efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493319007356 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Information about Form 990 and its instructions is at www.IRS.gov/form990 Treasury Inspection Internal Revenue Service A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015 C Name of organization
MIDWEST HOUSING EQUITY GROUP INC D Employer identification number B Check if applicable 47-0767984 Name change Doing business as Initial return

Final

Open to Public

. ✓Yes No

Form**990**(2015)

Cat No 11282Y

E Telephone number

| return/terminated Amended return | | | Number and street (or P O box if mail is not delivered to street address) Ro 515 N 162ND AVE NO 202 | om/suite | | (402) | 334-88 | |
|----------------------------------|--------------|---|---|----------|------------------------|-------------------|---------------|---|
| <u>:</u> | plication p | | City or town, state or province, country, and ZIP or foreign postal code OMAHA, NE 68118 | | | G Gross re | ceints \$ 0 | 760 277 |
| | | | F Name and address of principal officer JASON MAIN 515 N 162ND AVE NO 202 | | H(a) Is th subo | | | <u> </u> |
| т Та | x-exempt | t status | OMAHA,NE 68118 | | H(b) Are a | | ates | □Yes □ No |
| | | | ▼ 501(c)(3) | 7 | inclu If "N | | alıst (s | ee instructions) |
| J W | ebsite: | ► ww | W MHEGINC COM | | H(c) Grou | ıp exemptı | on numb | oer > |
| K For | m of orga | nızatıon | ✓ Corporation | | L Year of fo | rmation 199 | 3 M St | ate of legal domicile N |
| Pa | rt I | Sum | mary | | | | | |
| ance | MIC | OWEST | cribe the organization's mission or most significant activities HOUSING EQUITY GROUP INC'S MISSION IS TO PROMOTE AFFORDABLE HOUSING | THE DI | EVELOPME | NT AND S | USTAI | NABILITY OF |
| Governance | 2 Ch | eck th | is box ▶ ☐ if the organization discontinued its operations or dispo | osed of | more than 2 | 25% of its | net ass | ets |
| | 3 Nu | ımber o | of voting members of the governing body (Part VI, line 1a) | | | . 1 | з | 9 |
| Activities & | | | of independent voting members of the governing body (Part VI, line | | | - | 4 | 8 |
| <u>₹</u> | 5 To | tal nun | nber of individuals employed in calendar year 2015 (Part V , line 2 | a) . | | [| 5 | 43 |
| Ac | 6 To | tal nun | nber of volunteers (estimate if necessary) | | | [| 6 | 0 |
| | | | elated business revenue from Part VIII, column (C), line 12 . | | | | 7a | 0 |
| | b Net | unrela | ted business taxable income from Form 990-T, line 34 | • • | | • | 7b | |
| | | C t | habaaa aa daaraha (Bark VIIII bara 4 b) | | Pric | r Year | 0 | Current Year |
| ā. | | | butions and grants (Part VIII, line 1h) | | | 9,802,7 | | 66,06 9,434,67 |
| Ravenue | | _ | ment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 225,1 | | 231,78 |
| Ę. | | | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e | | | 223,1 | 0 | 231,70 |
| | 12 | | revenue—add lines 8 through 11 (must equal Part VIII, column (A | | | 10,027,9 | 00 | 9,732,52 |
| | 13 | Grants | and similar amounts paid (Part IX, column (A), lines 1–3). | | | 2,022 | 52 | 83,39 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | | | | |
| æ | | Saları (5-10) | es, other compensation, employee benefits (Part IX, column (A), li | ınes | | 4,913,5 | 11 | 5,164,59 |
| Expens | 16a | Profes | sional fundraising fees (Part IX, column (A), line 11e) | | | | 0 | |
| 홄 | b | Total fu | ndraising expenses (Part IX, column (D), line 25) ▶0 | | | | | |
| _ | 17 | Other | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 2,131,7 | 33 | 2,137,26 |
| | 18 | Total | expenses Add lines 13–17 (must equal Part IX, column (A), line | 25) | | 7,265,4 | 96 | 7,385,24 |
| . 0 | 19 | Reven | ue less expenses Subtract line 18 from line 12 | | | 2,762,4 | 04 | 2,347,27 |
| Net Assets or Fund Balances | | | | | Beginning o | of Current Y | ear | End of Year |
| SS Bal | 20 | Total | assets (Part X, line 16) | | | 34,663,6 | | 36,485,56 |
| 팔 | | | iabilities (Part X, line 26) | | | 2,993,8 | | 2,588,25 |
| | | | sets or fund balances Subtract line 21 from line 20 | <u> </u> | | 31,669,8 | 52 | 33,897,31 |
| Unde my k | nowledg | ies of p | ature Block perjury, I declare that I have examined this return, including acco pelief, it is true, correct, and complete Declaration of preparer (ot nowledge | | | | | |
| | | **** | 3 k | | |)16-11-11 | | |
| Sign | | Signa | tture of officer | | Da | ate | | |
| Here | e | | N MAIN CFO or print name and title | | | | | |
| | | P | rint/Type preparer's name Preparer's signature | Date | e Che | | PTIN | ======================================= |
| Paid | d | <u> </u> | LLEN WILDE ELLEN WILDE | | self | -employed | P0125426 | |
| Pre | parer | | irm's name ► DAUBY O'CONNOR & ZALESKI LLC irm's address ► 501 CONGRESSIONAL BLVD STE 300 | | | n's EIN > 35 | | |
| Use | Only | , ⁻ | IIIII 3 AAAI 633 P JUI CONGRESSIONAL DEVD STE SUU | | Pho | ne no (317) | o4o-5/0 | U |

CARMEL, IN 46032

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

| Form | 990 (2015) | | | Page 3 |
|------|---|---|-----|---------------|
| Par | t IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏 | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I " | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt | • | | No |

negotiation services? If "Yes," complete Schedule D, Part IV 🕏

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

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, 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? .

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

assistance to or for foreign individuals? If "Yes," complete Schedule F, Paits III and IV . . .

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🛸

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

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

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

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

ıts total assets reported ın Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🐕

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

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

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

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

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

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

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

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

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

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

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

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Form 990 (2015)

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11e

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12a

12b

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14a

14b

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20a

20b

Yes

Yes

Yes

Yes

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

instructions for applicable filing thresholds, conditions, and exceptions)

Page 4

Νo

Νo

| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | |
|-----|---|-----|---|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b |] |

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

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

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

32 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)?

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

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

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,

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

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

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

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

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

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

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

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

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

24c

24d

25a

25h

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28a

28b

28c

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35a

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Yes

Yes

Yes

Form 990 (2015)

Yes

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| orm | 990 (2015) | | | Page 5 |
|-----|--|-------------|-----|---------------|
| Pa | rt V 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 13 | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| 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 | Yes | |
| 3a | 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)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | 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 | 6b | | |
| 7 | were not tax deductible? | OD | | |
| | 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 |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | 7.5 | | |
| Ĭ | file Form 8282? | 7 c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7h | | No |
| 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 | | |
| | 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 | | |
| LO | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | 1 |
| L1 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| L2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| L3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 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 | 13 a | | |
| | | | | |

13b

13c

b Enter the amount of reserves the organization is required to maintain by the states

14a Did the organization receive any payments for indoor tanning services during the tax year? . . .

 ${f b}$ If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule ${f O}$.

 ${f c}$ Enter the amount of reserves on hand

Νo

14a

14b

year by the following The governing body? . .

Section C. Disclosure

Part

| 90 (2015) | Page 6 |
|---|---------------|
| VI Governance, Management, and Disclosure | |

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

Chack if Cabadula O contains a response or note to any line in this Dart VI

| Check if Schedule O contains a response or note to any line in this Part VI | | | | | | | | | | 🕟 | 7 |
|--|----|--|--|--|--|--|---|--|-----|----|---|
| ection A. Governing Body and Management | | | | | | | | | | | |
| | | | | | | | | | Yes | No | |
| Enter the number of voting members of the governing body at the end of the tax year | 1a | | | | | | 9 | | | | _ |
| 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 | | | | | | | | | | | |
| Enter the number of voting members included in line 1a, above, who are | | | | | | | | | | | |

1h ındependent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

supervision of officers, directors or trustees, or key employees to a management company or other person? .. Did the organization make any significant changes to its governing documents since the prior Form 990 was

Did the organization delegate control over management duties customarily performed by or under the direct

Did the organization have members or stockholders?

10a Did the organization have local chapters, branches, or affiliates?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

Did the organization become aware during the year of a significant diversion of the organization's assets?

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Νo

Νo

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Nο

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Yes

Form 990 (2015)

10b

11a

12a

12h

12c

13

14

15a

15b

16a

16b

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Did the organization contemporaneously document the meetings held or written actions undertaken during the

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

Did the organization have a written document retention and destruction policy?

a The organization's CEO, Executive Director, or top management official

 ${f b}$ Other officers or key employees of the organization

List the States with which a copy of this Form 990 is required to be filed▶

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

▶JASON MAIN 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 (402) 334-8899

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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)

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

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?

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

| Check this box if neither the organization no | · ···, · · · · · · · · · · · · · · · · | J | | | | | , | | | |
|---|---|-----------------------------------|-----------------------|-----------------------------|----------------------------------|------------------------------|--------|---|--|--|
| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations | unle: | ore t ss pe | han erso cer tor/t | not one n is and rus | tee) | an | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization |
| | below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 1130) | Hisey | and related organizations |
| (1) RICHARD SCHENCK CHAIRPERSON | 1 00 | x | | | | | | 0 | 0 | 0 |
| (2) DAVID FISHER VICE CHAIRPERSON | 1 00 | х | | | | | | 0 | 0 | 0 |
| (3) RICK JACKSON SECRETARY | 1 00 | х | | | | | | 0 | 0 | 0 |
| (4) STEVE BODNER PRIOR SECRETARY | 1 00 | х | | | | | | 0 | 0 | 0 |
| (5) BARRY G SANDSTROM DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (6) CHRIS HENSLEY DIRECTOR/CONSULTANT | 20 00 | х | | | | | | 48,000 | 0 | 0 |
| (7) DENNIS BRAND DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (8) RICHARD A HOIEKVAM DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (9) KIRK KELLNER DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (10) FRANK HAYES DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (11) JOHN WIECHMANN PRESIDENT AND CEO | 40 00 | | | × | | | | 502,361 | 0 | 29,397 |
| (12) JASON MAIN CFO | 40 00 | | | × | | | | 299,346 | 0 | 30,727 |
| (13) ANN BURGE | 40 00 | | | × | | | | 283,245 | 0 | 24,044 |
| (14) BECKY CHRISTOFFERSEN CIO | 40 00 | | | x | | | | 317,393 | 0 | 28,197 |
| | | | | | | | | | | Form 990 (2015) |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related | m unle: | ore t ss pe | han erso cer tor/t | not one n is and | | | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the | |
|---|--|-----------------------------------|-----------------------|-----------------------------|---------------------------|------------------------------|--------|---|--|---|--|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | MISC) | MISC) | organization and related organizations | |
| (15) TOM STRATMAN | 40 00 | | | l x | | | | 208,254 | | 24,712 | |
| VP OF ACQUISITIONS | | | | | | | | 200,23 | | 2 1,7 1. | |
| (16) ANDREA FRYMIRE | 40 00 | | | × | | | | 156,351 | | 16,550 | |
| VP/BUS DEV OFFICER - SOUTH | | | | | | | | , | | , | |
| (17) JEN OSCARSON | 40 00 | | | x | | | | 99,242 | l c | 12,205 | |
| VP/BUS DEV OFFICER - NW REGION (18) SCOTT FITZPATRICK | 40 00 | | | | | | | | | | |
| VP/BUS DEV OFFICER - NE REGION | | | | Х | | | | 133,143 | (| 13,013 | |
| (19) PATRICK MICHAELIS | 40 00 | | | | | | | | | | |
| VP/BUS DEV OFFICER - CENTRAL | | | | X | | | | 203,420 | | 17,228 | |
| (20) SHANNON FOSTER | 40 00 | | | | | ,, | | 120 411 | , | 24 72 | |
| ACCOUNTING MANAGER | | | | | | Х | | 120,411 | | 21,723 | |
| (21) CINDY KOSTER | 40 00 | | | | | х | | 111,327 | | 14,25 | |
| SENIOR ACQUISITIONS MANAGE | | | | | | | | | | | |
| (22) JAKE JACOBSEN | 40 00 | | | | | × | | 108,636 | | 10,754 | |
| CONSTRUCTION MANAGER | | | | | | | | , | | , | |
| (23) ANWER SAMMY EHTISHAM | 40 00 | | | | | х | | 106,126 | (| 17,666 | |
| ASSISTANT VP OF ACQUISITIO (24) CHRIS IMMING | 40 00 | | | | | | | | | | |
| ACQUISITIONS MANAGER | | | | | | Х | | 103,763 | (| 13,436 | |
| VEGOTATIONS LIMINOFIX | | | | | | | | | | | |
| 1b Sub-Total | l | l | | ▶│ | | | | | <u> </u> | | |
| c Total from continuation sheets to Part VII | | | • | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | ▶ | | | 2,80 | 01,018 | 0 | 273,907 | |
| Total number of individuals (including but n \$100,000 of reportable compensation from | ot limited to tho | se list | ed al | bove | e) w | ho red | ceiv | ed more than | | | |

| | | | 1 63 | 140 |
|---|--|---|------|-----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual | 4 | Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | No |

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| Name and business address | Description of services | Compensation |
|--|---------------------------|--------------|
| DAUBY O'CONNOR & ZALESKI | AUDITING AND TAX SERVICES | 1,069,965 |
| 501 CONGRESSIONAL BLVD SUITE 300 CARMEL, IN 46032 | | |
| INTEGRATEC SERVICES LLC | DATA MANAGEMENT | 346,269 |
| 3560 LENOX RD STE 2800 ATLANTA, GA 30326 | | |
| KUTAK ROCK LLP | LEGAL SERVICES | 136,104 |
| 1650 FARNAM STREET OMAHA, NE 68102 | | |
| | | |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \triangleright 3

| Form 99 | | | | | | | | Page (|
|---|------------|---|---|--|-------------------|--|---|--|
| Part V | / | Statement o | | | | | | _ |
| | | Check If Sched | ule O contains a respoi | nse or note to any lin | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ~ က | 1 a | Federated cam | paigns 1a | | | | | |
| ant | ь | Membership du | es 1b | | | | | |
| Gr. | c | Fundraising eve | ents 1c | | | | | |
| ifts. ar A | d | Related organiz | zations 1d | | | | | |
| E E | e | Government grants | s (contributions) 1e | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f f | All other contribution | ons, gifts, grants, and 1f | 66,063 | | | | |
| ati her | ' | sımılar amounts no | ot included above | | | | | |
| | g | Noncash contribution 1a-1f \$ | ons included in lines | | | | | |
| Contained | h | Total. Add lines | s 1a-1f | | 66,063 | | | |
| | | | | Business Code | | | | |
| n e | 2a | ACQUISITION/ADV | ISORY | 531110 | 7,495,561 | 7,495,561 | | |
| Program Service Revenue | ь | MONITORING FEES | 5 | 531110 | 1,067,614 | 1,067,614 | | |
| <u>Ş</u> | c | ORGANIZATION/OF | FERING | 531110 | 411,037 | 411,037 | | |
| Ş. | d | ASSET MGMT FEES | 5 | 531110 | 355,479 | 355,479 | | |
| E E | e | MISCELLANEOUS IN | | 531110 | 65,178 | 65,178 | | |
| ogra | f | All other progra | am service revenue | | 39,809 | 39,809 | | |
| <u>~</u> | g | Total. Add lines | s 2a-2f | > | 9,434,678 | | | |
| | 3 | Investment inc | ome (including dividen ar amounts) | ds, interest, ▶ | 225,431 | | | 225,43 |
| | 4 | | stment of tax-exempt bond | proceeds | | | | |
| | 5 | Royalties | <u></u> | • | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | | | | | | |
| | ь | Less rental expenses | | | | | | |
| | c | Rental income or (loss) | | | | | | |
| | d | | me or (loss) | | | | | |
| | | | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | 34,105 | | | | |
| | ь | Less cost or other basis and | | 27,756 | | | | |
| | | sales expenses | | 6,349 | | | | |
| | c d | Gain or (loss) | <u> </u> | · | 6,349 | 6,349 | | |
| enne | | Gross income f events (not inc | rom fundraising | | · | | | |
| Other Revenue | | of contributions See Part IV, lin | s reported on line 1c) ne 18 a | | | | | |
| 0 | | | penses b | | | | | |
| | C 9a | | (loss) from fundraising from gaming activities | events ▶ | | | | |
| | | See Part IV, lin | ne 19 a | | | | | |
| | I | | penses b (loss) from gamıng actı | vities | | | | |
| | 10a | Gross sales of returns and allo | | | | | | |
| | ь | Less cost of g | oods sold b | | | | | |
| | C | | (loss) from sales of inv | | | | | |
| | 44. | Miscellaneous | s Revenue | Business Code | | | | |
| | 11a | | | | | | | |
| | b c | | | | | | | |
| | d | All other reven | ue | - | | | | |
| | e | Total. Add lines | | • | | | | |
| | 12 | | See Instructions . | | | | | |
| | | | | · · · · • | 9,732,521 | 9,441,027 | (| 225,43 |

