ.	e –												
Program Service Revenue	_	all other program ser	vice revenue										
δ	gTo	otal.Add lines 2a-2f			>	2,:	162,328						
		vestment income (ir nilar amounts) .			nterest,	and other		350,60	2				350,602
		come from investme			ond proc	eeds 🕨	-						
	5 Ro	oyalties				. •	•						
	6 a G	Gross rents	(ı) Real	l	(II) F	Personal	-						
				4,800									
	Ь	Less rental expenses		8,375									
		Rental income or (loss)		-3,575			1						
	d r	l Net rental income or	(loss)			· •	1	-3,57	5				-3,575
			(ı) Securit	ies	(11)	Other							
	fr as	iross amount rom sales of ssets other nan inventory		2,661		216,67	2						
	_ c	Less cost or other basis and sales expenses		0			0						
		Gaın or (loss)		2,661		216,67	2						
		Net gain or (loss) . Gross income from fu				<u> </u>		219,33	3	219,333			
Other Revenue	1) 00	not including \$ontributions reporte See Part IV, line 18	d on line 1c)	of									
Rev		ess direct expenses		b			_						
her		let income or (loss)		_	ents .	• •							
ot		Gross income from g Gee Part IV, line 19		es									
	b.i.			a L			4						
		ess direct expenses let income or (loss)		b activit	ies .	. •	_						
		Gross sales of inventi eturns and allowand		а		·							
	b Le	ess cost of goods s	old	b			1						
	c N	let income or (loss)		invent									
	11a	Miscellaneous	Revenue		Busin	ess Code	-						
	b_						1						
	_				•								
	С												
	<u>-</u> م	Il other revenue .					+						
		otal. Add lines 11a-											
	12 T	otal revenue. See	Instructions					2 125 -		2 22:			2:= -:
								3,439,62	2	2,381,661	<u> </u>	0	347,027 Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	397,330	279,228	111,081	7,021
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	526,034	389,900	59,923	76,211
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,384	10,169	2,167	3,048
9 Other employee benefits	75,537	56,904	10,699	7,934
10 Payroll taxes	68,301	49,921	11,790	6,590
11 Fees for services (non-employees)				
a Management	210,246	210,246		
b Legal	86,897	86,897		
c Accounting	73,600	54,825	18,775	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
q Other (If line 11g amount exceeds 10% of line 25, column	82,199	70,405	11,576	218
(A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	19,322		1,000	18,322
13 Office expenses	8,524	4,020	4,087	417
14 Information technology	58,016	14,504	35,639	7,873
15 Royalties				
16 Occupancy	350,834	310,759	40,075	
17 Travel	30,337	18,022	11,387	928
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	6	6		
20 Interest	142,415	113,932	28,483	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	256,209	254,159	2,050	
23 Insurance	82,457	67,569	14,888	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FORGIVENESS OF DEBT	7,950,684	7,155,616	795,068	
L DEVELOPMENT COSTS	106 200	F2 104	F2 101	
b DEVELOPMENT COSTS	106,388	53,194	53,194	
c COST OF GOODS SOLD	37,884	37,884		
d PROGRAM EXPENSE	27,485	27,485		
e All other expenses	-4,066	-98,950	42,948	51,936
25 Total functional expenses. Add lines 1 through 24e	10,602,023	9,166,695	1,254,830	180,498
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2017)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

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Liabilities 22

Fund Balances

Assets or 30

Net

Investments—program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

158,318

1.647.635

24.142.491

11.002.922

1.396.548

12,580,555

9.552.058

2.009.878

11,561,936

24.142.491

Form **990** (2017)

181,085

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3.903.811

31,675,581

11.640.868

1.172.105

12,964,943

15.794.384

2.916.254

18,710,638

31.675.581

151,970

Page **11**

Check if Schedule O contains a response or note to any line in this Part IX

	Beginning of year		End of year
Cash-non-interest-bearing	125,783	1	
Savings and temporary cash investments	3,518,215	2	4,
50.1		_	

	2	Savings and temporary cash investments	3,518,215	2	4,403,948
	3	Pledges and grants receivable, net		3	37,500
	4	Accounts receivable, net	2,438,269	4	2,222,526
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
- 1	_			l	l

00 26 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L

Assets Notes and loans receivable, net . 15.754.150 Inventories for sale or use . 8 15.260 9 Prepaid expenses and deferred charges

9.946.516 16,474 10a Land, buildings, and equipment cost or other 6,551,177 10a basis Complete Part VI of Schedule D 1,570,934 5.231.102 10c 4.980.243 b Less accumulated depreciation 10b 11 Investments—publicly traded securities . 11 688 991 729.331 12 12 Investments—other securities See Part IV, line 11 .

Page **12**

11,561,936

Yes

Yes

Yes

Yes Form 990 (2017)

2a

2b

2c

3a

3b

~

No

No

Nο

Form 990 (2017)

Part XII

Schedule O

3	Revenue less expenses Subtract line 2 from line 1	3	-7,162,401
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,710,638
5	Net unrealized gains (losses) on investments	5	13,699
6	Donated services and use of facilities	6	
7	Investment expenses	7	

5	Net unrealized gains (losses) on investments	5	13,699
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	C

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Check if Schedule O contains a response or note to any line in this Part XII . . .