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here

if following SOP 98-2 (ASC 958-720)

| | • | | |
|------------|---|--|--|
| Section 50 | 1(c)(3) and $501(c)(4)$ organizations must complete all columns | All other organizations must complete column (A) | |
| | | | |

| Form | 990 (2015) | | | | Page 10 |
|---------|--|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| Part | • | | | | |
| Section | on 501(c)(3) and 501(c)(4) organizations must complete all columns | All other organiza | ations must com | plete column (A) | |
| | Check if Schedule O contains a response or note to any line in t | this Part IX | | | |
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 83,390 | 83,390 | general expenses | опролосс |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 03,390 | 63,390 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 2,801,018 | 2,801,018 | | |
| 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 | 1,592,609 | 1,592,609 | | |
| 8 | Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions) | 294,598 | 294,598 | | |
| 9 | Other employee benefits | 234,050 | 234,050 | | |
| 10 | Payroll taxes | 242,316 | 242,316 | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 22,223 | 22,223 | | |
| c | Accounting | 15,300 | | 15,300 | |
| d | Lobbying | 33,360 | 33,360 | · | |
| е | Professional fundraising services See Part IV, line 17 | · | , | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 645,505 | | 645,505 | |
| 12 | Advertising and promotion | 1,783 | 1,783 | | |
| 13 | Office expenses | 171,366 | 7,182 | 164,184 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 358,661 | | 358,661 | |
| 17 | Travel | 33,343 | 33,343 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 433,582 | 433,582 | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 99,279 | | 99,279 | |
| 23 | Insurance | 14,605 | | 14,605 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | BAD DEBT | 303,836 | 303,836 | | |
| b | EDUCATION REIMBURSEMENT | 4,424 | 4,424 | | |
| c | | | | | |
| d | A | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 7,385,248 | 6,087,714 | 1,297,534 | 0 |
| 26 | TOTAL COSTS COMMISSION FINE ONLY IT THE ORGANIZATION | 1 | | | |

801,131 388,209

627,936

548,793

406,683

664,210

48,607

36,485,569

1,699,992

805,503

51,300

31,456

2,588,251

33,897,318

33.897.318

36,485,569

Form 990 (2015)

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10,055

34,663,689

2,178,123

787,885

27,829

2,993,837

31,669,852

31,669,852

34,663,689

| Form | 990 (| 2015) | | | | | Pa |
|--------|-------|--|---------------------|---------------------|--------------------------|--|-----------------|
| Par | rt X | Balance Sheet | | | | | |
| | | Check if Schedule O contains a response or note to any lii | ne in thi | s Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of y |
| | 1 | Cash-non-interest-bearing | | | 800,811 | 1 | |
| | 2 | Savings and temporary cash investments | | | 11,851,762 | 2 | 13 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 18,538,711 | 4 | 18 |
| | 5 | Loans and other receivables from current and former offickey employees, and highest compensated employees CSchedule L | , | , , | | 5 | |
| Assets | 6 | Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see inst | (c)(3)(B section |), and 501(c)(9) | | (B) End of 1 1 2 2 1 1 3 1 4 1 1 5 5 6 1 7 8 8 8 9 9 | |
| SS | 7 | Notes and loans receivable, net | | | 2,551,951 | | 2 |
| ٩ | 8 | Inventories for sale or use | | | _,, | | |
| | 9 | Prepaid expenses and deferred charges | | | 421.518 | | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 930,949 | , | | |
| | Ь | Less accumulated depreciation | 10b | 266,739 | 488,881 | 10c | |

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31 32

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34

Net Assets or Fund Balances

Investments—publicly traded securities . .

Intangible assets . . .

Grants payable

Deferred revenue .

Other assets See Part IV, line 11

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Accounts payable and accrued expenses

Investments—other securities See Part IV, line 11

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 persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

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

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

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Unsecured notes and loans payable to unrelated third parties .

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

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

| _ | | |
|---|----|--|
| | Si | |

| art XI | Reconcilliation of Net Assets |
|--------|--|
| | Check if Schedule O contains a response |
| | |
| Total | revenue (must equal Part VIII, column (A.) |

Net unrealized gains (losses) on investments .

Part XIII Financial Statements and Reporting

a separate basis, consolidated basis, or both

Donated services and use of facilities .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

✓ Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Revenue less expenses Subtract line 2 from line 1

Other changes in net assets or fund balances (explain in Schedule O) .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

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

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other

Consolidated basis

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

Consolidated basis

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

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

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

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

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?

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

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

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

| धा | t XI | Reconcilliation of Net Assets |
|----|-------|--|
| | | Check if Schedule O contains a response |
| | | |
| 1 | Total | revenue (must equal Part VIII, column (A |

), line 12) . . . Total expenses (must equal Part IX, column (A), line 25)

Both consolidated and separate basis

Both consolidated and separate basis

1

2

3

4

5

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Page **12**

9,732,521

7,385,248

2,347,273

31,669,852

33,897,318

Yes

Yes

Yes

2a

2b

2c

3a

▽

No

Νo

Nο

-119,807

| efil | e GR | RAPHIC pr | int - DO I | NOT PROCES | S As Filed Da | ta - | | DLN: 93 | 3493319007356 | | |
|---|-------------|--------------------------------------|--|---|---|--------------------------------------|------------------------|---|--|--|--|
| (Fo 990 | rm 9 EZ) | | ▶: | Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. | | | | ort or a section | 2015 Open to Public Inspection | | |
| Intern | al Reve | enue Service | _ | | | | | 1 | | | |
| | | he organizat DUSING EQUITY | | | | | | Employer identification | ation number | | |
| | | | | | | | | 47-0767984 | | | |
| Pa | rt I | Reason | for Publi | c Charity S | tatus (All organiza | ations must c | omplete this | part.) See instruction | ons. | | |
| The c | organı | zation is not | a private fo | oundation beca | use it is (For lines 1 | through 11, c | heck only one l | box) | | | |
| 1 | | A church, | convention | of churches, o | r association of churc | hes described | ın section 170 | (b)(1)(A)(i). | | | |
| 2 | Ė | A school d | escribed in | section 170(b |)(1)(A)(ii). (Attach So | chedule E (For | m 990 or 990- | EZ)) | | | |
| 3 | | A hospital | or a cooper | atıve hospıtal | service organization (| described in s e | ection 170(b)(1 | L)(A)(iii). | | | |
| 4 | | A medical | research or | ganızatıon ope | rated in conjunction v | with a hospital | described in se | ection 170(b)(1)(A)(iii | i). Enter the | | |
| | 1 | hospital's | name, city, | and state | | | | | | | |
| 5 | | | | | | niversity owned | d or operated by | y a governmental unit o | described in section | | |
| 6 | _ | | | omplete Part I | I) : or governmental unit | t described in | rection 170/b\/ | 11/41/41 | | | |
| 7 | | | | = | - | | | nental unit or from the o | aeneral nublic | | |
| • | | | | | i). (Complete Part II | | nom a governin | iental ant of from the g | general public | | |
| 8 | | | | | ion 170(b)(1)(A)(vi) | | art II) | | | | |
| 9 | ▽ | receipts fr | om activitie | es related to it | s exempt functions—s | subject to cert | aın exceptions | ributions, membership , and (2) no more than 11 tax) from businesse | 331/3% of its support | | |
| | | _ | | • | ee section 509(a)(2). | ` ' | , | | | | |
| An organization organized and operated exclusively to test for public safety. See section 509(a)(4). | | | | | | | | | | | |
| 11 | | | nization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of fore publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check | | | | | | | | |
| | | | | | | | | i 509(a)(2) See sectio d complete lines 11e, : | | | |
| а | | | | | | | | organization(s), typica | | | |
| | l | | | - | | | | tors or trustees of the | | | |
| | | - | | • | rt IV, Sections A and | | | | | | |
| b | | | | | | | | orted organization(s), l | | | |
| | | _ | | pporting orgar /, Sections A a | | same persons | that control or | manage the supported | organization(s) You | | |
| С | | - | | | | on operated in | connection with | h, and functionally inte | grated with, its | | |
| | ı | | | | uctions) You must co | | | | , | | |
| d | | | | | | | | n with its supported org | | | |
| | | | | | nization generally mu te Part IV, Sections A | • | • | rement and an attentiv | reness requirement | | |
| e | _ | • | | - | · | | | ıs a Type I, Type II, T | vpe III functionally | | |
| _ | ı | | | _ | ally integrated suppor | | | 10 a 1 y p c 1 y 1 y p c 11 y 1 | , pe III landionan, | | |
| f | Ente | r the numbe | r of support | ed organizatio | ns | | | <u> </u> | | | |
| g | | Provide the | e following i | nformation abo | out the supported orga | anızatıon(s) | | | | | |
| | | | | | | | _ | T | T | | |
| Nan | ne of s | (i) supported or | ganızatıon | (ii)EIN | (iii) Type of organization (described on lines 1- 9 above (see instructions)) | listed in your governing monetary si | | A mount of monetary support (see instructions) | (vi) A mount of other support (see instructions) | | |
| | | | | | | V | N- | † | | | |
| | | | | | | Yes | No | | | | |
| | | | | | | | | | | | |
| Tota | I | | | | | | | | | | |
| For P | aperv | vork Reduct | on Act Noti | ice, see the In | structions for Form 99 | 90 or 990EZ. | Cat No 11 | | 1 990 or 990-EZ) 2015 | | |

| | rt II Support Schedule for (Complete only if you Part III. If the organization) | r Organizatio checked the bo | x on line 5, 7, | or 8 of Part I o | r if the organiz | ation failed to d | qualify under |
|-----|---|--|---------------------|-----------------------|--------------------|---------------------|---------------------|
| Se | ection A. Public Support | | ander die | TESTE HOLEG DET | 2, picase con | .p.oco i dic IIIi | <i>!</i> |
| | Calendar year | (a)2011 | (b) 2012 | (c)2013 | (d)2014 | (e) 2015 | (f)Total |
| • | fiscal year beginning in) | (4)2011 | (5)2012 | (0)2013 | (4)2011 | (0)2013 | (1) rotar |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do | | | | | | |
| 2 | not include any unusual grants) 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 | | | | | | |
| 54 | from line 4 ection B. Total Support | | | | | | |
| | Calendar year | | | | | | |
| (or | fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e)2015 | (f) ⊤otal |
| • | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| - | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated | | | | | | |
| | business activities, whether or | | | | | | |
| | not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 10 | Other income Do not include | | | | | | |
| | gain or loss from the sale of | | | | | | |
| | capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 | | | | | | |
| | through 10 | | | | | | |
| 12 | Gross receipts from related activit | ies, etc (see inst | ructions) | | | 12 | • |
| 13 | First five years.If the Form 990 is | for the organizati | on's first, second | . third, fourth, or f | ifth tax vear as a | section 501(c)(| 3) organization. |
| | check this box and stop here | _ | • | | • | `` | - , - · g - · · · , |
| Se | ection C. Computation of Pul | blic Support F | Percentage | | | • | |
| 14 | Public support percentage for 201! | 5 (line 6, column | (f) divided by line | 11, column (f)) | | 14 | |
| 15 | Public support percentage for 2014 | 4 Schedule A , Pa | rt II, line 14 | | | 15 | |
| 16a | 33 1/3% support test—2015. If the | organization did | not check the box | on line 13, and l | ine 14 is 33 1/3% | 6 or more, check | this box |
| | and stop here. The organization qu | | | | | | ▶┌ |
| b | 33 1/3% support test—2014. If the | organization did | not check a box o | on line 13 or 16a, | and line 15 is 33 | 3 1/3% or more, c | heck this |
| | box and stop here. The organizatio | | | _ | | | ▶ |
| 17a | 10%-facts-and-circumstances test | | | | | | |
| | is 10% or more, and if the organiza | | | • | | • | |
| | in Part VI how the organization me | ets the "facts-an | d-circumstances | " test The organi | zation qualifies a | s a publicly supp | . — |
| _ | organization | | | | | | ▶┌ |
| b | 10%-facts-and-circumstances test | | | | | | |
| | 15 is 10% or more, and if the orga | | | | | | -1 |
| | Explain in Part VI how the organiza | ition meets the "f | acts-and-circum | stances" test Th | e organization qu | ialifies as a publi | . — |
| | supported organization | | | | | | ▶ |
| 18 | Private foundation. If the organizat | ion did not check | a box on line 13 | , 16a, 16b, 17a, d | or 17b, check this | s box and see | |
| | instructions | | | | | | ▶ □ |

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received (Do 66,063 66,063 not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished 7,866,492 11,108,433 9,246,384 9,802,756 9,434,678 47,458,743

| | in any activity that is related to the organization's tax-exempt purpose | .,, | ,, | -,, | -,,· | 2,121,121 |
|----|--|-----------|------------|-----------|-----------|-----------|
| 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 | 7,866,492 | 11,108,433 | 9,246,384 | 9,802,756 | 9,500,741 |
| 7a | A mounts included on lines 1, 2, and 3 received from disqualified persons | | | | | |

(b)2012

11,108,433

96,765

96,765

(c)2013

9,246,384

183,071

183,071

disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support. (Subtract line 7c

from line 6)

similar sources

June 30, 1975

Unrelated business taxable

9

10a

11

12

13

15

16

VI)

11, and 12)

Amounts included on lines 2 and 3 received from other than

Section B. Total Support Calendar year

(or fiscal year beginning in) ▶ Amounts from line 6 Gross income from interest.

dividends, payments received on securities loans, rents, royalties and income from

income (less section 511 taxes) from businesses acquired after Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the

business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part Total support. (Add lines 9, 10c,

7,973,370 11,205,198 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

(a)2011

7,866,492

106,878

106,878

Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2014 Schedule A, Part III, line 15

9,429,455 10,030,748

(d)2014

9,802,756

227,992

227,992

(e)2015

9,500,741

225,431

225,431

9,726,172

98 260 % 98 420 %

16 17

15

47,524,806

0

47,524,806

47,524,806

840,137

840,137

48,364,943

1 580 %

(f)Total

Section D. Computation of Investment Income Percentage

1 740 %

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

18

Investment income percentage from 2014 Schedule A, Part III, line 17 19a 33 1/3% support tests—2015. 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

▶ 🗸

33 1/3% support tests-2014. 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 not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I.

| | It of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you I, complete Sections A and D, and complete Part V) | u cnec | ked 11 | a or Pai |
|------------|--|------------|--------|----------|
| Se | ction A. All Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? | | | |
| | If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) | 2 | | |
| | Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and 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 | | |
| 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 | 3 c | | |
| 4- | Was any supported organization not organized in the United States ("foreign supported organization")? | | | l |
| | If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | 4a | | |
| U | 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 | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported | 4c | | |
| 5 2 | organization was used exclusively for section 170(c)(2)(B) purposes Did the organization add, substitute, or remove any supported organizations during the tax year? | I | | |
| Ja | 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 | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by | 50 | | |
| | one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990) | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| c | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | |
| 0a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings) | 10b | | |
| 1 | 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 | | |

No

| Pailiv | supporting organizations (continued) |
|---------|--------------------------------------|
| Section | B. Type I Supporting Organizations |

| ower to regularly ng the tax year? r controlled the w the powers to what conditions or orted organization(s) | 1 | | |
|---|-----------------|-----|------------------|
| orted organization(s) | | | |
| organization(s) that | 2 | | |
| | | | |
| | | Yes | No |
| | | | |
| | ne directors or | | the same persons |

| | that controlled or managed the supported organization(s) | 1 | | |
|----|---|---|-----|----|
| Se | ection D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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 | | | |

| 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 The organization satisfied the Activities Test Complete line 2 below | e instru | ıctions) |

- 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
- instructions)

engaged in these activities but for the organization's involvement

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

each of the supported organizations? Provide details in Part VI

| 2 | Activities Test | Answer (a) and (b) below. | | Yes | |
|---|------------------|--|-----------|-----|---|
| а | Did substantiall | ly all of the organization's activities during the tax year directly further the exempt purpos | es of the | | T |

| | _ |
|--|---|
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the | T |
| supported organization(s) to which the organization was responsive? | ١ |
| If "Ves " then in Part VI identify those supported organizations and explain how these activities directly | П |

| 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 "Voc " then in Boat VI identify these supported erganizations and explain how these activities directly | , | l |

| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the | : | ı |
|---|--|----|---|
| | supported organization(s) to which the organization was responsive? | | l |
| | If "Yes," then in Part VI identify those supported organizations and explain how these activities directly | | l |
| | furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the | | l |
| | organization determined that these activities constituted substantially all of its activities | 2a | ı |

| | 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 | |
| ь | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of | |

| I | f "Yes," then in Part VI identify those supported organizations and explain how these activities directly | ı |
|------------|--|----|
| ft | urthered their exempt purposes, how the organization was responsive to those supported organizations, and how the | |
| 0 | rganization determined that these activities constituted substantially all of its activities | L |
| b D | old the activities described in (a) constitute activities that, but for the organization's involvement, one or more of | ·ſ |

| 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 | |
|--|--|
| 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

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

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

2b

3a

3b

instructions)

Page **6**

| | Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete | | | Г |
|---------------|---|----|----------------|-------------------------------|
| | , | | <u> </u> | |
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Yea (optional) |
| L | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| ŀ | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 5 | Portion of operating expenses paid or incurred for production or collection or gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | | | |
| , | Other expenses (see instructions) | 7 | | |
| 3 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | | | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| L | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| а | 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 | | |
| 1 | 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 | | |
| 5 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 3 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | | | | |
| | Section C - Distributable Amount | | | Current Year |
| | | | | Current real |
| | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| ! | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 4 | | |
| ! - | Enter greater of line 2 or line 3 | 5 | | |
| 5 | Income tax imposed in prior year | - | | |
| 5 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally. | 6 | | |

| Section D - Distributions | | | Current Year |
|---|--------------------------------|--|---|
| A mounts paid to supported organizations to accom | plish exempt purposes | | |
| 2 Amounts paid to perform activity that directly furthe excess of income from activity | ers exempt purposes of supp | oorted organizations, in | |
| 3 Administrative expenses paid to accomplish exemp | ot purposes of supported orga | anizations | |
| 4 Amounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval rec | uured) | | |
| 6 Other distributions (describe in Part VI) See instru | | | |
| · | ic tions | | |
| 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to | o which the organization is re | esponsive (provide | |
| details in Part VI) See instructions 9 Distributable amount for 2015 from Section C, line | 6 | | |
| · | 0 | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
| Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| a | | | |
| b | | | |
| С | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see | | | |
| instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2016. Add lines 31 and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b | | | |
| c Excess from 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| | | Schedule A | (Form 990 or 990-EZ) (2015 |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Schedule A (Form 990 or 990-EZ) 2015 Page 8 | | | | |
|--|--|---------|--|--|
| Section A, lines 1, 2, Part IV, Section C, li Part V, line 1; Part V | ormation. Itions required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2 ne 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b , Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2 e this part for any additional information. (See instructions). | ο; | | |
| | | | | |
| | Facts And Circumstances Test | | | |
| | | | | |
| | | | | |
| Return Reference | Explanation | | | |
| SCHEDULE A, PART III, LINE 12 | INCLUDED ON PAGE 9, PART VIII IN CURRENT YEAR OTHER REVENUE LINE 7C IS A GAI DISPOSAL OF DEPRECIABLE ASSETS OF \$6,349 THE GAIN IS NOT BEING INCLUDED OF SCHEDULE A, PART III, LINE 12 BECAUSE IT DOES NOT MEET THE DEFINITION OF SUP AS DEFINED IN SECTION 509(D) OF THE INTERNAL REVENUE CODE | N | | |
| | Schedule A (Form 990 or 990-E | Z) 2015 | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493319007356 Political Campaign and Lobbying Activities OMB No 1545-0041 **SCHEDULE C** (Form 990 or For Organizations Exempt From Income Tax Under section 501(c) and section 527 990-EZ) ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Open to Public Department of the Inspection www.irs.gov/form990. Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number MIDWEST HOUSING EQUITY GROUP INC 47-0767984 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955

3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made?

If "Yes," describe in Part IV

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities

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

1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 2

exempt function activities

(a) Name

3

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4

Did the filing organization fileForm 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the

(b) Address

separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a

(c) EIN

(d) A mount paid from

filing organization's

funds If none, enter -0-

Cat No 50084S

Yes

Schedule C (Form 990 or 990-EZ) 2015

┌ Yes

(e) A mount of political

contributions received

and promptly and directly delivered to a separate political organization If none, enter -0-

□ No

| | (The term expenditures incurs amounts paid of meantear) |
|---|--|
| l | Total lobbying expenditures to influence public opinion (grass roots lobbying) |
| , | Total lobbying expenditures to influence a legislative body (direct lobbying) |
| : | Total lobbying expenditures (add lines 1a and 1b) |

Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d)

Schedule C (Form 990 or 990-EZ) 2015

Not over \$500,000

Over \$17,000,000

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

reporting section 4911 tax for this year?

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

Calendar year (or fiscal year

beginning in)

If the amount on line 1e, column (a) or (b) is:

\$1,000,000

20% of the amount on line 1e

Lobbying nontaxable amount Enter the amount from the following table in both columns

The lobbying nontaxable amount is:

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period**

658.976

24.250

164,744

24,250

(a)2012

(b)2013

517.522

49.438

129.381

49,438

\$100,000 plus 15% of the excess over \$500,000

\$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 ☐ No

(c)2014

513,275

26.637

128,319

26,637

Yes

(d)2015

519,262

33.360

129.816

33,360

Schedule C (Form 990 or 990-EZ) 2015

(e) Total

2,209,035

3,313,553

133.685

552,260

828,390

133,685

33,360

7,351,888

7,385,248 519.262

129.816

| Sche | edule C (Form 990 or 990-EZ) 2015 | | | | Рa | age 3 |
|-------|--|--------------|-------|-------|-------|--------------|
| Pa | rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)). | ТОГ | | | | |
| For a | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | (| a) | , | (b) | |
| activ | | | No | Ι Δ | mount | t |
| | | Yes | | ' | | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | | |
| а | Volunteers? | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| c | Media advertisements? | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| е | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i | Other activities? | | | | | |
| j | Total Add lines 1c through 1i | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | 1 | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 551(c)(6). | 01 (c |)(5), | or se | ction | n |
| | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | 3 | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." | | | | | |
| 1 | Dues, assessments and similar amounts from members | 1 | | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| а | Current year | 2a | | | | |
| b | Carryover from last year | 2b | | | | |
| C | Total | 2c | | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | | | | | |

political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)

Part IV **Supplemental Information**

Return Reference

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information Explanation PART II-A, LINE 1A LOBBYING EXPENDITURES WERE MADE IN ORDER TO INFLUENCE LEGISLATORS TO ENACT PROPERTY TAX LEGISLATION TO PROTECT AFFORDABLE HOUSING DEVELOPMENTS AND TO

4

5

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

(Form 990)

DLN: 93493319007356 OMB No 1545-0047

2015

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

| reas | rtment of the sury nal Revenue Service | Information about Schedule D | ► Attach to Form 990. (Form 990) and its instructions is at <u>www.ii</u> | rs.gov/f | | pen to P Inspect | |
|--------|--|---|---|----------------|-------------------|---------------------|--------|
| Na | me of the organi | | | Empl | oyer identificat | ion numbe | r |
| IAITE | OWEST HOUSING EQU | DITT GROUP INC | | 47-0 | 767984 | | |
| Pa | | | Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6. | | | | |
| | <u>'</u> | | (a) Donor advised funds | (b) | Funds and other | accounts | |
| 1 | Total numbe | r at end of year | | | | | |
| 2 | Aggregate v year) | alue of contributions to (during | | | | | |
| 3 | Aggregate v | alue of grants from (during year) | | | | | |
| 4 | Aggregate v | alue at end of year | | | | | |
| 5 | | | ndvisors in writing that the assets held in do the organization's exclusive legal control? | nor advı | sed | Yes | ┌ No |
| 6 | used only for cl | | and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for a | | | | _ N- |
| Da | | • | ete if the organization answered "Yes" | on Forn | n 990 Part IV | Yes | No |
| 1 | | | e organization (check all that apply) | 011 1 0111 | 11 330, Fart 1V | , iiie 7. | |
| • | | on of land for public use (e.g., recre | | | | | |
| | education) | on or land for public use (e.g., reen | Preservation of | an histor | ically important | land area | |
| | Protection | of natural habitat | Preservation of | a certifie | d historic struct | ure | |
| | Preservati | on of open space | | | | | |
| 2 | • | 2a through 2d if the organization l ne last day of the tax year | held a qualified conservation contribution in | the form | ı of a conservatı | on | |
| | | | | | Held at the | End of the | Year |
| а | | f conservation easements | | 2a | | | |
| b | | restricted by conservation easeme | | 2b | | | |
| С | | servation easements on a certified | · , | 2c | | | |
| d | | servation easements included in (c ire listed in the National Register | e) acquired after 8/17/06, and not on a | 2d | | | |
| 3 | Number of cons tax year ► | servation easements modified, tran | nsferred, released, extinguished, or terminat | ed by th | e organızatıon d | uring the | |
| 4 | , | | emistron essement is lessted • | | | | |
| 4 - | | es where property subject to cons | | | | | |
| 5 | | enforcement of the conservation e | ding the periodic monitoring, inspection, hai asements it holds? | naiing or | ☐ Ye | s N | o |
| 6 | Staff and volun year | teer hours devoted to monitoring, i | inspecting, handling of violations, and enforc | cing cons | servation easem | ients durir | ng the |
| | - | | | | | | |
| 7 | A mount of expe | enses incurred in monitoring, inspe | ecting, handling of violations, and enforcing | conserva | ition easements | during the | e year |
| | ▶ \$ | | | | | | |
| 8 | | servation easement reported on lir on 170(h)(4)(B)(II)? | ne 2(d) above satisfy the requirements of se | ction 17 | 0(h)(4) | s N | o |
| 9 | balance sheet, | , | ts conservation easements in its revenue ar of the footnote to the organization's financia sements | | • | | |
| Par | | | tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8. | or Oth | ner Similar A | ssets. | |
| 1a | If the organizat works of art, his | tion elected, as permitted under SF storical treasures, or other similar | FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education note to its financial statements that describ | , or resea | arch in furtherar | | |
| b | works of art, his | • | FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education these items | | | | ıc |
| (| (i) _{Revenue inclu} | ided on Form 990, Part VIII, line 1 | L | > \$ | | | |
| | | ed in Form 990, Part X | | | | | |
| 2 | | ion received or held works of art, h | nistorical treasures, or other similar assets | | | | |

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| | till Organizations I (continued) | Maintaining (| Collections of A | Art, His | toric | al Tr | easures | , or O | ther Similar A | N ssets | je . |
|------------|---|------------------|---------------------|----------------|----------|----------|--------------------|------------|---------------------|-----------------|----------|
| 3 | Using the organization's ac | | ssion, and other re | cords, ch | neck a | ny of th | e followin | g that a | re a significant us | se of its | |
| а | Public exhibition | | | d | | Loan | rexchan | ge prog | rams | | |
| b | Scholarly research | | | е | Г | Other | | | | | |
| c | Preservation for futur | e generations | | | | | | | | | |
| 4 | Provide a description of th Part XIII | e organızatıon's | collections and ex | plain hov | w they | further | the organ | nization | 's exempt purpose | e in | |
| 5 | During the year, did the organized assets to be sold to raise | funds rather tha | n to be maintained | | , | | | | | s No | |
| Pa | Complete if the or Part X, line 21. | | | n Form | 990, | Part I\ | /, line 9, | or rep | orted an amoui | nt on Form 99 | €0, |
| 1 a | Is the organization an age included on Form 990, Par | | odıan or other ınte | rmediary | for co | ntribut | ions or ot | her ass | ets not Y e | s No | |
| b | If "Yes," explain the arr | angement in Pai | rt XIII and comple | te the fol | lowing | table | | | Am | nount | |
| c | Beginning balance | J | · | | _ | | | 1c | | | |
| d | Additions during the yea | ar | | | | | | 1 d | | | |
| e | Distributions during the | year | | | | | | 1e | | | |
| f | Ending balance | | | | | | | 1f | | | |
| 2 a | Did the organization includ | le an amount on | Form 990, Part X, | line 21, | for es | crow or | custodial | accour | nt liability? Ye | s No | |
| | | | | | | | | | , | , | |
| b | ir res, explain the arrang | | | | | | | | | | <u> </u> |
| Pa | art V Endowment Fu | nds. Complete | | | | | | | • | | |
| 1a | Beginning of year balance | | (a)Current year | (b)Pr | ior year | Ь | (c) Two yea | rs back | (d)Three years back | (e)Four years b | ack |
| b | | | | | | | | | | | |
| _ | | . [| | | | | | | | | |
| C | Net investment earnings, losses | gains, and | | | | | | | | | |
| d | Grants or scholarships . | | | | | | | | | | |
| е | Other expenditures for fac and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| • | | | | | | | | | | | |
| 2 | Provide the estimated per | entage of the c | urrent year end bal | lance (lın | e 1g, | column | (a)) held | as | | | |
| а | Board designated or quasi- | -endowment ▶ | | | | | | | | | |
| b | Permanent endowment > | | | | | | | | | | |
| c | Temporarily restricted end The percentages on lines 2 | | hould equal 100% | | | | | | | | |
| 3а | Are there endowment funds organization by (i) unrelated organizations | · | | | that a | e held | and admii | nıstered | _ | Yes No | _ |

| Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form | 1 990, Part IV, lı | ne 11a.See For | m 990, Part X, I | ıne 10. |
|--|--|---------------------------------------|------------------------------|---------------|
| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | Accumulated (c) depreciation | (d)Book value |
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 173,730 | 19,545 | 154,185 |
| d Equipment | | 313,185 | 172,129 | 141,056 |
| e Other | | 444,034 | 75,065 | 368,969 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, co | olumn (B), line 10(c |)) | > | 664,210 |

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds

3a(ii)

| | (Form 990) 2015 | | | | | | Page |
|-------------------|---|--------------------|---------|--------------------------------|-------------------|---|------|
| Part VII | Investments—Other Securities. Co See Form 990, Part X, line 12. | omplete if the org | ganızat | on answered 'Y | es' on For | m 990, Part IV, line | 11b |
| | (a) Description of security or category | <i>'</i> | (t | Book value) | | Method of valuation | |
| (1)Financia | (including name of security) al derivatives | | | | Costo | r end-of-year market v | alue |
| (2)Closely | -held equity interests | | | | | | |
| (3) 0 ther | | | | | | | |
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| | Investments—Program Related. | • | | | | | |
| | Complete if the organization answere | d 'Yes' on Form 9 | 990, Pa | ırt IV, lıne 11c. _S | ee Form | 990, Part X, line 13. | |
| | (a) Description of investment | | (b |) Book value | (0 |) Method of valuation r end-of-year market v | |
| | | | | | 00000 | r end or year market v | u.uc |
| | | | | | | | |
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| | | | | | | | |
| Total (Colum | nn (b) must equal Form 990, Part X, col (B) line 13) | • | | | 1 | | |
| Part IX | | on answered 'Yes' | on Form | 990, Part IV, line | _l : 11d See F | form 990, Part X, line : | 15 |
| | (a) Desc | cription | | | | (b) Book value | |
| | | | | | | | |
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| _ | | | | | | | |
| | omn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the org | | | | | line 11e or 11f | |
| Fait X | See Form 990, Part X, line 25. | | | | raiciv, | iiile 11e 0i 11i. | |
| 1. | (a) Description of liability | (b) Book va | lue | | | | |
| Federal inc | ome taxes | | | | | | |
| INVESTME | NT IN LIMITED PARTNERSHIPS | 3 | 1,456 | | | | |
| | | | · | | | | |
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31,456

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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2 а

b

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d

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b

c

Part XIII

information

PART X, LINE 2

3

Schedule D (Form 990) 2015

1

2e

3

4c

5

2e

3

Page 4

9,632,400

-100,121

9,732,521

9,732,521

7,400,438

15,190

7,385,248

Net unrealized gains (losses) on investments Add lines 2a through 2d . . .

Subtract line 2e from line 1 .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

Prior year adjustments

Add lines 2a through 2d . .

Subtract line 2e from line 1 .

Return Reference

Other (Describe in Part XIII)

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

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

Explanation

Add lines 4a and 4b . . . Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . .

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 .