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Additional Data

Software ID:

EIN: 31-1275208

Name: ST MARY DEVELOPMENT CORPORATION

Form 990 (2017)

Form 990, Part III, Line 4a:

Software Version:

RESIDENT SERVICES/FUNDRAISING - TO PROVIDE SERVICES TO AGING RESIDENTS TO ALLOW THEM TO MAINTAIN LIVING IN THEIR HOMES LONGER

Form 990, Part III, Line 4b: SENIOR HOUSING - ASSIST AND PROVIDE OVERSIGHT FOR OWNED AFFORDABLE PROJECTS

Form 990, Part III, Line 4c: REAL ESTATE/COMMUNITY DEVELOPMENT - GENERAL SUPPORT FOR NEIGHBORHOOD PROGRAMS TO IMPROVE ECONOMIC, HOUSING AND EDUCATIONAL CONDITIONS OF THE COMMUNITY IN VARIOUS MARKETS OUTLINED IN OUR ARTICLES OF INCORPORATION

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493318072738
	m 99	OULE A	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) o empt charitable	organization or trust.	ort	2017
Department of the Treasury Information about Schedule A (Form 990 or 990-EZ) and its instructions is at Inspection									Open to Public Inspection
Nam	e of th	nue Service he organiza			www.ms.g	<u> </u>		Employer identific	<u> </u>
SI MA	KT DEV	/ELOPMENT CO	RPORATION					31-1275208	
	rt I				us (All organization : it is (For lines 1 thro			See instructions.	
1	n gannz		•		sociation of churches	3 ,	,	(A)(i)	
2		•		·					
					1)(A)(ii). (Attach Sch	•	• •		
3		·	•	•	vice organization desc			•	
4	Ш		esearch orga and state _	nization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(III). E	nter the hospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	()(v).	
7				mally receives (vi). (Complete	a substantıal part of ıt : Part II)	s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust desc	rıbed ın sectior	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10	✓	from activit	ies related to income and	its exempt fur unrelated busin	(1) more than 331/39 octions—subject to cer ess taxable income (learn)	taın exceptions, a	and (2) no more	than 331/3% of its su	
11		An organiza	ition organiz	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box
а		Type I. A sorganization	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i ation vested in the sar				
c		Type III f	unctionally		and C. supporting organizatio ions) You must com				ted with, its
d		Type III n	on-function integrated	nally integrate The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon recei	ved a written determir	nation from the II		pe I, Type II, Type II	functionally
f	Enter			ion-functionally dorganizations	integrated supporting	organization			
g				_	ipported organization(s)		_	
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				<u> </u>					
Tota	I					Ī			l

III. If the organization fails to qualify under the tests listed below, please complete Part III.)									
Section A. Public Support									
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
Gifts, grants, contributions, and membership fees received (Do not									

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business						
9	activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or						
			l	1			1

loss from the sale of capital assets (Explain in Part VI) **Total support.** Add lines 7 through 11 12 Gross receipts from related activities, etc. (see instructions) Section C. Computation of Public Support Percentage

Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 ightharpoonupand stop here. The organization qualifies as a publicly supported organization

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ▶□ supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

22,188

2,433,918

97,752

16,415,146

84 580 %

74 210 %

14 830 %

24 700 %

▶□

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.)

15,864

597,444

74,274

3,329,317

Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))

Section A. Public Support (h) 2014 (d) 2016 (a) 2013 (c) 2015 (e) 2017 (f) Total

Calendar year

Unrelated business taxable income (less section 511 taxes) from

businesses acquired after June 30,

Net income from unrelated business activities not included in line 10b. whether or not the business is

Other income Do not include gain

or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,

check this box and stop here

Section C. Computation of Public Support Percentage

Public support percentage from 2016 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2016 Schedule A, Part III, line 17

Add lines 10a and 10b

regularly carried on

11, and 12)

1975

12

14

15

16

17

18

	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(C) 2015	(a) 2016	(e) 2017	(f) lotal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	828,316	644,503	596,338	669,527	710,434	3,449,118
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,829,283	1,162,103	2,315,496	2,964,648	2,162,828	10,434,358
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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	2,657,599	1,806,606	2,911,834	3,634,175	2,873,262	13,883,476
7a							0
b	3 received from disqualified persons 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
С	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from line 6)						13,883,476
Se	ction B. Total Support						
_	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	2,657,599	1,806,606	2,911,834	3,634,175	2,873,262	13,883,476
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	581,580	601,520	519,569	353,659	355,402	2,411,730

6,324

607,844

8,263

2,422,713

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization.