Supplemental Information

b Part XII

4b

2a

2b

2c

2d

2b

2c

2d

THE INTERNAL REVENUE CODE AND STATE INCOME TAX ACCORDINGLY. NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS GENERALLY, THE FEDERAL AND STATE RETURNS ARE SUBJECT TO EXAMINATION FOR THREE YEARS AFTER THE LATER OF THE ORIGINAL OR EXTENDED DUE DATE OR THE DATE FILED WITH THE APPLICABLE TAX AUTHORITIES

15,190

-119,807

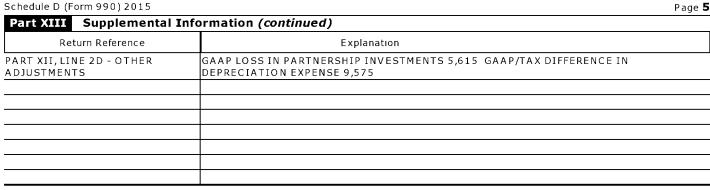
19,686

7.385.248

4c Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF

Schedule D (Form 990) 2015



| efile GRAPHIC print - De | O NOT PROCESS | As Filed Data - | | | | DL | N: 93493319007356 |
|--|--|---|---|---|---|---|---|
| Schedule I (Form 990) Department of the Treasury | Co | Governments a | ther Assistance and Individuals tion answered "Yes," o Attach to Form I (Form 990) and its in | in the United n Form 990, Part IV, 990. | States line 21 or 22. | | 2015 Open to Public Inspection |
| Internal Revenue Service Name of the organization | | | | | | Employer identif | ication number |
| MIDWEST HOUSING EQUITY | GROUP INC | | | | | 47-0767984 | |
| Part I General Inform | nation on Grants | and Assistance | | | | <u>'</u> | |
| Does the organization mathe selection criteria use Describe in Part IV the organization | d to award the grants rganızatıon's procedu | or assistance? ires for monitoring the | | e United States | | | √ Yes N |
| | | | omestic Governments. dditional space is need | | nization answered "Yes" | on Form 990, Part IV, IIr | ne 21, for any recipient |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MIDWEST HOUSING (1) DEVELOPMENT FUND 515 N 162ND AVE SUITE 202 OMAHA,NE 68118 | 84-1686593 | 501(C)(3) | 65,000 | | | | UNCONDITIONAL GRANT TO BE USED FOR GENERAL FUNDING/SUPPORT |
| | _ | | | | | | |
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| Enter total number of secEnter total number of other | | <u> </u> | | | | | |
| 3 Enter total number of other For Paperwork Reduction Act Not | | | <u> </u> | Cat No 50055 | | | hedule I (Form 990) 2015 |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Explanation

Return Reference PART I, LINE 2 THE ORGANIZATION MAKES GRANTS TO OTHER 501(C)(3) ORGANIZATIONS THE AMOUNT OF GRANT FUNDING AVAILABLE VARIES

BASED ON THE NET INCOME OF THE ORGANIZATION THE ORGANIZATION'S EXECUTIVE COMMITTEE IS RESPONSIBLE FOR SELECTING THE TAX EXEMPT ORGANIZATIONS THAT WILL RECEIVE GRANTS

Schedule I (Form 990) 2015

DLN: 93493319007356

Schedule J

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.

2015

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Name of the organization MIDWEST HOUSING EQUITY GROUP INC Employer identification number

| 1112 | | osino Equiti encon inc | | 47-0767984 | | | |
|------|------------|--|----------|--|------------|------|----------|
| Pa | rt I | Questions Regarding Compensation | | | | | |
| | | | | | | Yes | No |
| 1a | | | | ny of the following to or for a person listed on Form ide any relevant information regarding these items | | | |
| | F | ırst-class or charter travel | Γ | Housing allowance or residence for personal use | ļ | | <u> </u> |
| | ГТ | ravel for companions | | Payments for business use of personal residence | ļ | | ļ |
| | ГТ | ax idemnification and gross-up payments | | Health or social club dues or initiation fees | ļ | | ļ |
| | | Discretionary spending account | Г | Personal services (e g , maid, chauffeur, chef) | | | |
| b | | of the boxes in line 1a are checked, did the organi irsement or provision of all of the expenses descri | | | 1b | | |
| 2 | | e organization require substantiation prior to reimbors, trustees, officers, including the CEO/Executiv | | · · · · · · · · · · · · · · · · · · · | 2 | | |
| 3 | organı. | te which, if any, of the following the filing organizat zation's CEO/Executive Director Check all that a y a related organization to establish compensatio | pply | used to establish the compensation of the / Do not check any boxes for methods the CEO/Executive Director, but explain in Part III | | | |
| | √ 0 | Compensation committee | Γ | Written employment contract | | | |
| | ✓ I | ndependent compensation consultant | ~ | Compensation survey or study | ļ | | |
| | √ F | orm 990 of other organizations | ✓ | Approval by the board or compensation committee | | l | |
| 4 | | the year, did any person listed on Form 990, Part lated organization | :VII | I, Section A, line $1a$ with respect to the filing organization | | | |
| а | Recen | ve a severance payment or change-of-control payr | ment | t? | 4a | | No |
| b | Partic | pate in, or receive payment from, a supplemental | nond | qualified retirement plan? | 4b | | Νo |
| c | Partic | pate in, or receive payment from, an equity-based | cor | mpensation arrangement? | 4c | | Νo |
| | If"Yes | s" to any of lines 4a-c, list the persons and provide | e th | e applicable amounts for each item in Part III | | | |
| | Only 5 | 01(c)(3), 501(c)(4), and 501(c)(29) organizations | s mu | ıst complete lines 5-9. | | | |
| 5 | | rsons listed on Form 990, Part VII, Section A, line ensation contingent on the revenues of | e 1a | , did the organization pay or accrue any | | | |
| а | The or | ganization? | | | 5a | | Νo |
| b | | elated organization? | | | 5b | | No |
| | | s," on line 5a or 5b, describe in Part III | | | | | |
| 5 | | rsons listed on Form 990, Part VII, Section A, line ensation contingent on the net earnings of | e 1a | i, did the organization pay or accrue any | | | |
| а | The or | ganızatıon? | | | 6 a | Yes | |
| b | Any re | elated organization? | | | 6b | | No |
| | If"Yes | s," on line 6a or 6b, describe in Part III | | | | | |
| 7 | | rsons listed on Form 990, Part VII, Section A, line ents not described in lines 5 and 6? If "Yes," desc | | . , | 7 | | No |
| В | | • | | accured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | | | | | 8 | | Νo |
| 9 | | s" on line 8, did the organization also follow the rel n 53 4958-6(c)? | outta | able presumption procedure described in Regulations | 9 | | |

CENTRAL

(ii)

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

| Note. The sum of columns (B) | | • | | • | Part VII, Section A, lin | e 1a, applicable colui | mn (D) and (E) amount | s for that individual |
|---------------------------------------|------|--------------------------|---|---|--------------------------------|-------------------------|-----------------------|--|
| (A) Name and Title | | (B) Breakdown of | f W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
| | | Base (1) compensation | (II) Bonus & incentive compensation | (III) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | column(B) reported as deferred on prior Form 990 |
| 1 JOHN WIECHMANN PRESIDENT AND CEO | (i) | 330,556 | 171,805 | 0 | 21,200 | 8,197 | 531,758 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 JASON MAINCFO | (i) | 204,641 | 94,705 | 0 | 21,200 | 9,527 | 330,073 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |

| | | (ı) compensation | compensation | compensation | compensation | | | Form 990 |
|---------------------------------------|-------|------------------|--------------|--------------|--------------|-------|---------|----------|
| 1 JOHN WIECHMANN PRESIDENT AND CEO | (i) | 330,556 | 171,805 | 0 | 21,200 | 8,197 | 531,758 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 JASON MAINCFO | (i) | 204,641 | 94,705 | 0 | 21,200 | 9,527 | 330,073 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 ANN BURGECOO | (i) | 197,540 | 85,705 | 0 | 21,200 | 2,844 | 307,289 | 0 |
| | /:::\ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| 2 JASON MAINCFO | (i) | 204,641 | 94,705 | 0 | 21,200 | 9,527 | 330,073 | 0 |
|--|------|---------|--------|---|--------|-------|---------|---|
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 ANN BURGECOO | (i) | 197,540 | 85,705 | 0 | 21,200 | 2,844 | 307,289 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 BECKY CHRISTOFFERSEN CIO | (i) | 217,963 | 99,430 | 0 | 21,200 | 6,997 | 345,590 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 TOM STRATMAN VP OF ACQUISITIONS | (i) | 147,779 | 60,475 | 0 | 17,212 | 7,500 | 232,966 | 0 |
| • | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 ANDREA FRYMIRE VP/BUS DEV OFFICER - | (i) | 142,148 | 14,203 | 0 | 12,685 | 3,865 | 172,901 | 0 |
| SOUTH | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 PATRICK MICHAELIS | (1) | 111051 | 58 469 | n | 16 226 | 1.002 | 220 648 | 0 |

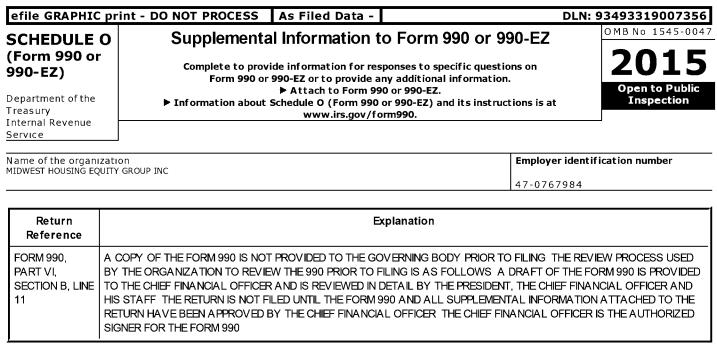
| | 14 | | | | | | | |
|--|------|---------|--------|---|--------|-------|---------|---|
| 4 BECKY CHRISTOFFERSEN CIO | (i) | 217,963 | 99,430 | 0 | 21,200 | 6,997 | 345,590 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 TOM STRATMAN VP OF ACQUISITIONS | (i) | 147,779 | 60,475 | 0 | 17,212 | 7,500 | 232,966 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 ANDREA FRYMIRE VP/BUS DEV OFFICER - | (i) | 142,148 | 14,203 | 0 | 12,685 | 3,865 | 172,901 | 0 |
| SOUTH | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 PATRICK MICHAELIS | (i) | 144,951 | 58,469 | 0 | 16,226 | 1,002 | 220,648 | 0 |

Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation PART I. LINE 6 A BONUS POOL IS IN PLACE AND CALCULATED BASED ON THE NET INCOME OF THE COMPANY THE CALCULATION AND FINAL AMOUNT IS

Schedule J (Form 990) 2015

APPROVED BY THE INDEPENDENT BOARD OF DIRECTORS

Schedule J (Form 990) 2015



| Return Reference | Explanation |
|---------------------|--|
| FORM 990, PART VI, | ALL TRANSACTIONS THAT COULD BE OF FINANCIAL BENEFIT TO THE ABOVE MENTIONED INDIVIDUALS GO TO |
| SECTION B, LINE 12C | AN APPROVAL PROCESS BY INDEPENDENT BOARD MEMBERS AND SUB-COMMITTEES |

| Return Reference | Explanation |
|---------------------|--|
| FORM 990, | THE CEO COMPLETES AN ANNUAL SELF-EVALUATION AND SUBMITS IT TO THE BOARD CHAIRMAN THE BOARD |
| PART VI, | CHAIRMAN THEN COMPLETES A SUPPLEMENTAL EVALUATION AND SENDS IT TO THE ENTIRE BOARD FOR REVIEW, |
| SECTION B, | COMMENT AND ADDITIONAL FEEDBACK THE COMPENSATION COMMITTEE THEN MEETS TO DISCUSS THE EVALUATION |
| LINE 15 | RESULTS AND FEEDBACK THE COMMITTEE'S RECOMMENDATIONS AND CONCLUSIONS ARE THEN PRESENTED TO THE |
| | ENTIRE BOARD THERE IS AN EVALUATION PROCESS FOR ALL EMPLOYEES AND THE OVERALL INCREASE IN SALARIES |
| | AND BONUSES IS A PPROVED BY THE INDEPENDENT BOARD MEMBERS |

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | MIDWEST HOUSING EQUITY GROUP DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC |

| Return Reference | Explanation |
|---------------------|---|
| Kelefelice | |
| FORM 990, | THE AUDIT PROCESS IS DIRECTED BY THE CHIEF FINANCIAL OFFICER ONCE THE AUDIT IS COMPLETE, THE AUDIT REPORT |
| PART XII, | S PRESENTED TO THE AUDIT COMMITTEE BY THE INDEPENDENT AUDITING FIRM ALL AUDIT COMMITTEE MEMBERS HAVE |
| QUESTION 2C | THE OPPORTUNITY TO HAVE ALL QUESTIONS ANSWERED WHEN THE AUDIT COMMITTEE IS SATISFIED WITH THE AUDIT |
| | REPORT, THE AUDIT COMMITTEE RECOMMENDS TO THE BOARD OF DIRECTORS THAT THE AUDIT REPORT BE APPROVED |
| | THIS OVERSIGHT PROCESS IS COMPLETED PRIOR TO THE ANNUAL MEETING WHEN THE AUDIT IS UP FOR BID, THE AUDIT |
| | COMMITTEE RECOMMENDS TO THE BOARD WHETHER OR NOT THE EXISTING AUDITING FIRM SHOULD BE RETAINED OR |
| | REPLACED |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

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

(Form 990)

Department of the Treasury

MIDWEST HOUSING EQUITY GROUP INC

Internal Revenue Service Name of the organization

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 www.irs.gov/form990. OMB No 1545-0047 2015

Schedule R (Form 990) 2015

Employer identification number

47-0767984

DLN: 93493319007356

Open to Public Inspection

| if the organization | answered "Yes" on | Form 990, Part | : IV, line 33. | | | | |
|-------------------------|---|---|--|---|--|--|--|
| (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | Direct c | controlling | | |
| RENTAL REAL ESTATE | NE | -648 | -2,766 | MIDWEST HOUSIN | NG EQUITY GRO | DUP | |
| RENTAL REAL ESTATE | NE | -313 | -1,379 | MIDWEST HOUSIN | ng Equity Gro | DUP | |
| RENTAL REAL ESTATE | NE | -1,322 | -2,378 | -2,378 MIDWEST HOUSING EQU | | OUP | |
| RENTAL REAL ESTATE | NE | -563 | -395 | -395 MIDWEST HOUSING EQUIT | | OUP | |
| RENTAL REAL ESTATE | NE | -31 | 169 | MIDWEST HOUSIN | NG EQUITY GRO | OUP | |
| | ne organization ans | swered "Yes" on | Form 990, Par | t IV, line 34 b | pecause it h | nad on | e |
| (b) Primary activity | Legal domicile (state Exempt Code section Public cha | | | ty status Direct controlling | | Section 5 (13) cone | |
| | | | | | | Yes | No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _ | | | | | | - | + |
| | | | | | | | |
| | RENTAL REAL ESTATE tions Complete if thax year. (b) | (b) (c) Primary activity (c) Legal domicile (state or foreign country) RENTAL REAL ESTATE NE tions Complete if the organization and tax year. (b) (c) Primary activity Legal domicile (state | (b) (c) (d) Primary activity Legal domicile (state or foreign country) Total income RENTAL REAL ESTATE NE -648 RENTAL REAL ESTATE NE -313 RENTAL REAL ESTATE NE -1,322 RENTAL REAL ESTATE NE -563 RENTAL REAL ESTATE NE -31 tions Complete if the organization answered "Yes" on tax year. (b) (c) (d) Primary activity Legal domicile (state) Exempt Code section | Primary activity Legal domicile (state or foreign country) RENTAL REAL ESTATE NE -648 -2,766 RENTAL REAL ESTATE NE -313 -1,379 RENTAL REAL ESTATE NE -1,322 -2,378 RENTAL REAL ESTATE NE -1,322 -2,378 RENTAL REAL ESTATE NE -563 -395 RENTAL REAL ESTATE NE -31 169 tions Complete if the organization answered "Yes" on Form 990, Partax year. (b) Primary activity Legal domicile (state Example of the complete in the organization answered "Yes" on Form 990, Partax year. | (b) (c) Legal domicile (state or foreign country) RENTAL REAL ESTATE NE -648 -2,766 MIDWEST HOUSI RENTAL REAL ESTATE NE -313 -1,379 MIDWEST HOUSI RENTAL REAL ESTATE NE -1,322 -2,378 MIDWEST HOUSI RENTAL REAL ESTATE NE -1,322 -2,378 MIDWEST HOUSI RENTAL REAL ESTATE NE -563 -395 MIDWEST HOUSI RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSI RENTAL REAL ESTATE NE -31 Tight Midwest Housi Total income End-of-year assets Direct of En | (c) Primary activity Legal domicile (state or foreign country) RENTAL REAL ESTATE NE -648 -2,766 MIDWEST HOUSING EQUITY GRO RENTAL REAL ESTATE NE -313 -1,379 MIDWEST HOUSING EQUITY GRO RENTAL REAL ESTATE NE -1,322 -2,378 MIDWEST HOUSING EQUITY GRO RENTAL REAL ESTATE NE -563 -395 MIDWEST HOUSING EQUITY GRO RENTAL REAL ESTATE NE -563 -395 MIDWEST HOUSING EQUITY GRO RENTAL REAL ESTATE NE -311 169 MIDWEST HOUSING EQUITY GRO RENTAL REAL ESTATE NE -311 169 MIDWEST HOUSING EQUITY GRO Total income entity Primary activity Legal domicile (state) Legal domicile (state) Exempt Code section Public charity status Direct controlling Direct controlling Direct controlling | (b) Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Direct controlling entity RENTAL REAL ESTATE NE -648 -2,766 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -313 -1,379 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -1,322 -2,378 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -563 -395 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -31 169 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -32,378 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -32,378 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -32,378 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -32,378 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -32,378 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE NE -32,378 MIDWEST HOUSING EQUITY GROUP RENTAL REAL ESTATE |

Cat No 50135Y

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

| (a) Name, address, and EIN of related organization | | (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 | | | rtionate | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | mana partr | ral or aging ner? | (k) Percentage ownership |
|---|------------|---|--|---|---------------------------------|------------|-------|----------|--|---------------|-------------------------|---------------------------------------|
| | | | | , | | | Yes | No | | Yes | No | |
| See Additional Data Table | | | | | | | | | | | | |
| | | | | | | | | | | | Ш | |
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| Part IV Identification of Related Organizations Taxable a | s a Cornor | ation | or Trust (| omplete if th | e organiza | ation answ | vered | "VAC" | on Form 9 | 90 E | Part 1 | IV line |

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

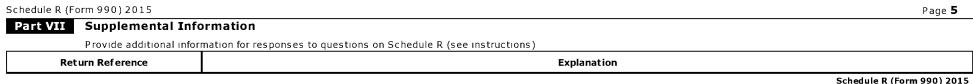
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total Income | (g) Share of end-of- year assets | (h) Percentage ownership | Section (b)(i contro entit | n 512 13) olled cy? |
|--|--------------------------------|---|-------------------------------|---|--|---|--------------------------------|-------------------------------------|------------------------------|
| MIDWEST HOUSING (1)ASSISTANCE CORP 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0773664 | RENTAL REAL ESTATE | NE | | С | | | 100 000 % | Yes | No No |
| | | | | | | | | | |
| | | | | | | | | | |
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| Part V | Transactions With Related Organizations Complete If the organization answer | ed "Yes" on Form | 990, Part IV, line | 34, 35b, or 36. | | | | | | | | |
|--|--|---|------------------------|--|------------|--------|----------|--|--|--|--|--|
| Not | Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | No | | | | | |
| 1 During | the tax year, did the orgranization engage in any of the following transactions with one or more rel | ated organizations lis | sted in Parts II-IV? | | | | | | | | | |
| a Rec | eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | No | | | | | |
| b Gift, grant, or capital contribution to related organization(s) | | | | | | | | | | | | |
| c Gıft, grant, or capital contribution from related organization(s) | | | | | | | | | | | | |
| d Loa | d Loans or loan guarantees to or for related organization(s) | | | | | | | | | | | |
| e Loa | ns or loan guarantees by related organization(s) | | | | 1e | | No | | | | | |
| f Div | dends from related organization(s) | | | | 1 f | | No | | | | | |
| g Sal | of assets to related organization(s) | | | l l | 1 g | | No | | | | | |
| h Pur | hase of assets from related organization(s) | | | | 1h | | No | | | | | |
| i Exc | ange of assets with related organization(s) | | | | 1 i | | No | | | | | |
| j Lea | e of facilities, equipment, or other assets to related organization(s) | | | | 1j | | No | | | | | |
| | | | | | | | | | | | | |
| k Lea | se of facilities, equipment, or other assets from related organization(s) | | | | 1k | | No | | | | | |
| I Perf | ormance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | Yes | | | | | | |
| | | | | ı | اسه | ı | Na | | | | | |
| | ormance of services or membership or fundraising solicitations by related organization(s) | | | | 1m 1n | | No No | | | | | |
| | ng of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | _ | | | | | | | |
| o Sha | ring of paid employees with related organization(s) | | | | 10 | | No | | | | | |
| p Rei | nbursement paid to related organization(s) for expenses | | | | 1 p | | No | | | | | |
| q Rei | nbursement paid by related organization(s) for expenses | | | | 1q | Yes | | | | | | |
| | | | | | | | | | | | | |
| r Oth | er transfer of cash or property to related organization(s) | | | | 1r | | No | | | | | |
| | er transfer of cash or property from related organization(s) | | | | 1 s | | No | | | | | |
| | | | | | | | | | | | | |
| 2 Ifth | e answer to any of the above is "Yes," see the instructions for information on who must complete t | his line, including co | vered relationships | and transaction thresholds | | | | | | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amo | unt ın | volved | | | | | | |
| ee Additior | al Data Table | 3, 40 (1 0) | | | | | | | | | | |
| <u> </u> | | | | | | | | | | | | |
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| revenue) that was not a related organization. See instructions | | | | | | | | (h) | | | | | | | | | | |
|--|-------------------------|---|--|---|----|----------------------------------|--|--|----|------------------------------------|---------------|-------------------|---|-----|---|---|--|--------------------------------|
| (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) Are all partners section 501(c)(3) organizations? | | section 501(c)(3) organizations? | | section 501(c)(3) organizations? | | (f) Share of total income | income assets | total end-of-year | | ite | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (J) General or managing partner? | | (k) Percentage ownership |
| | | | 317) | Yes | No | | | Yes | No | | Yes | No | | | | | | |
| | | | | | | | | | | | | 1 1 | ı | | | | | |
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Software ID: Software Version:

EIN: 47-0767984

Name: MIDWEST HOUSING EQUITY GROUP INC

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

| Form 990, Schedule R, | Part III - Ident | tification (c) | of Related | Organization | is Taxable as | a Partnership | l | | 1 | (j | . 1 | | | | | |
|--|-----------------------|--------------------|-----------------------|-------------------------------|--------------------------|---------------------------------|----------------|-----------|--------------------------|-------|------------|-------------------------|-------------|--|--|--|
| (a) | (b) | Legal | (d) | (e) Predominant | (f) | (g) | (h) Disprop | ortionate | (i) Code V-UBI amount | Gen | eral | (k) | | | | |
| Name, address, and EIN of related organization | Primary activity | Domicile (State | Direct Controlling | income(related, unrelated, | Share of total Income | Share of end-of- year assets | | itions? | In Box 20 of Schedule | Mana | iging | Percentage ownership | | | | |
| related organization | | or Foreign | Entity | excluded from | | | | | K-1 | Parti | ner? | отр | | | | |
| | | Country) | | tax under sections | | | | | | | | | (Form 1065) | | | |
| | | | | 512-514) | | | Yes | No | | Yes | No | | | | | |
| OKLAHOMA EQUITY FUND I LP | RENTAL REAL ESTATE | ок | N/A | RELATED | -156 | 60,144 | | No | | Yes | | 0 010 % | | | | |
| 515 N 162ND AVE SUITE | | | | | | | | | | | | | | | | |
| 202 | | | | | | | | | | | | | | | | |
| OMAHA, NE 68118 33-1115755 | | | | | | | | | | | | | | | | |
| OKLAHOMA EQUITY FUND II LP | RENTAL REAL ESTATE | ок | N/A | RELATED | -163 | 8,971 | | No | | Yes | | 0 010 % | | | | |
| | LSTATE | | | | | | | | | | | | | | | |
| 515 N 162ND AVE SUITE 202 | | | | | | | | | | | | | | | | |
| OMAHA, NE 68118 20-5738947 | | | | | | | | | | | | | | | | |
| OKLAHOMA FUND III LP | RENTAL REAL | ок | N/A | RELATED | -121 | 909,840 | | No | | Yes | | 0 010 % | | | | |
| 515 N 162ND AVE SUITE | ESTATE | | | | | | | | | | | | | | | |
| 202 OMAHA, NE 68118 | | | | | | | | | | | | | | | | |
| 26-2381043 | DENTAL DEAL | 0.14 | N1 / A | DELATED | -173 | 1,444,360 | | | | ., | | 0.010.00 | | | | |
| OKLAHOMA FUND IV LP | RENTAL REAL ESTATE | ОК | N/A | RELATED | -1/3 | 1,444,360 | | No | | Yes | | 0 010 % | | | | |
| 515 N 162ND AVE SUITE 202 | | | | | | | | | | | | | | | | |
| OMAHA, NE 68118 27-5346263 | | | | | | | | | | | | | | | | |
| IOWA EQUITY FUND I LP | RENTAL REAL | IA | N/A | RELATED | -21 | 6,978 | | No | | Yes | | 0 010 % | | | | |
| 515 N 162ND AVE SUITE | ESTATE | | | | | | | | | | | | | | | |
| 202 OMAHA, NE 68118 | | | | | | | | | | | | | | | | |
| 30-0046359 | | | | | | | | | | | | | | | | |
| IOWA EQUITY FUND II LP | RENTAL REAL ESTATE | IA | N/A | RELATED | -117 | 1,275,726 | | No | | Yes | | 0 010 % | | | | |
| 515 N 162ND AVE SUITE 202 | | | | | | | | | | | | | | | | |
| OMAHA, NE 68118 | | | | | | | | | | | | | | | | |
| 27-0072076 IOWA EQUITY FUND III LP | RENTAL REAL | IA | N/A | RELATED | -126 | 13,636 | | No | | Yes | | 0 010 % | | | | |
| 515 N 162ND AVE SUITE | ESTATE | | | | | | | | | | | | | | | |
| 202 | | | | | | | | | | | | | | | | |
| OMAHA, NE 68118 20-5739095 | | | | | | | | | | | | | | | | |
| IOWA FUND IV LP | RENTAL REAL ESTATE | IA | N/A | RELATED | -95 | 695,683 | | No | | Yes | | 0 010 % | | | | |
| 515 N 162ND AVE SUITE 202 | | | | | | | | | | | | | | | | |
| OMAHA, NE 68118 | | | | | | | | | | | | | | | | |
| 26-2587462 IOWA FUND V LP | RENTAL REAL | IA | N/A | RELATED | -138 | 1,851,166 | | No | | Yes | | 0 010 % | | | | |
| 515 N 162ND AVE SUITE | ESTATE | | | | | | | | | | | | | | | |
| 202 | | | | | | | | | | | | | | | | |
| OMAHA, NE 68118 26-4018140 | | | | | | | | | | | | | | | | |
| IOWA FUND VI LP | RENTAL REAL ESTATE | IA | N/A | RELATED | -178 | 1,667,500 | | No | | Yes | | 0 010 % | | | | |
| 515 N 162ND AVE SUITE 202 | | | | | | | | | | | | | | | | |
| OMAHA, NE 68118 | | | | | | | | | | | | | | | | |
| 27-2174856 IOWA FUND VII LP | RENTAL REAL | IA | N/A | RELATED | -166 | 3,652,397 | | No | | Yes | | 0 010 % | | | | |
| 515 N 162ND AVE SUITE | ESTATE | | , | | | | | | | | | | | | | |
| 202 | | | | | | | | | | | | | | | | |
| OMAHA, NE 68118 27-5100545 | | | | | | | | | | | | | | | | |
| KANSAS EQUITY FUND I LP | RENTAL REAL ESTATE | KS | N/A | RELATED | -39 | 81,836 | | No | | Yes | | 0 010 % | | | | |
| | | | | | | | | | | | | | | | | |
| 515 N 162ND AVE SUITE 202 | | | | | | | | | | | | | | | | |
| OMAHA, NE 68118 39-2008696 | | | | | | | | | | | | | | | | |
| KANSAS EQUITY FUND II LP | | KS | N/A | RELATED | -35 | 8,053 | | No | | Yes | | 0 010 % | | | | |
| | ESTATE | | | | | | | | | | | | | | | |
| 515 N 162ND AVE SUITE 202 | | | | | | | | | | | | | | | | |
| OMAHA, NE 68118 30-0046363 | | | | | | | | | | | | | | | | |
| KANSAS EQUITY FUND III | | KS | N/A | RELATED | -116 | 2,102,205 | | No | | Yes | | 0 010 % | | | | |
| LP | ESTATE | | | | | | | | | | | | | | | |
| 515 N 162ND AVE SUITE 202 | | | | | | | | | | | | | | | | |
| OMAHA, NE 68118 76-0742787 | | | | | | | | | | | | | | | | |
| KANSAS EQUITY FUND IV | | KS | N/A | RELATED | -149 | 443,060 | | No | | Yes | | 0 010 % | | | | |
| LP | ESTATE | | | | | | | | | | | | | | | |
| 515 N 162ND AVE SUITE 202 | | | | | | | | | | | | | | | | |
| OMAHA, NE 68118 | | | | | | | | | | | | | | | | |
| 26-0105906 | I | 1 | I | I | I | I | I | l | I | 1 | | | | | | |
| | | | | | | | | | | | | | | | | |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) **(e)** Predominant (h) (i) Code V-UBI General or Legal (g) Disproprtionate (b) Share of end-of-Share of total Domicile Direct Name, address, and EIN of Primary activity ncome(related allocations? amount in Percentage Managing Controlling ıncome (State year assets ownership related organization unrelated. Box 20 of Schedule Entity Partner? excluded from K-1 Foreign tax under (Form 1065) Country sections 512-514) Yes No Yes No KANSAS EQUITY FUND V RENTAL REAL KS N/A RELATED -72 684,808 Νo Yes 0 010 % ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-5608271 -67 603,476 KANSAS FUND VI LP RENTAL REAL N/A RELATED KS Νo Yes 0 010 % ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-1951376 -78 420.394 KANSAS FUND VII LP RENTAL REAL N/A RELATED 0 010 % KS Νo Yes **ESTATE** 515 N 162ND AVE SUITE OMAHA, NE 68118 26-4018301 -136 1,571,325 0 010 % KANSAS FUND VIII LP RENTAL REAL N/A RELATED KS Νo Yes ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-2174407 KANSAS FUND IX LP RENTAL REAL -156 3,011,671 KS N/A RELATED Νo Yes 0 010 % ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 27-5100715 -194 5,084,496 KANSAS FUND X LP RENTAL REAL KS N/A RELATED Νo Yes 0 010 % ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 45-4818941 MHEG FUND 40 LP RENTAL REAL N/A -1,120 62,684,913 ΝE RELATED Νo Yes 0 010 % 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 30-0766625 MHEG COMMUNITY FUND RENTAL REAL ΝE N/A RELATED -202 5,519,648 Νo Yes 0 010 % 41 I P **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 61-1706605 MHEG FUND 42 LP RENTAL REAL -511 137,525,946 ΝE N/A RELATED Νo Yes 0 010 % ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 38-3922426 -52 13,243,289 MHEG COMMUNITY FUND RENTAL REAL ΝE N/A RELATED Νo Yes 0 010 % 43 LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 32-0434441 MHEG FUND 44 LP RENTAL REAL -26 ΝE N/A RELATED 60,252,516 Νo Yes 0 010 % **ESTATE** 515 N 162ND AVE STE OMAHA, NE 68118 30-0855739 -5 10,906,787 MHEG COMMUNITY FUND RENTAL REAL N/A ΝE RELATED Νo Yes 0 010 % 45 LP **ESTATE** 515 N 162ND AVE STE 202 OMAHA, NE 68118 38-3954206 EQUITY FUND OF RENTAL REAL ΝE N/A RELATED 1.439 Νo Yes 0 010 % NEBRASKA VI LP IESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 43-1808737 EQUITY FUND OF RENTAL REAL N/A RELATED -7 4,338 Νo 0 010 % ΝE Yes NEBRASKA VII LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0819366 -46 50,203 EQUITY FUND OF RENTAL REAL ΝE N/A RELATED Νo Yes 0 010 % NEBRASKA VIII LP 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0828532

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) Legal General Predominant Disproprtionate Code V-UBI amount (k) (b) Share of end-of-year assets or Domicile Direct Share of total Name, address, and EIN of Primary activity ncome(related, allocations? Percentage Managıng Controlling ıncome (State Box 20 of Schedule ownership related organization unrelated. Entity Partner? excluded from K-1 Foreign tax under (Form 1065) Country sections 512-514) Yes No Yes No EQUITY FUND OF RENTAL REAL ΝE N/A RELATED -129 -1,554 Νo Yes 0 010 % NEBRASKA IX LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0844673 566 RENTAL REAL N/A RELATED -8 **EQUITY FUND OF** ΝE Νo Yes 0 010 % ESTATE NEBRASKA IX-B LP 515 N 162ND AVE SUITE **OMAHA, NE 68118** 47-0845255 -189 11,216 Yes **EQUITY FUND OF** RENTAL REAL ΝE N/A RELATED Νo 0 010 % NEBRASKA X LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 11-3645080 EQUITY FUND OF RENTAL REAL ΝE N/A RELATED -208 11.400 Νo Yes 0 010 % NEBRASKA XI LP **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 71-0969038 EQUITY FUND OF RELATED -217 572,489 RENTAL REAL ΝE N/A Νo Yes 0 010 % NEBRASKA XII LP **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 03-0607491 NEBRASKA FUND XIII LP RENTAL REAL N/A RELATED -77 424,261 Yes ΝE Νo 0 010 % 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-2444496 NEBRASKA FUND XIV LP RENTAL REAL ΝE N/A RELATED -113 1,582,306 Νo Yes 0 010 % **ESTATE** 515 N 162ND AVE SUITE OMAHA, NE 68118 26-4018401 RENTAL REAL -185 4,612,112 0 010 % NEBRASKA FUND XV I P ΝF N/A RELATED Νo Yes ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-2174738 NEBRASKA FUND XVI LP RENTAL REAL RELATED -153 4,229,026 ΝE N/A Νo Yes 0 010 % ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-5100196 -119 6,106,114 NEBRASKA FUND XVII LP RENTAL REAL ΝE N/A RELATED Νo Yes 0 010 % ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 45-4757784 MDI LIMITED PARTNERSHIP RENTAL REAL N/A IΑ ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 41-2005649 RENTAL REAL N/A VAN ALLEN LP IΑ ESTATE 14 WEST 21ST STREET-PO BOX 473 SPENCER, IA 51301 42-1507169 THORNBURY WAY LP RENTAL REAL ΙA N/A ESTATE PO BOX 473 14 WEST 21ST SPENCER, IA 51301 42-1527248 CEDAR PARK RENTAL REAL IΑ N/A PRESERVATION ALP **ESTATE** 2930 BELL AVENUE DES MOINES, IA 50321 20-0401516 DUNLAP ASSISTED LIVING RENTAL REAL N/A IΑ 515 N 162ND AVE SUITE OMAHA, NE 68118 20-3738210