0

353,659

6,441

3,994,275

355,402

3,228,664

16

17

18

519,569

8,774

3,440,177

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶□ Schedule A (Form 990 or 990-EZ) 2017

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

19a 331/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	·				
	determination 3					
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b in Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					

				3.	
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	-			
		3с			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
U	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$		
	supervised by or in connection with its supported organizations	4b			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections				
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	$\overline{}$		
	to the foleight supported organization has used exclusively for section 170(e)(2)(B) parposes				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and				

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

```
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.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, 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		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		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 or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection 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 year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b 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		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O)raani:	zatione	Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifying true	_		Part VI) Soc
_	instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) $\frac{1}{2}$	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	d Type III supporting or	ganization (see

Qualified set-aside amounts (prior IRS approval require			
Other distributions (describe in Part VI) See instructio			
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide		
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Other distributions (describe in Part VI) See instruction Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to whole details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see	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 respondetails in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i))	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 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Fycess Distributions Underdistributions

details in Part VI) See instructions	sive (provide			
9 Distributable amount for 2017 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	` ` ' Underdistribilitions			
1 Distributable amount for 2017 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions				
3 Excess distributions carryover, if any, to 2017				
а				
b From 2013				

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

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

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

Schedule A	(Form 990 or 990-EZ) 2	P017	Page 8	
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (Sinstructions)				
		Facts And Circumstances Test		
<u></u>				
990 Sche	dule A, Supplemen	tal Information		
Rei	turn Reference	Explanation		
SCHEDULE	A, PART III, LINE 12,	MISCELLANEOUS - 2013 AMOUNT \$ 74,274 2014 AMOUNT \$ 8,263 2015 AMOUNT \$ 8,774 2016 AMO	UNT	

INCOME

EXPLANATION OF OTHER \$ 6,441 2017 AMOUNT \$ 0

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(Form 990)

Department of the Treasury

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.

OMB No 1545-0047

DLN: 93493318072738

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** ST MARY DEVELOPMENT CORPORATION 31-1275208 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Par	t III	Organizations Maintaining Col	lections of Art,	Histori	ical T	reas	ures, or	Other	Similar As	ssets	(continued)	
3		the organization's acquisition, accession (check all that apply)	n, and other record	s, check	any of	the fo	ollowing t	hat are a	sıgnıfıcant ı	use of it	s collection	
а		Public exhibition		d		Loar	or excha	ange prog	grams			
b		Scholarly research		e		Othe	er					
c		Preservation for future generations										
4	Provi Part)	de a description of the organization's col XIII	lections and explair	n how the	ey furtl	her th	e organız	ation's e	xempt purpo	se in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							nılar	□ Y	es 🗆 r	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		orm 990), Part	IV,	ine 9, or	reporte	ed an amou	ınt on	Form 990	, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interme	ediary for	contri	butior	ns or othe	er assets	not	□ Y	es 🗌 I	No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the	following	table		[Α	mount		_
С	Begin	nning balance					[1c				
d	Addıt	ions during the year						1d				_
е	Dıstrı	butions during the year						1e				_
f	Endır	ng balance						1f				_
2 a	Dıd tl	he organization include an amount on Fo	rm 990, Part X, lin	e 21, for	escrov	v or cı	ustodial a	ccount li	ability?	□ Y	es 🗆 I	No
b	If "Ye	es," explain the arrangement in Part XIII	Check here if the	explanat	ion has	s been	provided	d in Part	XIII		П	
Pa	rt V	Endowment Funds. Complete if										
		'	(a)Current year		rior yea				(d)Three yea		(e)Four yea	ars back
1 a	Beginn	ing of year balance										
b	Contrib	outions										