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (i) (c) (h) (e) (i) General **(f)** Share of total Legal (d) (b) Predominant Disproprtionate Code V-UBI amount (k) Direct Share of end-Domicile Name, address, and EIN of Percentage Primary activity ncome(related, allocations? ın of-year assets Managing (State Controlling income Box 20 of Schedule ownership related organization unrelated, Partner? or Entity excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes Yes No No LAMONI ASSISTED LIVING RENTAL REAL IΑ N/A $515\ N\ 162ND\ AVE\ SUITE$ 202 OMAHA, NE 68118 20-3738239 LMAAL LLLP RENTALREAL IΑ N/A ESTATE PO BOX 66 LE MARS, IA 51031 05-0539068 NORTHPARK APARTMENTS RENTAL REAL IΑ N/A IIIP FSTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-1784441 ODEBOLT ASSISTED RENTAL REAL IΑ N/A LIVING LLC ESTATE $515\ N\ 162ND\ AVE\ SUITE$ 202 OMAHA, NE 68118 20-3738090 PANORA ASSISTED LIVING RENTAL REAL N/A IΑ LLC ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-3738136 RENTAL REAL STONE RIDGE LLLP IΑ N/A ESTATE 515 N 162ND AVE SUITE 202 **OMAHA. NE 68118** 20-3671527 ADEL ASSISTED LIVING LP RENTAL REAL IΑ N/A ESTATE PO BOX 473 SPENCER, IA 51301 20-0326338 PIONEER WOODS LLC RENTAL REAL IΑ N/A **ESTATE** 921 SIXTH AVE STE B DES MOINES, IA 50309 20-3786543 RENTALREAL SPRING VILLAGE IΑ N/A APARTMENTS OF IOWA LLC ESTATE 2 E MIFFLIN STREET SUITE MADISON, IA 53703 20-4593874 SPRUCE HILLS VILLAGE LLC RENTAL REAL N/A 2 E MIFFLIN STREET SUITE 401 MADISON, IA 53703 20-4261825 THE ANTLERS LP RENTAL REAL IΑ N/A ESTATE PO BOX 473 SPENCER, IA 51301 20-1888027 BROWN APARTMENTS LP RENTAL REAL IΑ N/A ESTATE 5400 KIRKWOOD **BOULEVARD SW** CEDAR RAPIDS, IA 52404 26-1195327 BERRY COURT LIMITED RENTAL REAL N/A IΑ PARTNERSHIP ESTATE $515\ N\ 162ND\ AVE\ SUITE$ 202 OMAHA, NE 68118 20-5823686 HFS COUNCIL BLUFFS LLC RENTAL REAL IΑ N/A ESTATE 2101 S 42ND STREET **OMAHA. NE 68105** 20-3781186 PARKWILD HEIGHTS LLC RENTAL REAL IΑ N/A ESTATE 13057 WEST CENTER ROAD OMAHA, NE 68144 20-4909457

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (i) (e) General Legal (d) (g) Predominant Disproprtionate Code V-UBI amount (k) (b) (a) Domicile Direct Share of total Share of endor Name, address, and EIN of allocations? Percentage Primary activity income(related. ın (State Controllingıncome of-year assets Managing Box 20 of Schedule ownership related organization unrelated. Partner? Entity excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No BOONE 2 LIMITED RENTAL REAL IΑ N/A PARTNERSHIP ESTATE 1909 SYCAMORE AVE PO BOX 456 GRANGER, IA 50109 20-4882105 CHAPEL RIDGE WEST I LP RENTAL REAL N/A ĪΑ ESTATE 319 7TH STREET SUITE 500 DES MOINES, IA 50309 38-3766414 COMMUNITY HOMES LP RENTAL REAL IΑ N/A ESTATE PO BOX 473 SPENCER, IA 51301 20-5859839 SANCTUARY TRANSITIONAL RENTAL REAL N/A IΑ HOUSING I LLLP lestate 800 5TH ST SIOUX CITY, IA 51101 20-3796692 ST MARY'S APARTMENTS OF RENTAL REAL IΑ N/A **DUBUQUE LLC** ESTATE 2 EAST MIFFLIN STREET SUITE 401 MADISON, IA 53703 26-0472283 N/A STOCKBRIDGE LP RENTAL REAL IΑ ESTATE 1620 PLEASANT STREET DES MOINES, IA 50314 20-5829617 NORTHWOODS LIMITED RENTAL REAL IΑ N/A PARTNERSHIP 1 ESTATE 1600 UNIVERSITY AVENUE STE 212 ST PAUL, MN 55104 20-1743309 CANTERBURY IV LIMITED RENTAL REAL IΑ N/A **PARTNERSHIP** ESTATE 319 7TH STREET SUITE 500 DES MOINES, IA 50309 38-3766417 DEER RIDGE VI LP RENTAL REAL IΑ N/A **ESTATE** 319 7TH STREET SUITE 500 DES MOINES, IA 50309 38-3766416 **GRANT TERRACE LLLP** RENTAL REAL IΑ N/A ESTATE PO BOX 473 SPENCER, IA 51301 20-3773650 RENTAL REAL N/A HOME TO STAY LP IΑ ESTATE PO BOX 473 SPENCER, IA 51301 20-3746904 LINCOLN TERRACE LP RENTAL REAL IΑ N/A ESTATE PO BOX 473 SPENCER, IA 51301 20-1845755 WILLOW BEND II LIMITED RENTAL REAL IΑ N/A **PARTNERSHIP** ESTATE 319 7TH STREET SUITE 500 DES MOINES, IA 50309 38-3766415 OLD SPENCER SCHOOL LLLP RENTAL REAL N/A IΑ ESTATE PO BOX 473 SPENCER, IA 51301 26-1232442 WILLOW BEND I LIMITED RENTAL REAL IΑ N/A PARTNERSHIP ESTATE 319 7TH STREET SUITE 500 DES MOINES, IA 50309 20-5817680

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (i) (e) General Legal (d) Predominant Disproprtionate Code V-UBI amount (k) (b) (a) or Direct Domicile Share of total Share of end-Name, address, and EIN of ncome(related allocations? Percentage Primary activity ın Managing Controlling(State income of-year assets related organization unrelated, Box 20 of Schedule ownership Entity Partner? or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No CHAPEL RIDGE WEST II LP RENTAL REAL ΙA N/A STATE 319 7TH STREET SUITE 500 DES MOINES, IA 50309 26-3465397 ANISTON VILLAGE LP RENTAL REAL IΑ N/A ESTATE 515 N 162ND AVE SUITE 202 **OMAHA, NE 68118** 42-1508090 MLK BRICKSTONE RENTAL REAL N/A DEVELOPMENT LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-3542783 821 JACKSON LLLP RENTAL REAL IΑ N/A ESTATE 520 NEBRASKA ST SUITE 233 SIOUX CITY, IA 51101 26-3580347 CRESTVIEW TERRACE LLLP RENTAL REAL IΑ N/A ESTATE PO BOX 473 SPENCER, IA 51301 26-1232468 RENTAL REAL HOLIDAY COURT LLLP IΑ N/A ESTATE 211 E 37TH STREET DAVENPORT, IA 52806 26-3035382 SUGAR CREEK BEND LLLP RENTAL REAL ΙA N/A ESTATE PO BOX 473 SPENCER, IA 51301 27-0529358 MLK BRICKSTONE II LP RENTAL REAL N/A IΑ ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 27-1814624 WALKER CORNERS LLC RENTAL REAL N/A IΑ **ESTATE** 515 N 162ND AVE SUITE OMAHA, NE 68118 27-1260184 RENTAL REAL N/A 125 9TH STREET LLLP TΑ ESTATE 14 WEST 21ST STREET-PO BOX 473 SPENCER, IA 51301 27-2092627 BAKER CREEK SENIOR RENTAL REAL N/A IΑ **ESTATE** LIVING I LLLP 4224 HUBBELL AVENUE DES MOINES, IA 50317 27-5317473 RENTAL REAL FB HARLAN LP IΑ IN/A **ESTATE** 8201 NW 97TH TERRACE KANSAS CITY, IA 64153 14-2009063 MCKINLEY CREST LLLP RENTAL REAL IΑ N/A ESTATE 2024 FOREST AVENUE SUITE 101 DES MOINES, IA 50311 45-4411713 SOUTHERN MEADOWS RENTAL REAL IΑ N/A **HOMES LP** ESTATE 1312 LOCUST STREET SUITE 300A DES MOINES, IA 50309 45-4350525 WEST HEIGHTS RENTAL REAL N/A IΑ TOWNHOMES LLLP **ESTATE** 14 WEST 21ST STREET-PO BOX 473 SPENCER, IA 51301 27-4945254

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership **(j)** General or (c) (h) **(e)** Predominant (i) Legal Domicile (d) Direct **(f)** Share of total (g) Share of end-Disproprtionate Code V-UBI amount (b) Name, address, and EIN of related organization allocations? Percentage Primary activity income(related. ın Controlling (State ıncome of-year assets Managing Box 20 of Schedule owners hip unrelated, Partner or Entity excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No ESKRIDGE HOUSING I LP RENTAL REAL KS N/A 515 N 162ND AVE SUITE OMAHA, NE 68118 48-1233794 NORTHVIEW VILLAGE RENTAL REAL N/A KS APARTMENTS LLC ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 48-1209143 PRAIRIE VILLAS LP RENTAL REAL N/A KS ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 48-1245938 COVENTRY COURT RENTAL REAL N/A KS TOWNHOMES LLC 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 01-0714018 EASTSIDE TOWNHOMES RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 48-1225181 KENSINGTON COURT RENTAL REAL KS N/A APARTMENTS LLC lestate 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 31-1814890 RENTAL REAL NORTHSIDE APARTMENTS KS N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 68-0555810 NORTHGLENN RENTAL REAL KS ln/a APARTMENTS LLC 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 87-0700265 T TOWN HOMES LP RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 48-1251259 TROY HOUSING RENTAL REAL N/A KS INVESTORS LP 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 81-0550593 AMO HOUSING I LP RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 48-1251559 DELAWARE HIGHLANDS RENTAL REAL KS N/A ASSISTED LIVING LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 42-1619270 GLENN OAKS CITY CENTRE RENTAL REAL N/A ESTATE $515\ N\ 162ND\ AVE\ SUITE$ 202 OMAHA, NE 68118 90-0188716 IVORY STREET RENTAL REAL KS N/A APARTMENTS LLC ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-1492768 RENTAL REAL KOURI PLACE LLC KS N/A ESTATE $515\ N\ 162ND\ AVE\ SUITE$ OMAHA, NE 68118 27-0099657

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) Legal General or (g) Predominant Disproprtionate Code V-UBI amount (b) Share of total Domicile Direct Share of end-Name, address, and EIN of income(related, allocations? Percentage Primary activity Managing (State Controlling ıncome of-year assets related organization unrelated, Box 20 of Schedule owners hip Partner? Entity excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No MAPLEWOOD TOWNHOMES RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 45-0497417 MEADOWVIEW PLACE LLC RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-0233266 NORTHFIELD VILLAGE LP RENTAL REAL N/A KS ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 68-0571598 PARADISE PLAZA I LLC RENTAL REAL KS N/A 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-1677639 PORTER HOUSE RENTAL REAL N/A KS APARTMENTS LLC ESTATE 2909 SW PLASS COURT TOPEKA, KS 66611 20-0059806 RUSSELL HOUSING LLC RENTAL REAL KS N/A **ESTATE** 515 N 162ND AVE SUITE 202 **OMAHA. NE 68118** 51-0540575 SIX UNITS II LP RENTAL REAL N/A KS ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 73-1717296 SIX UNITS LP RENTAL REAL N/A KS 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0934801 WALNUT COURT RENTAL REAL N/A APARTMENTS LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 86-1070207 WHEATRIDGE APARTMENTS RENTAL REAL KS N/A LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-0233169 WYANDOTTE ASSOCIATES RENTAL REAL KS N/A ΙP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 CENTERVIEW PLACE LLC RENTAL REAL N/A KS ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-4807530 CLASS HOMES I LLC RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-3583386 CROWN HOMES OF RENTAL REAL KS N/A **HUTCHINSON LLC ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-2780457 CROWN HOMES OF RENTAL REAL KS N/A PARSONS LLC ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-1619531

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) Legal General Predominant Disproprtionate Code V-UBI amount (k) (b) Domicile Direct Share of total Share of endor Name, address, and EIN of ncome(related, allocations? Percentage Primary activity ın Managing (State Controlling ıncome of-year assets related organization unrelated, Box 20 of Schedule ownership Entity Partner? excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes Yes No No N/A FRIENDSHIP PLACE I LLC RENTAL REAL KS **ESTATE** 600 WEST BLANCHARD AVENUE SOUTH HUTCHINSON, KS 67505 20-4694152 GARDEN AT FLINT HILLS LP RENTAL REAL N/A KS 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-3006177 GODDARD SENIOR RENTAL REAL KS N/A APARTMENTS LP ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-3006604 PARADISE PLAZA II LLC RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-3473277 STREET OF DREAMS LLC RENTAL REAL KS N/A **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-4840240 TIERRA VERDE RENTAL REAL KS N/A APARTMENTS LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-4798645 WALNUT CREEK RENTAL REAL KS N/A APARTMENTS LLC 515 N 162ND AVE SUITE OMAHA, NE 68118 20-1492271 WAINUT GIENN RENTAL REAL KS N/A APARTMENTS LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-3466770 WEST CREST LLC RENTAL REAL N/A KS ESTATE 2501 NORTH TEE TIME CIRCLE WICHITA, KS 67205 20-1286400 RURAL HOUSING AND RENTAL REAL KS N/A DEVELOPMENT LP PO BOX 5900 FORT SMITH, KS 72913 6<u>5-1</u>205822 CHERRY CREEK RENTAL REAL N/A TOWNHOMES LLC ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-4694250 CREEKSIDE PLACE RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-5913377 FHI APARTMENTS LP RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-8501575 RICHMOND PLACE LLC RENTAL REAL N/A KS ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-0240681 MERIDEN HEIGHTS LLC RENTAL REAL N/A KS ESTATE 1000 SE HANCOCK STREET **TOPEKA, KS 66607** 20-8254192

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) Legal General (d) Predominant Disproprtionate Code V-UBI amount (k) (b) Domicile Direct Share of total Share of endor income(related allocations? Percentage Name, address, and EIN of Primary activity ın Managing (State Controllingıncome of-year assets related organization unrelated, Box 20 of Schedule ownership Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No SUNRISE RIDGE RENTAL REAL KS N/A TOWNHOMES LLC. **ESTATE** 515 N 162ND AVE SUITE **OMAHA, NE 68118** 26-0532956 STONEPOST PARTNERS LLC RENTAL REAL KS N/A **ESTATE** 7500 COLLEGE BLVD STE OVERLAND PARK, KS 66210 20-5868538 CREEKSIDE PARTNERS LLC RENTAL REAL ΚS N/A ESTATE 7500 COLLEGE BLVD STE OVERLAND PARK, KS 66210 20-8119009 MDI LIMITED PARTNERSHIP RENTAL REAL ΚS N/A #104 ESTATE 1600 UNIVERSITY AVENUE STE 212 ST PAUL, MN 55104 20-3290291 PRAIRIE POINTE RENTAL REAL KS N/A TOWNHOMES LLC **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-0480825 CHEYENNE RIDGE LLC RENTAL REAL N/A KS ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-3278617 FLOR DE SOL PARTNERS LLC RENTAL REAL N/A KS ESTATE 7500 COLLEGE BLVD STE 500 OVERLAND PARK, KS 66210 26-0633223 RENTAL REAL BF III LP KS N/A **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-3164260 SANDSTONE HOMES ILLC RENTAL REAL KS N/A **ESTATE** 515 N 162ND AVE SUITE 202 **OMAHA, NE 68118** 20-8287866 STONEPOST PARTNERS II RENTAL REAL N/A KS LLC **ESTATE** 2850 MISSION WOODS DR **TOPEKA, KS 66614** 26-3380572 MCKINLEY HOUSING LLC RENTAL REAL KS N/A **ESTATE** 515 N 162ND AVE SUITE OMAHA, NE 68118 26-3881063 LARNED DREAM HOMES LLC RENTAL REAL KS N/A **ESTATE** 417 BROADWAY STREET LARNED, KS 67550 27-0278961 COVENTRY COURT RENTAL REAL N/A TOWNHOMES II LLC ESTATE 501 EAST NORTHVIEW ROAD PO BOX 843 MCPHERSON, KS 67460 26-2867341 CORNERSTONE RENTAL REAL KS N/A APARTMENTS LP **ESTATE** 515 N 162ND AVE SUITE 202 **OMAHA. NE 68118** 26-3408436 RENTAL REAL **EMPORIA SENIOR** KS N/A RESIDENCES LP ESTATE 7701 E KELLOGG SUITE 820 WICHITA, KS 67207 27-1165456