С	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
е		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2	Provi	de the estimated percentage of the curre	ent year end baland	e (line 1	g, colu	mn (a)) held a	s				
а	Board	d designated or quasi-endowment 🕨										
b	Perm	anent endowment 🟲										
c	Temp	orarily restricted endowment >										
		percentages on lines 2a, 2b, and 2c shou	•									
3а		here endowment funds not in the posses nization by	sion of the organiz	ation tha	t are h	eld ar	nd admini	stered fo	r the		Yes	No
	(i) uı	nrelated organizations								[3	Ba(i)	
		elated organizations								3	a(ii)	
b		es" on 3a(II), are the related organization				.7					3b	
4		ribe in Part XIII the intended uses of the		owment	funds							
Pa	rt VI	Land, Buildings, and Equipment Complete if the organization answ		orm 000) Dart	· T\/	ıno 11a	Soo Eo	rm 000 Pa	r+ V li	no 10	
	Descri	ption of property (a) Cost or oth	ner basis (b) Co.	st or other					depreciation	II C A, II	(d) Book val	ue
1-	Land				3	18,875						318,875
						33,631	1		1,196,339			4,437,292
		gs			-	56,890	1		249,238			207,652
		nold improvements				41,781	ļ		125,357			16,424
		nent			1.	71,/01			123,33/			10,424
	Other I. Add	Ines 1a through 1e (Column (d) must e	aual Form 990 Par	t X. colu	mn (B)	. line	10(c))		>			4,980,243
	··· Auu	mics to anough to (column (u) must e	quai i oiiii 990, Fai	c A, colul	(<i>D)</i>	, mile	-0(0//	•	-			7,700,243

Part VII	Investments—Other Securities. Complete if the	organizat	ion answ	ered "Yes" on Form 9	90 Part IV line 11h
rait VII	See Form 990, Part X, line 12.	e organizat			
	(a) Description of security or category (including name of security)		(b) Book	(c) Meth Cost or end-	nod of valuation of-year market value
(1) Financia	l derivatives		value		
	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related.		> == T\ /	20 11c Coo Form 000	Part V June 12
	Complete if the organization answered 'Yes' on Fo		ook value	(c) Meth	nod of valuation
(1)				Cost or end-	of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered	Yes' on Form	m 990, Par	t IV, line 11d See Form	990, Part X, line 15
(1) REHABIL	(a) Description				(b) Book value 90,187
(2) INTERES	T RECEIVABLE				1,557,448
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization an		 es' on For	rm 990. Part IV. line	1,647,635
	See Form 990, Part X, line 25. (a) Description of liability			ook value	
1. (1) Federal :	ncome taxes		(6) 50	JOK Value	
ACCRUED IN	ITEREST			981,331	
RENTAL DEP				15,217 400,000	
(4)				.55,555	
(5)					
(6)					
(7)					
(8)					
(9)					
	n (h) must agual Faire 200 Park V and (D) han 25 h	. 1		1 300 510	
	n (b) must equal Form 990, Part X, col (B) line 25)	the feetnets	to the ex	1,396,548	romante that renerte the

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Donated services and use of facilities 2b b 2c 2d

d 8.375 e 3

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2e 3 4

Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a

Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII) b

Add lines **4a** and **4b** c

Net unrealized gains (losses) on investments

Schedule D (Form 990) 2017

Part XI

а

1

2

c

d

3 4

b

5

Part XIII

See Additional Data Table

5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

4b

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

2a 2b

2c

2d

4a

4b

Explanation

2a

4c 5

8,375

2e

3

4c

5

13.699

Page 4

3,461,696

22,074

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3,439,622

3,439,622

10,610,398

8,375

10,602,023

10.602.023

Schedule D (Form 990) 2017

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 31-1275208

Name: ST MARY DEVELOPMENT CORPORATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION DETERMINES THE RECOGNITION OF UNCERTAIN TAX POSITIONS, IF APPLICABLE, THA T MAY SUBJECT THE ORGANIZATION TO INCOME TAXES BY APPLYING A MORE-LIKELY-THAN-NOT RECOGNIT ION THRESHOLD AND DETERMINES THE MEASUREMENT OF UNCERTAIN TAX POSITIONS CONSIDERING THE AM OUNTS AND PROBABILITIES OF THE OUTCOMES THAT COULD BE REALIZED UPON ULTIMATE SETTLEMENT WI TH TAX AUTHORITIES THE ORGANIZATION HAS NO TAX POSITIONS WHICH MUST BE CONSIDERED FOR DIS CLOSURE THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE YEARS PRIOR TO 2014

Supplemental Information			
Return Reference	Explanation		
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENT EXPENSES RECLASSIFIED ON FORM 990 8,375		

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Supplemental Information				
Return Reference	Explanation			
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENT EXPENSES RECLASSIFIED ON FORM 990 8,375			

efile GRAPH	IIC print - D	O NOT PROCESS	As Filed Data -		DLI	N: 93493318072738
SCHEDUL (Form 990 or	I	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.		ions on	OMB No 1545-0047 2017	
► Atta Department of the Treasury ► Information about Schedule			► Attach to Form t Schedule O (Form	n 990 or 990-EZ.		Open to Public Inspection
Name of the org ST MARY DEVELOP	MENT CORPORA	TION mental Informatio	n		Employer ider 31-1275208	tification number
Return Reference		Explanation				
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE TAX RETURN WILL BE PROVIDED TO BOARD MEMBERS PRIOR TO ITS FILING WITH THE IN TERNAL REVENUE SERVICE IT WILL BE REVIEWED BY THE PRESIDENT PRIOR TO FILING					

Return Explanation
Reference

FORM 990.	ON AN ANNUAL BASIS. TRUSTEES. DIRECTORS. OFFICERS AND KEY EMPLOYEES MUST REVIEW THE CONFLI
,	CT OF INTEREST POLICY AND PROVIDE THEIR SIGNATURES INDICATING THAT THEY HAVE REVIEWED IT
	THEY MUST ALSO DISCLOSE ANY CONFLICTS AT THAT TIME
LINE 12C	

Return Explanation

FORM 990, THE PRESIDENT'S COMPENSATION WAS DETERMINED BY REVIEWING COMPARABLE SALARIES IN THE INDUST PART VI, RY THE OFFICERS AND KEY EMPLOYEES' RAISES/COMPENSATION ARE DETERMINED BY THE PRESIDENT AN SECTION B, D MANAGERS IN ACCORDANCE WITH THE APPROVED BUDGET

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

LINE 2C

FORM 990,	THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE
PAGE 12,	FINANCIAL STATEMENTS
PART X11,	

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As Filed Data -

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493318072738

2017

Open to Public Inspection

Name of the organization ST MARY DEVELOPMENT CORPORATION

SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Employer identification number

31-1275208

(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country)		(e) End-of-year assets	(f) Direct controlling entity	l	
(1) HC RE GROUP LLC 2160 E FIFTH STREET DAYTON, OH 45403 31-1636017	MANAGEMENT OF RESIDENTIAL LOW-INCOM AND SENIOR HOUSING	OH E	-182,828	3,522,843	ST MARY DEVELOPMENT COI	RPORATION	
(2) J&A EDUCAT'L PROP'S LLCUSES ST MARY DEV CORP EIN 2160 E FIFTH STREET DAYTON, OH 45403 31-1275208	MANAGEMENT OF EDUCATIONAL FACILITIES	ОН	0	0	ST MARY DEVELOPMENT CO	RPORATION	
(3) CARMEL HEIGHTS HOMES LLCUSES ST MARY DEV CORP EIN 2160 E FIFTH STREET DAYTON, OH 45403 31-1275208	MANAGEMENT OF LOW- INCOME HOUSING	ОН	0	0	ST MARY DEVELOPMENT COI	RPORATION	
(4) ISAIAH REAL ESTATE COMPANY LLC 2160 E FIFTH STREET DAYTON, OH 45403 27-0835937	MANAGEMENT OF LOW- INCOME HOUSING	ОН	0	0	ST MARY DEVELOPMENT CO	RPORATION	
(5) MG APARTMENTS LLC 2160 E FIFTH STREET DAYTON, OH 45403 45-2507858	MANAGEMENT OF LOW- INCOME HOUSING	ОН	-104,863	1,240,826	ST MARY DEVELOPMENT CO	RPORATION	
(6) ST MARY DEVELOPMENT TN NONPROFIT LLC 2160 E FIFTH STREET DAYTON, OH 45403 47-2836342	MANAGEMENT OF LOW- INCOME HOUSING	TN	0	0	ST MARY DEVELOPMENT CO	RPORATION	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Complete if the organ	nization answered	"Yes" on Form 99	0, Part IV, line 34	because it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) con entit	512(b) ntrolled ty?
(1)SOUTHEAST DAYTON HOUSING CORP 2160 E FIFTH STREET DAYTON, OH 45403	ASSISTANCE AND MAINTENANCE OF LOW AND MODERATE INCOME HOUSING FAMILIES	ОН	501(C)(3)	170(B)(1)(A)(VI)	ST MARY DEVELOPMENT CORPORATION	Yes	No No
31-1408172 (2)LYONS PLACE 2160 E FIFTH STREET DAYTON, OH 45403	PROVIDE ELDERLY AND HANDICAPPED PERSONS WITH HOUSING FACILITIES AND SERVICES	ОН	501(C)(3)	509(A)(2)	ST MARY DEVELOPMENT CORPORATION		No
20-4300133 (3)LYONS PLACE II 2160 E FIFTH STREET DAYTON, OH 45403	PROVIDE ELDERLY AND HANDICAPPED PERSONS WITH HOUSING FACILITIES AND SERVICES	ОН	501(C)(3)	509(A)(2)	ST MARY DEVELOPMENT CORPORATION		No
26-2670826 (4)ST MARY CONDOMINIUM OWNERS ASSOCIATION 2160 E FIFTH STREET	CODOMINIUM ASSOCIATION FOR SENIORS	ОН	528	N/A	HC RE GROUP LLC		No
DAYTON, OH 45403 20-8175771							
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 5013	5Y	•	Schedule R (Form	990) 20	17

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. See Additional Data Table (b) (c) (d) (i) (k) (e) (f) (g) (ı) Name, address, and EIN of Primary Legal Direct Predominant Share of Share of Disproprtionate Code V-UBI General or Percentage related organization controlling income(related, total income end-of-year allocations? amount in box ownership activity domicile managing unrelated, 20 of (state entity assets Schedule K-1 excluded from or tax under (Form 1065) foreign country) sections 512-514) Yes No Yes No Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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. (a) (b) (c) (d) (e) (f) (h) (1) (g) Name, address, and EIN of Legal Direct controlling Type of entity Share of total Share of end-of-Section 512(b) Primary activity Percentage domicile (C corp, S corp, ownership (13) controlled related organization entity ıncome vear (state or foreign or trust) assets entity? country) Yes No See Additional Data Table

Schedule R (Form 990) 2017		F	Page 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	· ·		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	s No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Γ	1	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1	a	No
b Gift, grant, or capital contribution to related organization(s)		.b	No
c Gift, grant, or capital contribution from related organization(s)	1	.с	No
d Loans or loan guarantees to or for related organization(s)		.d	No
e Loans or loan guarantees by related organization(s)	. 1	.e	No
f Dividends from related organization(s)	1	.f	No
g Sale of assets to related organization(s)	1	g	No

е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No

е	Loans or loan guarantees by related organization(s)	Ie	├─	NO
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	\vdash	No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
О	Sharing of paid employees with related organization(s)	10	Yes	
			\vdash	+

f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
_	Other transfer of each or property from related organization(c)	16		No

	Exchange of assets with related organization(s)	١	1	'''
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	;
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