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) (i) General or Legal (g) Predominant Disproprtionate Code V-UBI amount (b) Share of end-of-year assets Share of total Domicile Direct Name, address, and EIN of Primary activity ncome(related, allocations? Percentage Controlling Managing (State ıncome Box 20 of Schedule ownership related organization unrelated. Entity Partner? excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No FLOR DE SOL PARTNERS II RENTAL REAL KS N/A ESTATE 534 S KANSAS AVENUE SUITE 900 TOPEKA, KS 66603 26-3942869 PIONEER ADAMS II LP RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-3086688 10TH STREET APARTMENTS RENTAL REAL N/A LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-3369758 RENTAL REAL ECHO RIDGE LLC KS N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 27-3254493 GENESIS HOMES LLC RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 80-0667381 RENTAL REAL HEARTHSTONE LLC KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-2389519 MARYSVILLE SENIOR RENTAL REAL KS N/A HOUSING LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-1885130 TENNESSEE TOWN II LLC RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-1185202 LCHT ACCESSIBLE RENTAL REAL KS N/A HOUSINGLIC **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-3399238 HAMPTON WEST LLC RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 27-3101834 LA ESTANCIA PARTNERS RENTAL REAL KS N/A **ESTATE** LLC 534 SOUTH KANSAS **AVENUE SUITE 900** TOPEKA, KS 66603 27-3522454 MARKET STREET LOFTS LP RENTAL REAL KS N/A ESTATE 8109 NW HILLSIDE DRIVE WEATHERBY LAKE, KS 64152 27-3629179 STONEPOST PARTNERS III RENTAL REAL KS N/A ESTATE 534 SOUTH KANSAS AVENUE SUITE 900 TOPEKA, KS 66603 27-3489267 STATE STREET HOUSING RENTAL REAL KS N/A ESTATE LLC 8109 NW HILLSIDE DRIVE WEATHERBY LAKE, KS 27-3160956 MURRAY HILL SENIOR RENTAL REAL KS N/A APARTMENTS LP ESTATE 8201 NW 97TH TERRACE KANSAS CITY, KS 64153 27-3629283

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) **(e)** Predominant (h) Legal General Disproprtionate Code V-UBI amount (k) (b) Domicile Direct Share of total Share of endor Name, address, and EIN of ncome(related, allocations? Percentage Primary activity Managing Controlling (State of-year assets income related organization unrelated. Box 20 of Schedule ownership Partner? Entity excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No FLOR DE SOL III LLC RENTAL REAL N/A KS 534 S KANSAS AVE SUITE 900 TOPEKA, KS 66603 27-4280085 HUMBOLDT SENIOR RENTAL REAL KS N/A 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-4527775 HERITAGE HAWTHORNE RENTAL REAL KS N/A **PARTNERS** ESTATE 534 S KANSAS AVE SUITE 900 TOPEKA, KS 66603 27-4896333 PAOLA SENIORS LP RENTAL REAL KS N/A 5000 W 95TH STREET SUITE 120 PRAIRIE VILLAGE, KS 66207 45-4329369 RIVERVIEW SENIOR RENTAL REAL KS N/A DEVELOPERS LP IESTATE 22 E ROCKWOOD DRIVE OTTAWA, KS 660673722 46-1213352 ST MARGARET'S LIHTC LP RENTAL REAL In/a KS ESTATE 8201 NW 97TH TERRACE KANSAS CITY, KS 64153 90-0435859 GRANT HOUSING I LIMITED RENTAL REAL ΝE N/A PARTNERSHIP 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0820871 405 WEST BROADWAY LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 39-2011010 RENTALREAL BARRIER FREE HOMES LLC ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0835356 BEATRICE SUNSET II LLC RENTAL REAL ΝE N/A 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0838041 KOUTNZE PARK CROWN III RENTAL REAL ΝE N/A 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0837312 MEADOWS ASSOCIATES RENTAL REAL N/A ΝE ESTATE LLC 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0797779 PARK VIEW PLAZA RENTAL REAL N/A ΝE CONGREGATE LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0832163 PINE ESTATES LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0835281 PRAIRIE WOODS CROWN RENTAL REAL ΝE N/A LTD ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0842332

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) **(e)** Predominant (h) General Legal **(f)** Share of total (g) Share of end-Disproprtionate Code V-UBI amount (b) Direct Domicile Name, address, and EIN of Percentage Primary activity income(related, allocations? (State Controlling ıncome of-year assets Managing Box 20 of Schedule ownership related organization unrelated, Partner? Entity excluded from Foreign (Form 1065) tax under Country) sections 512-514) Yes Yes No No THE CENTER APARTMENTS RENTAL REAL ΝE N/A ESTATE LLC 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0805769 THE VILLAS AT CRYSTAL RENTAL REAL ΝF N/A COURT LLC ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0834890 WOODGATE TOWNHOMES RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0841279 KELLOM GARDENS LIMITED RENTAL REAL N/A ΝE PARTNERSHIP 2221 NORTH 24TH STREET OMAHA, NE 68110 47-0837446 RENTAL REAL RIVER CITY LP IΑ N/A ESTATE PO BOX 473 14 WEST 21ST SPENCER, IA 51301 42-1527377 3525 EVANS STREET LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0840879 710 SOUTH 20TH STREET RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0837624 ALBION MANOR LLC RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0843815 BLUE TERRACE CROWN LTD RENTAL REAL ΝE N/A $515\ N\ 162ND\ AVE\ SUITE$ 202 OMAHA, NE 68118 75-3045097 CIRRUS HOUSE RENTAL REAL ΝE N/A APARTMENTS LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 46-0479865 RENTAL REAL IMMANUEL ELDERLY ΝE N/A HOUSING I LP ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0830746 KING'S HERITAGE ESTATES RENTAL REAL N/A ΝE ESTATE I LLC 515 N 162ND AVE SUITE OMAHA, NE 68118 48-1260879 LAP HOUSING WAHOO RENTAL REAL ΝE N/A LIMITED PARTNERSHIP 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0817516 OAK RIDGE APARTMENTS RENTAL REAL ΝE N/A 515 N 162ND AVE SUITE OMAHA, NE 68118 75-3044323 PARENTS OF ALL AGES LP RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0835605

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Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) **(e)** Predominant (h) (i) General Legal Disproprtionate Code V-UBI amount (b) Share of end-of-year assets Share of total or Domicile Direct Name, address, and EIN of Primary activity ncome(related, allocations? Percentage Managing (State Controlling ıncome Box 20 of Schedule ownership related organization unrelated. Entity Partner? excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No THE NATHAN LP RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-2536126 WEST WING APARTMENTS RENTAL REAL ΝE N/A ESTATE LP 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-4901469 5217 SOUTH 28TH STREET RENTAL REAL N/A LLC ESTATE 2723 Q STREET OMAHA, NE 68107 20-3145069 VILLAGE PLACE 1 LIMITED RENTAL REAL N/A ΝE PARTNERSHIP ESTATE 1701 NORTH 24TH ST SUITE 102 OMAHA, NE 68110 20-5197001 VILLE DE SANTE II LIMITED RENTAL REAL ΝE N/A PARTNERSHIP ESTATE 2221 NORTH 24TH STREET SUITE 200 OMAHA, NE 68110 20-3533854 CURTIS CENTER HOUSING RENTAL REAL N/A LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-5708223 SOUTHEAST VILLA LLC RENTAL REAL ΝE N/A 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-8622939 VALLEY CROWN LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA. NF 68118 20-5170773 WOODLAND PARK RENTAL REAL ΝF N/A ESTATE TOWNHOMES LLC 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-8197688 YORKTOWNE ESTATES LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-8197598 WINDRIDGE TOWNHOMES RENTAL REAL N/A ΝE ESTATE 515 N 162ND AVE SUITE **OMAHA, NE 68118** 26-0541952 N/A GREENVIEW ESTATES LLC RENTALREAL ΝE ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-0576269 RED BUD CROWN LLC RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-5946536 LITTLE PRIEST RENTAL REAL ΝE N/A APARTMENTS LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-1777133 ROSEWOOD ESTATES LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 26-1803399

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Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership **(j)** General (h) (e) (i) Legal (d) Predominant Disproprtionate Code V - UBI amount (k) (b) (a) or Direct Share of total Share of end-Domicile Name, address, and EIN of Primary activity ncome(related, allocations? Percentage Controlling Managing (State of-year assets income related organization unrelated, Box 20 of Schedule ownership Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No SIXTEENTH STREET RENTAL REAL ΝE N/A LIMITED PARTNERSHIP ESTATE 2221 N 24TH STREET OMAHA, NE 68110 20-5421205 LUKE ESTATES LP RENTAL REAL ΝE N/A **ESTATE** 515 N 162ND AVE SUITE OMAHA, NE 68118 45-2346135 STONEWOOD TOWNHOMES RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 45-1205288 ST PAUL COTTAGES LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 45-1437758 WILDERNESS FALLS LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-4849619 CIRRUS SOUTH BEND LP RENTAL REAL ΝE N/A **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 45-2931187 RENTAL REAL N/A GTMC LLC ΝF ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 27-2404983 SOUTHWOOD ESTATES LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE **OMAHA, NE 68118** 45-2231206 NORTH OMAHA SENIOR RENTAL REAL ΝE N/A COTTAGES LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-4464309 CYPRESS POINTE LLC RENTAL REAL ΝE N/A ESTATE 3801 VERMASS PLACE LINCOLN, NE 68502 45-4794848 JACKSON MEADOWS LP RENTAL REAL N/A ESTATE 908 1ST AVENUE AURORA, NE 68818 37-1666774 CITY IMPACT HOMES LLC RENTAL REAL ΝE N/A ESTATE 8551 LEXINGTON AVENUE LINCOLN, NE 68505 45-4798601 FAIR DEAL LP RENTAL REAL ΝE N/A ESTATE 2221 N 24TH STREET OMAHA, NE 68110 45-4056336 SOUTHGATE APARTMENTS RENTAL REAL ΝE N/A BELLEVUE LP ESTATE 16910 FRANCES STREET STE 200 OMAHA, NE 68130 35-2432369 STONEWOOD TOWNHOMES RENTAL REAL ΝE N/A HILLC ESTATE 2604 26TH AVENUE CENTRAL CITY, NE 68826 45-5606892

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (i) Legal General Predominant Disproprtionate Code V-UBI amount (b) Domicile Direct Share of total Share of endor Name, address, and EIN of ncome(related, allocations? Percentage Primary activity Managing (State Controlling of-year assets income related organization unrelated. Box 20 of Schedule ownership Partner? Entity excluded from K-1 Foreign (Form 1065) Country) sections 512-514) Yes No Yes No CHARMED-PERKINS RENTAL REAL ОΚ N/A AFFORDABLE HOUSING ESTATE PARTNERS LLC 515 N 162ND AVE SUITE OMAHA, NE 68118 20-5096477 N/A RENTAL REAL ок CHICKASHA SENIOR LIMITED PARTNERSHIP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-2370359 QUAIL RIDGE HOMES LLC RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE **OMAHA. NE 68118** 59-3797991 PARKLAND TOWN HOMES RENTAL REAL ОК N/A AFFORDABLE LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-1557203 SAIL ASSOCIATES LLC RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-0680515 BROADWAY POINTE RENTAL REAL ОК N/A **APARTMENTS** ESTATE 2813 NW 122ND OKLAHOMA CITY, OK 73120 20-1055550 RENTAL REAL STROUD COMMUNITY ОК N/A HOUSING LP ESTATE 1401 S MAIN ST SUITE A STILLWATER, OK 740745836 26-1078824 VALLIANT VILLAGE RENTAL REAL ОК N/A APARTMENTS LP **ESTATE** 2537 N HIGHWAY 81 **DUNCAN, OK 73533** 20-2557716 RENTAL REAL GRAND PRAIRIE ОΚ N/A APARTMENTS LP ESTATE 2537 N HIGHWAY 81 **DUNCAN, OK 73533** 20-1681071 IDABEL PIONEER VILLAGE RENTAL REAL ОΚ N/A ESTATE 2537 N HIGHWAY 81 **DUNCAN, OK 73533** 27-0099471 WESTLAWN GARDENS LP1 RENTAL REAL ОК N/A ESTATE 2400 GENERAL PERSHING OKLAHOMA CITY, OK 73107 26-0420981 CHECOTAH VILLAGE APTS RENTAL REAL N/A ОΚ LIMITED PTRN ESTATE 2537 NORTH HIGHWAY 81 **DUNCAN, OK 73533** 20-2557635 WILBURTON VILLAGE LP RENTAL REAL N/A ESTATE 2537 N HIGHWAY 81 **DUNCAN, OK 73533** 27-0099468 COTTAGE PARK LP 2 RENTAL REAL ОК N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 23-1339001 COTTAGE PARK LP 1 RENTAL REAL ОК N/A ESTATE 515 N 162ND AVE SUITE OMAHA. NE 68118 20-5129779

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) (i) General Legal (d) (f) (g) Disproprtionate Code V-UBI amount (k) Predominant (b) (a) Direct Share of total Share of endor Domicile Name, address, and EIN of allocations? Percentage Primary activity income(related, ın (State Controlling ıncome of-year assets Managing Box 20 of Schedule ownership related organization unrelated, Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes Yes No No CHARMED-PERKINS RENTAL REAL N/A AFFORDABLE HOUSING ESTATE PARTNERS II LLC 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-3797392 HICKORY RIDGE RENTALREAL ОК N/A MCALESTER LLC ESTATE 111 EAST BROADWAY **SUITE 1250** SALT LAKE CITY, OK 84111 26-1547913 RENTALREAL EUFAULA AFFORDABLE ОК N/A HOUSING PARTNERS LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 14-1983401 MOUNT OLIVE LIMITED RENTAL REAL ОК N/A PARTNERSHIP ESTATE 3900 N MARTIN LUTHER KING JR AVE OKLAHOMA CITY, OK 73111 26-1400008 URBAN LEAGUE CAPITOL RENTAL REAL N/A SQUARE LP ESTATE 3900 N MARTIN LUTHER KING AVE OKLAHOMA CITY, OK 26-1776170 WOODSON PARK RENTAL REAL ОК N/A APARTMENTS LTD ESTATE 2813 NW 122ND OKLAHOMA CITY, OK 73120 20-3932744 SKIATOOK RETIREMENT RENTAL REAL ОΚ N/A COMMUNITY LIMITED **ESTATE PARTNERSHIP** 115 N BROADWAY INOLA, OK 74036 20-5607765 LEGENDS AT HICKORY RENTAL REAL ОК N/A RIDGE II LP ESTATE 20 EAST 9TH STREET SHAWNEE, OK 74801 27-0250606 SMITH FARM ESTATE LLC RENTALREAL ОК N/A ESTATE $515\ N\ 162ND\ AVE\ SUITE$ 202 **OMAHA, NE 68118** 27-1234324 STONEBROOK VILLAS LLC RENTAL REAL ОК N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-1324435 STONEBROOK ESTATES LLC RENTAL REAL ОК N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-1324774 ARDMORE AFFORDABLE RENTAL REAL N/A HOUSING LP ESTATE 515 N 162ND AVE SUITE **OMAHA, NE 68118** 27-0287120 HOLDENVILLE OAKRIDGE RENTAL REAL ОК N/A COMMUNITY II LP ESTATE 20 EAST 9TH STREET SHAWNEE, OK 74801 27-1331253 MADILL AFFORDABLE RENTAL REAL N/A ОК HOUSING LLC **IESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 45-1785091 RENTAL REAL AUTUMN CREEK VILLAS LP ОК N/A ESTATE 1401 S MAIN ST STILLWATER, OK 74074 45-2066377