	Sharing of paid employees with related organization(s)	10	Yes	•
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		•	
	(a) Name of related organization (b) Transaction type (a-s) (c) Method of determining am	nount	ınvolv	ed

0	Sharing of paid employees with related organization(s)			10	Yes	_
р	Reimbursement paid to related organization(s) for expenses			1p	No	<u> </u>
q	Reimbursement paid by related organization(s) for expenses			1 q	No	D
r	Other transfer of cash or property to related organization(s)			1r	No	<u> </u>
s	Other transfer of cash or property from related organization(s)			1s	No	5
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cover	ed relationships and tra	nsaction thresholds			
	(a) (b) Name of related organization type (a-s)	(c) Amount involved	(d) Method of determining a	mount in	volved	

Schedule R (Form 990) 2017

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

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

was not a related diganization. See instructions regarding exclusion for certain investment partitionings													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

Additional Data

HC RE GROUP LLC

2160 E FIFTH STREET

2160 F FIFTH STREET DAYTON, OH 45403 31-1275208

2160 E FIFTH STREET

2160 E FIFTH STREET DAYTON, OH 45403 27-0835937 MG APARTMENTS LLC

2160 F FIFTH STREET

2160 E FIFTH STREET

DAYTON, OH 45403 47-2836342

DAYTON, OH 45403 45-2507858

ISAIAH REAL ESTATE COMPANY LLC

ST MARY DEVELOPMENT TN NONPROFIT LLC

DAYTON, OH 45403 31-1275208

DAYTON, OH 45403

31-1636017

Software ID:

Software Version:

EIN: 31-1275208

(b)

Primary Activity

Name: ST MARY DEVELOPMENT CORPORATION

(c)

Legal Domicile

(State

or Foreign Country)

ОН

ОН

ОН

ОН

ОН

TN

(d)

Total income

-182.828

0

0

0

0

-104,863

(e)

End-of-year assets

(f)

Direct Controlling

Entity

3.522.843 ST MARY DEVELOPMENT CORPORATION

0 ST MARY DEVELOPMENT

0 ST MARY DEVELOPMENT

0 ST MARY DEVELOPMENT

0 ST MARY DEVELOPMENT CORPORATION

CORPORATION

CORPORATION

CORPORATION

1,240,826 ST MARY DEVELOPMENT

CORPORATION

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a)

Name, address, and EIN (if applicable) of disregarded entity

J&A EDUCAT'L PROP'S LLC--USES ST MARY DEV CORP EIN

CARMEL HEIGHTS HOMES LLC--USES ST MARY DEV CORP EIN

MANAGEMENT OF RESIDENTIAL LOW-INCOME AND SENIOR HOUSING

MANAGEMENT OF

INCOME HOUSING

INCOME HOUSING

INCOME HOUSING

INCOME HOUSING

EDUCATIONAL FACILITIES

MANAGEMENT OF LOW-

MANAGEMENT OF LOW-

MANAGEMENT OF LOW-

MANAGEMENT OF LOW-

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R, Pa	rt III - Identificatio	1	lated Organiza '	tions Taxable	as a Partners	hip '	ı		I	1 4	. 1	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropr allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen	r aging ner?	(k) Percentage ownership
LOFTS AT HOOVER LLC 713 W GRAND AVE DAYTON, OH 45406 20-3537602	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED			165	No		165	No	
SUNLIGHT HOMES LLC	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
WASHINGTON SQUARE HOMES LLC 713 W GRAND AVE DAYTON, OH 45406 20-3167869	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
GRAND PLACE APARTMENTS LTD 2160 E FIFTH STREET	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED	-641,054			No			No	
DAYTON, OH 45403 31-1637974 HOOVER PLACE LIMITED PARTNERSHIP 2160 E FIFTH STREET DAYTON, OH 45403	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	RELATED	391,661			No		Yes		
PARTNERSHIP 2160 E FIFTH STREET DAYTON, OH 45403	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED	-349,993			No		Yes		
31-1463705 INDIAN TRACE LIMITED PARTNERSHIP 9349 WATERSTONE BLVD CINCINNATI, OH 45249 31-1475001	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED	21	11,831		No		Yes		
JEFFERSON RESIDENCE LIMITED PARTNERSHIP 713 W GRAND AVE DAYTON, OH 45406 30-0158511	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
LYONS PLACE LIMITED PARTNERSHIP	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
LYONS PLACE II LIMITED PARTNERSHIP	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
MEADOW CREEK LIMITED PARTNERSHIP 9349 WATERSTONE BLVD CINCINNATI, OH 45249 31-1624279	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED	-413	9,641		No		Yes		
SHILO APARTMENTS LIMITED PARTNERSHIP III 1055 ST PAUL PLACE CINCINNATI, OH 45202 31-1808492	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
STONEY RIDGE ESTATES	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
SYCAMORE CREEK LIMITED PARTNERSHIP 9349 WATERSTONE BLVD CINCINNATI, OH 45249 31-1624280	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED	43,008			No		Yes		
TIMBERLAKE LIMITED PARTNERSHIP 9349 WATERSTONE BLVD CINCINNATI, OH 45249 31-1645162	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED	65,986			No		Yes		

Form 990, Schedule R, Par	t III - Identification	of Rela	ated Organizat	ions Taxable a	as a Partnersh	ip						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal	(4)	(e) Predominant	(f)	(g) Share of end- of-year assets	(h Dispropri allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gene on Mana Partr	eral r iging	(k) Percentage ownership
TWIN TOWERS CROSSING LTD 2160 E FIFTH STREET DAYTON, OH 45403 26-2258220	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
TWIN TOWERS PLACE II LLC 2160 E FIFTH STREET DAYTON, OH 45403 26-0776938	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