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Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) Legal (d) (f) General (q) Disproprtionate Code V-UBI amount (k) (b) Predominant (a) Direct Share of total Share of endor Domicile allocations? Percentage Name, address, and EIN of Primary activity income(related ın Managing (State Controlling ıncome of-year assets Box 20 of Schedule ownership related organization unrelated. Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country sections 512-514) Yes No Yes No BEDFORD PLACE LLC RENTAL REAL KS N/A ESTATE 1313 STONE ST GREAT BEND, KS 67530 45-5629819 BSSR LP RENTAL REAL KS N/A ESTATE 1712 E 123RD ST OLATHE, KS 66061 46-3512338 RENTALREAL CALLYN HEIGHTS МΟ N/A APARTMENTS LP ESTATE 900 E LAHARPE KIRKSVILLE, MO 63501 36-4752772 CHAMBROOKE HOMES OF RENTAL REAL οк N/A ARDMORE LLC ESTATE 600 S WASHINGTON STREET ARDMORE, OK 73401 46-1514242 CHI MILFORD LLLP RENTAL REAL IΑ N/A ESTATE 14 WEST 21ST ST SPENCER, IA 51301 32-0394563 COTTAGE PARK LP RENTAL REAL ΝE N/A ESTATE 1555 CALIFORNIA AVENUE TURLOCK, CA 95380 46-2807222 RENTALREAL **DUNCAN AFFORDABLE** ОК N/A HOUSING LLC **ESTATE** 600 S WASHINGTON STREET ARDMORE, OK 73401 35-2446741 HEATHER ESTATES LP RENTAL REAL ΝF N/A IESTATE 1555 CALIFORNIA AVENUE TURLOCK, CA 95380 46-2819158 HICKORY HEIGHTS LLC RENTAL REAL KS N/A ESTATE 2107 INDUSTRIAL DRIVE MCPHERSON, KS 67460 46-3696319 HILLTOP I LIMITED RENTAL REAL IΑ N/A PARTNERSHIP ESTATE 319 SEVENTH STREET DES MOINES, IA 50309 35-2461044 RENTAL REAL HOUSE TO HOME KS N/A RIVERVIEWESCALADE LLC ESTATE 2 SOUTH 14TH ST KANSAS CITY, KS 66102 46-3364608 RENTAL REAL JACKSON HEIGHTS SD N/A APARTMENTS LIMITED IESTATE PARTNERSHIP 310 S ROOSEVELT ABERDEEN, SD 57401 45-4293901 LA ESTANCIA PARTNERS II LLC RENTAL REAL KS N/A 534 S KANSAS AVENUE SUITE 900 TOPEKA, KS 66603 90-0846697 LEGEND OAKS II LLC RENTAL REAL ΝE N/A ESTATE 2604 26TH AVENUE CENTRAL CITY, NE 68826 46-3363896 MILL FARM PARTNERS LLC RENTALREAL ΙA N/A ESTATE 534 S KANSAS AVENUE SUITE 900 TOPEKA, KS 66603 61-1674660

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (i) (c) (e) (h) General Legal (d) (g) Share of end-Disproprtionate Code V-UBI amount Predominant (k) (b) Domicile Direct Share of total or income(related Percentage Name, address, and EIN of allocations? Primary activity ın (State Controlling ıncome of-year assets Managing related organization unrelated, Box 20 of Schedule ownership Partner? or Entity excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No MONUMENT VIEW VILLA RENTAL REAL ΝE N/A ESTATE 89-A WOODLEY PARK RD GERING, NE 69341 45-4490800 NORTH OMAHA SENIOR RENTAL REAL NE N/A COTTAGES LIMITED **ESTATE** PARTNERSHIP PHASE II 3014 NORTH 45TH STREET OMAHA, NE 68104 32-0363688 OPG MAPLEWOOD RENTAL REAL N/A ΤX PARTNERS LLC ESTATE 534 S KANSAS AVENUE SUITE 900 TOPEKA, KS 66603 38-3914570 PRAIRIE TRAILS PARTNERS RENTAL REAL KS N/A ESTATE II LLC 534 S KANSAS AVENUE SUITE 900 TOPEKA, KS 66603 46-2958592 RIVER ROAD TOWNHOMES RENTAL REAL ΝE N/A ESTATE 5404 N 107TH PLZ OMAHA, NE 68134 46-3364313 ROLLING HILLS ESTATE AN RENTAL REAL ΑR N/A ARKANSAS LIMITED ESTATE PARTNERSHIP 612 FAST CANAL STREET PARAGOULD, AR 72450 46-1645381 SCENIC POINTE LP RENTAL REAL N/A KS ESTATE 103 SOUTH 4TH STREET MANHATTAN, KS 66505 46-1142239 STILWELL HOUSING RENTAL REAL ОК N/A PARTNERS II LIMITED ESTATE PARTNERSHIP 1031 FAYETTEVILLE ROAD SUITE 205 VAN BUREN, AR 72956 45-5561459 STORM LAKE AFFORDABLE RENTAL REAL IΑ N/A PARTNERS LLC **ESTATE** 534 S KANSAS AVENUE SUITE 900 TOPEKA, KS 66603 30-0717498 WEBSTER GROVES LP RENTAL REAL N/A МО **ESTATE** 1525 E REPUBLIC ROAD SUITE B100 SPRINGFIELD, MO 65804 46-1847238 2401 FARNAM LLC RENTAL REAL ΝE N/A **ESTATE** 1524 CUMING STREET OMAHA, NE 68102 90-0821620 HILLTOP SENIOR LIMITED RENTAL REAL ΙA N/A PARTNERSHIP 319 SEVENTH STREET DES MOINES, IA 50309 30-0756714 TABOR GRAND LLLP RENTAL REAL СО N/A ESTATE 5345 W 151ST TERRACE LEAWOOD, KS 66224 46-4350963 SHADY BEND VILLAS LLC RENTAL REAL ΝE N/A ESTATE 1834 WEST 7TH ST GRAND ISLAND, NE 68803 46-3664623 RENTAL REAL DH HOUSING LIMITED ОК N/A PARTNERSHIP ESTATE 1502 NORTH 1ST STREET DURANT, OK 74701 45-5561692

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General or Legal (d) (f) (g) Predominant Disproprtionate Code V-UBI amount (k) (a) (b) Share of total Share of end-Domicile Direct allocations? Percentage Name, address, and EIN of Primary activity income(related, ın (State Controlling ıncome of-year assets Managing Box 20 of Schedule ownership related organization unrelated. Partner? Entity excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No CHAMBROOKE HOMES OF RENTAL REAL ОΚ N/A **DURANT LLC** ESTATE 600 S WASHINGTON ST ARDMORE, OK 73401 46-4192383 BEACON APARTMENTS RENTAL REAL SD N/A LIMITED PARTNERSHIP FSTATE 4100 S WESTERN AVE SIOUX FALLS, SD 57105 47-1232136 VILLAGE CROWN II RENTAL REAL N/A ΝE LIMITED PARTNERSHIP ESTATE 3014 NORTH 45TH STREET OMAHA, NE 68104 46-1789241 IRONWOOD PARTNERS LLC RENTAL REAL IΑ N/A ESTATE **5345 W 151ST TERRACE** LEAWOOD, KS 66224 46-4199338 RENTAL REAL GRAHAM PARK ESTATES LP ΝE N/A ESTATE 1555 CALIFORNIA AVENUE TURLOCK, CA 95380 46-5593902 MEADOW VISTA LP RENTAL REAL ΝE N/A ESTATE 1555 CALIFORNIA AVENUE TURLOCK, CA 95380 46-5607043 RENTAL REAL TRAIL RIDGE PARTNERS KS N/A ESTATE 5345 W 151ST TERRACE LEAWOOD, KS 66224 35-2508011 PPR LP RENTAL REAL N/A ESTATE 1712 E 123RD ST **OLATHE, KS 66061** 47-1128233 FRENCH QUARTER II LLC RENTAL REAL KS N/A ESTATE 2145 NORTH TOPEKA WICHITA, KS 67214 47-1904610 WEDGEWOOD APARTMENTS RENTAL REAL KS N/A 1730 E REPUBLIC RD STE F SPRINGFIELD, MO 65804 47-1346732 NFW LLC RENTAL REAL ΝF N/A ESTATE 2101 S 42ND ST OMAHA, NE 68105 45-3991190 PRAIRIE HEIGHTS LLC RENTAL REAL IΑ N/A ESTATE 8551 LEXINGTON AVE LINCOLN, NE 68505 35-2459841 RUSHPOINTE APTS LLC RENTAL REAL KS N/A FSTATE 1006 EAST WATERMAN WICHITA, KS 67211 47-1741430 RENTAL REAL N/A HERITAGE GARDENS LP ΝE ESTATE 1555 CALIFORNIA AVENUE TURLOCK, CA 95380 46-5617390 MEADOW BROOKS LLC RENTAL REAL N/A ESTATE 1313 STONE GREAT BEND, KS 67530 47-1512417

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (i) (e) Legal General or (g) Predominant Disproprtionate Code V - UBI amount (b) (a) Domicile Direct Share of total Share of end-Name, address, and EIN of allocations? Percentage Primary activity income(related, ın (State Controlling ıncome of-year assets Managing related organization unrelated, Box 20 of Schedule ownership Partner? or Entity K-1 excluded from Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No CYPRESS POINTE II LLC RENTAL REAL N/A ESTATE 8551 LEXINGTON AVENUE LINCOLN, NE 68505 46-2523983 EMERSON ESTATES LLC RENTAL REAL ΝF N/A ESTATE 301 S BURLINGTON AVE PO **BOX 1005** HASTINGS, NE 68902 47-1704549 RENTAL REAL N/A A & P II LLC ΝF ESTATE PO BOX 1987 HUTCHINSON, KS 67504 46-2405514 APPLE RIDGE SENIORS II RENTAL REAL ОК N/A ESTATE 3390 CRESTBROOK LANE SALT LAKE CITY, UT 84109 30-0830615 4318 FORT STREET HTC RENTAL REAL ΝE N/A ESTATE 2101 SOUTH 42ND STREET OMAHA, NE 68105 47-2446790 RIDGEWAY VILLAS AT THE RENTAL REAL МΟ N/A LEGENDS LP ESTATE 31711 E PINK HILL RD GRAIN VALLEY, MO 64029 46-4867295 RENTAL REAL SAINT STREET MΩ N/A ESTATE APARTMENTS LP 1533 E ST HWY 76 STE 1 BRANSON, MO 65616 47-2620200 VICTORY PLACE LLC RENTAL REAL ΝE N/A **ESTATE** 404 SW 9TH STREET TOPEKA, KS 66612 30-0886222 ROCKVILLE PLACE LP RENTAL REAL N/A ESTATE 5000 WEST 95TH STREET PRAIRIE VILLAGE, KS 66207 46-2987499 SIMMONS SENIOR RENTAL REAL KS N/A HOUSING LP **ESTATE** 2500 STRONG AVE KANSAS CITY, KS 66106 35-2466219 RENTAL REAL ΝF N/A 3101 S 24TH ST LLC ESTATE 505 WALKER ST WOODBINE, IA 51579 45-2574167 AUTUMN CREEK VILLAS RENTAL REAL ОК N/A PHASE II LP **ESTATE** 1401 SOUTH MAIN ST STILLWATER, OK 74074 47-4016324 BROOKDALE PARTNERS LP RENTAL REAL N/A МΟ 1021 NORTH SEVENTH STREET KANSAS CITY, KS 66101 46-5189214 CLARY VILLAGE LLC RENTAL REAL ΝE N/A ESTATE 402 NORRIS AVE SUITE MCCOOK, NE 69001 47-1704675 COMMERCE GARDENS RENTAL REAL KS N/A APARTMENTS LLC **ESTATE** 7701 E KELLOGG DR SUITE WICHITA, KS 67207 46-5657928

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) (i) General Legal (g) Predominant Disproprtionate Code V-UBI amount (b) (a) Domicile Direct Share of total Share of endor Name, address, and EIN of allocations? Percentage Primary activity ncome(related, ın Managing (State Controlling ıncome of-year assets related organization unrelated, Box 20 of Schedule ownership Partner? or Entity excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes Yes No No EMERALD VILLAGE AT HOPE RENTAL REAL ΑR N/A ESTATE 109 E MADISON AVE BASTROP, LA 71220 46-4638588 MEADOWS AT FORREST RENTAL REAL ΑR N/A CITY LP IESTATE 109 E MADISON AVE BASTROP, LA 71220 46-4628132 HIGHLAND WEST LLLP RENTAL REAL CO N/A ESTATE 6340 WEST 38TH AVENUE WHEAT RIDGE, CO 80033 37-1750461 HUGO AFFORDABLE RENTAL REAL ОК N/A HOUSING II LLC ESTATE 600 S WASHINGTON ARDMORE, OK 73401 47-2421530 HUGO AFFORDABLE RENTAL REAL N/A HOUSING III LLC ESTATE 600 S WASHINGTON ARDMORE, OK 73401 47-4108852 RENTAL REAL JUDY MEADOWS LP ΝE N/A ESTATE PO BOX 1808 TURLOCK, CA 95381 47-3754153 PARSONS HOUSING RENTAL REAL N/A KS ESTATE PARTNERS LP 2315 W 65TH ST MISSION HILLS, KS 66208 47-2372102 RENTAL REAL N/A PINEWOOD 2 LLLP CO ESTATE 150 SKI HILL ROAD BRECKENRIDGE, CO 80424 47-3076466 PRAIRIE TRAILS PARTNERS RENTAL REAL N/A ESTATE 469 SOUTH FIFTH SALINA, KS 67401 61-1763981 OPG BROOKSIDE PARTNERS RENTAL REAL ΤX N/A **ESTATE** 5345 W 151ST TERRACE LEAWOOD, KS 66224 32-0449851 INTERFAITH SFKH LP RENTAL REAL N/A ΜO ESTATE 250 NE MULBERRY STE 201 LEES SUMMIT, MO 64086 46-5230094 SYCAMORE RENAISSANCE RENTAL REAL МΟ N/A LP **ESTATE** 1021 N 7TH STREET STE 106 KANSAS CITY, KS 66101 61-1709251 HUNTSVILLE TOWN BRANCH RENTAL REAL ΑR N/A ESTATE 1501 N UNIVERSITY AVE **SUITE 740** LITTLE ROCK, AR 72207 46-1867288 BLUFFVIEW PLACE LLC RENTAL REAL KS N/A ESTATE 2145 NORTH TOPEKA WICHITA, KS 67214 47-4402374 BRAD BLACK RIVER RENTAL REAL N/A ΑR HOUSING LP ESTATE 1403 HOSPITAL DRIVE POCAHONTAS, AR 72455 47-2661208

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General Legal (d) (f) (g) Predominant Disproprtionate Code V-UBI amount (k) (b) (a) Domicile Direct Share of total Share of endor Name, address, and EIN of Percentage Primary activity income(related, allocations? ın (State Controlling ıncome of-year assets Managing Box 20 of Schedule ownership related organization unrelated. Partner? Entity or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No CHESTNUT PLACE LLC RENTAL REAL N/A KS ESTATE 2107 INDUSTRIAL DR MCPHERSON, KS 67460 47-5558346 EASTWOOD APARTMENTS RENTAL REAL KS N/A ESTATE 1313 STONE GREAT BEND, KS 67530 47-4429710 RENTAL REAL N/A GARDNER PROPERTIES LP KS ESTATE 111 N MAIN STREET CLARKTON, MO 63837 47-3978991 GOLDFINCH GROVE LLC RENTAL REAL IΑ N/A IESTATE 8551 LEXINGTON AVE LINCOLN, NE 68505 47-2334422 HERITAGE HAWTHORNE RENTAL REAL KS N/A PARTNERS II LLC ESTATE 5345 W 151ST TERRACE LEAWOOD, KS 66224 30-0874627 PATHWAYS WARRENSBURG RENTAL REAL МΟ N/A APARTMENTS LP ESTATE 1800 COMMUNITY DRIVE CLINTON, MO 64735 47-2938294 PROSPECT VILLAGE RENTAL REAL N/A ΝE LIMITED PARTNERSHIP IESTATE 4324 FORT ST OMAHA, NE 68111 47-2505472 SOUTHERN POINTE LLLP RENTAL REAL IΑ N/A ESTATE 14 WEST 21ST ST SPENCER, IA 51301 47-2315878 NORTHFIELD AT RENTAL REAL CO N/A STAPLETON APARTMENTS ESTATE LLLP 1735 GAYLORD STREET DENVER, CO 80206 37-1789100 VINTAGE APARTMENTS AT RENTAL REAL KS N/A HILLSBORO LLC ESTATE 730 CLIFF DRIVE AUGUSTA, KS 67010 47-5547820 RENTAL REAL WESTERN HOUSING KS N/A PARTNERS LP ESTATE 832 PENNSYLVANIA STREET LAWRENCE, KS 66044 47-4428970 WILDERNESS FALLS II LLC RENTAL REAL ΝE N/A ESTATE 8551 LEXINGTON AVENUE LINCOLN, NE 68505 47-2860969 WILLOW RIDGE RENTAL REAL KS N/A ESTATE APARTMENTS LP 5527 STONE CREST COURT MANHATTAN, KS 66505 47-4429104 WINDHAVEN ESTATES LLC RENTAL REAL ΝE N/A ESTATE 1422 12TH AVE HOLDREGE, NE 68949 32-0472182

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) (d) Name of related organization A mount Involved Transaction Method of determining amount type(a-s) involved (1) IOWA FUND VII LP D 234,463 (1) KANSAS FUND IX LP D 329,171 KANSAS FUND X LP D 875,023 (2) MHEG FUND 40 LP 1,891,375 (3) D (4) MHEG FUND 42 LP D 3,766,359 (5) MHEG FUND 44 LP D 1,441,900 (6) NEBRASKA FUND XVII LP 277,571 D (7) MHEG FUND 44 LP 3,468,409 (8) MHEG FUND 42 LP 2,761,309 (9) MHEG FUND 40 LP 1,032,697 (10) MHEG COMMUNITY FUND 45 LP 776,250