WRIGHT CYCLE SENIORS LIMITED PARTNERSHIP 2160 E FIFTH STREET DAYTON, OH 45403	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	RELATED	-352,334			No			No	
37-1448033 EATON SENIOR VILLAGE LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 26-3012758	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
NEW STRATFORD LTD 2160 E FIFTH STREET DAYTON, OH 45403 20-0285797	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	DEVELOPMENT CORPORATION	RELATED				No			No	
TWIN TOWERS CROSSING II LLC 2160 E FIFTH STREET DAYTON, OH 45403 45-5296385	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
WASHINGTON STREET SENIOR RESIDENCES LLC 2160 E FIFTH STREET DAYTON, OH 45403 90-0807689	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	IN	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
CARRIAGE TRAILS SENIOR VILLAGE LLC 2160 E FIFTH STREET DAYTON, OH 45403	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
27-3359481 DEER RUN APARTMENTS II LLC 2160 E FIFTH STREET DAYTON, OH 45403 27-2203554	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	IN	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
HAMBURG SENIOR RESIDENCE LLC 2160 E FIFTH STREET DAYTON, OH 45403 27-3359232	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	KY	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
PHEASANT RUN LP 2160 E FIFTH STREET DAYTON, OH 45403 55-0801798	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
WASHINGTON SQUARE HOMES II LLC 2160 E FIFTH STREET DAYTON, OH 45403 27-0640466	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
ROOSEVELT HOMES LLC 2160 E FIFTH STREET DAYTON, OH 45403 45-1810723	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	DEVELOPMENT CORPORATION	RELATED				No			No	
RESERVE AT SPENCER LLC 2160 E FIFTH STREET DAYTON, OH 45403 46-4175731	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
MORTON SENIOR RESIDENCE LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 30-0842526	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	

Form 990, Schedule R, Par	t III - Identification	of Rela	ted Organizati	ons Taxable as	s a Partnersi	nip	ı		1			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)		(g) Share of end- of-year assets	(h Dispropr allocat	tionate ions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gene or Mana Partr	eral r ging ner?	(k) Percentage ownership
THE RESERVE AT MONROE CROSSINGS LP 3445 NEWMARK DRIVE MIAMISBURG, OH 45342	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
54-2132935 ROOSEVELT HOMES II LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 47-0991983	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
4TH AVENUE LOFTS LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 81-0709904	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	IA	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
BURKETT PLACE LP 9349 WATERSTONE BLVD CINCINNATI, OH 45249 47-2393548	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
CARRIAGE TRAILS SENIOR VILLAGE II LLC 2160 E FIFTH STREET DAYTON, OH 45403	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
81-2969859 CENTERVILLE SENIOR LOFTS LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 47-2421070	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	IA	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
HARRISON LOFTS LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 81-0698061	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	IA	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
IRVIN COBB LIMITED PARTNERSHIP 2160 E FIFTH STREET DAYTON, OH 45403 82-1493041	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
KEOKUK SENIOR LOFTS LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 47-2432464	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	IA	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
RESERVE AT EDISON HILL LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 47-3712149	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
RESIDENCES AT EAGLES POINT LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 47-1027839	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
RIVERSIDE SENIOR LOFTS LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 81-3320504	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
SOUTHRIDGE SENIOR LOFTS LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 47-2380829	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING		ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	
SMDC JV LLC 2160 E FIFTH STREET DAYTON, OH 45403 82-1698895	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	RELATED				No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (a) (b) (c) (d) (f) Name, address, and EIN of Primary activity Direct controlling | Type of entity | Share of total Legal come

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related organization	, , , , , , , , , , , , , , , , , , , ,	domicile (state or foreign country)	entity	(C corp, S corp, or trust)	inco
EATON SENIOR VILLAGE MANAGER INC 713 W GRAND AVE DAYTON, OH 45406 26-3164314	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	С	
JEFFERSON RESIDENCE GP INC 713 W GRAND AVE	MANAGEMENT OF RESIDENTIAL LOW-	ОН	ST MARY DEVELOPMENT	С	

INCOME AND SENIOR

MANAGEMENT OF

RESIDENTIAL LOW-

INCOME AND SENIOR

RESIDENTIAL LOW-INCOME AND SENIOR

RESIDENTIAL LOW-

INCOME AND SENIOR

HOUSING

DAYTON, OH 45406

LOFTS MANAGER INC

713 W GRAND AVE

DAYTON, OH 45406 20-5358073

713 W GRAND AVE

DAYTON, OH 45406 20-1559134

2160 E FIFTH STREET

2160 E FIFTH STREET

DAYTON, OH 45403

SH MANAGER INC

713 W GRAND AVE

SHILO III AGP INC

713 W GRAND AVE

DAYTON, OH 45406

713 W GRAND AVE

DAYTON, OH 45406 20-0412938

2160 E FIFTH STREET

2160 E FIFTH STREET

2160 E FIFTH STREET DAYTON, OH 45403

2160 E FIFTH STREET

DAYTON, OH 45403

TTC MANAGER INC

2160 E FIFTH STREET

2160 E FIFTH STREET

DAYTON, OH 45403

TWIN TOWERS MANAGER INC

DAYTON, OH 45403

DAYTON, OH 45403

DAYTON, OH 45403

20-5888526

20-4717595

30-0130742

27-3651897

26-3968663

26-2118162

SMDC STRATFORD INC

STONEY RIDGE MANAGER INC

WRIGHT CYCLE SENIORS INC

CARRIAGE TRAILS MANAGER INC

WASHINGTON SQUARE MANAGER INC

20-5358049

DAYTON, OH 45406 20-2916372

DAYTON, OH 45403

90-0433076

31-1711326

PHEASANT RUN MANAGER INC

SALEM GRAND OF DAYTON INC

MONROE CROSSINGS REAL ESTATE INC

20-1099967

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(g)

Share of end-of-

year

assets

-408

-2,904

-3,231

-441,911

-829

-1,179

-1,779

-402

-1,728

-3,518

861

153

-3,825

-19

-209

-226

-12

-29

-95

-149

-51

-159

-282

4,340

-122

-89

-405

-286,507

(h)

Percentage

ownership

79 000 %

79 000 %

100 000 %

100 000 %

100 000 %

79 000 %

79 000 %

100 000 %

79 000 %

100 000 %

100 000 %

100 000 %

100 000 %

79 000 %

100 000 %

(i)

Section 512

(b)(13)controlled

entity? Yes

No

Νo

No

No

Nο

Νo

Nο

No

No

Nο

Nο

Νo

Nο

No

No

No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (c) (b) Name, address, and EIN of -66

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Share of end-of-

year

assets

-98

-140

-156

-15

-128

-126

-17

-5

-20

-163

-27

-186

-669

-866

-886

-102

-707

474

-510

2

47,592

285

500

161,386

451

623

(h)

Percentage

ownership

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

90 000 %

100 000 %

(i)

Section 512

(b)(13)controlled

entity? Yes

No

No

No

No

No

Νo

No

No

No

No

Nο

No

No

No

No

No

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of Incon
WSH II MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 27-1211102	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	С	
DEER RUN MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 27-3676515	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	С	
HAMBURG MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 27-3676395	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	С	
ROOSEVELT HOMES MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR	ОН	ST MARY DEVELOPMENT CORPORATION	С	

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INCOME AND SENIOR

RESIDENTIAL LOW-

INCOME AND SENIOR

45-1799480

45-4821573

45-5247730

47-1874787

46-5398397

47-1425520

46-4483309

46-5724926

81-0709192

81-0696443

81-3015294

47-2974552

INC

2160 E FIFTH STREET

AYTON, OH 45403

2160 E FIFTH STREET

2160 E FIFTH STREET

2160 E FIFTH STREET

DAYTON, OH 45403

BURKETT PLACE MANAGER INC

GALENA ESTATES MANAGER INC

RESERVE AT SPENCER MANAGER INC

ROOSEVELT HOMES II MANAGER INC

3RD STREET LOFTS MANAGER INC

4TH AVENUE LOFTS MANAGER INC

CARRIAGE TRAILS SENIOR VILLAGE II GP

CENTERVILLE SENIOR LOFTS MANAGER INC

DAYTON, OH 45403

DAYTON, OH 45403

INC

WASHINGTON STREET SENIOR MANAGER

TWIN TOWERS CROSSING II MANAGER INC

MORTON SENIOR RESIDENCE MANAGER INC MANAGEMENT OF

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (h) (i) (a) (e) (f) (g) Share of end-of-Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Percentage Section 512 related organization domicile entity (C corp, S corp, income ownership (b)(13) year (state or foreign or trust) assets controlled country) entity? Yes No GRINNELL LOFTS MANAGER INC MANAGEMENT OF ОН ST MARY 500 100 000 % No DEVELOPMENT 2160 E FIFTH STREET RESIDENTIAL LOW-DAYTON, OH 45403 INCOME AND SENIOR CORPORATION 81-4156423 HOUSING MANAGEMENT OF ОН HARRISON LOFTS MANAGER INC ST MARY 109,330 100 000 % No 2160 E FIFTH STREET RESIDENTIAL LOW-DEVELOPMENT DAYTON, OH 45403 INCOME AND SENIOR CORPORATION 81-0721297 HOUSING HICKORY HILLS MANAGER INC MANAGEMENT OF ОН ST MARY 500 100 000 % Nο 2160 E FIFTH STREET RESIDENTIAL LOW-DEVELOPMENT DAYTON, OH 45403 INCOME AND SENIOR CORPORATION 81-3837936 HOUSING -29 471 100 000 % No -3 597 100 000 % No -407 -225 100 000 % No 46-5735160 RESIDENCES OF ADMORE MANAGER INC MANAGEMENT OF ОН ST MARY c 500 100 000 % Νo 2160 E FIFTH STREET RESIDENTIAL LOW-DEVELOPMENT DAYTON, OH 45403 INCOME AND SENIOR CORPORATION HOUSING 81-2981983 RIVERSIDE LOFTS MANAGER INC MANAGEMENT OF ОН ST MARY -1 499 100 000 % No

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CORPORATION

DEVELOPMENT

CORPORATION

DEVELOPMENT

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KEOKUK SENIOR LOFTS MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403 47-2960454	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	С	
	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	С	
RESIDENCES AT EAGLES POINT MANAGER INC 2160 E FIFTH STREET DAYTON, OH 45403	MANAGEMENT OF RESIDENTIAL LOW- INCOME AND SENIOR HOUSING	ОН	ST MARY DEVELOPMENT CORPORATION	С	

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HOUSING

INCOME AND SENIOR

2160 E FIFTH STREET

DAYTON, OH 45403

DAYTON, OH 45403

DAYTON, OH 45403

DAYTON, OH 45403

SOUTHRIDGE SENIOR LOFTS MANAGER INC

UNIVERSITY LOFTS MANAGER INC

CYPRESS LOFTS MANAGER INC

IRVIN COBB MANAGER INC

DAYTON, OH 45403

81-3929670

47-2992433

81-0691092

81-4146833

82-1477968