

## AMENDED RETURN - SECTION 512(A)(7) REPEAL

Form <b>990-T</b>	E	Exempt Organization Busine		Tax Return	<b>5</b>	OMB No. 1545-0887
	Force	<del></del>	gnibne bns	1601	_	2018
Department of the Treasury internal Revenue Service	· <b>•</b>	► Go to www.irs.gov/Form990T for instructi  Do not enter SSN numbers on this form as it may be may				Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	ì	Name of organization (	and see instructions.)		(Smp	loyer identification number sloyees' trust, see uctions )
B Exempt under section	Print	MIDWEST HOUSING EQUITY GRO	OUP, INC.		4	7-0767984
X 501(c)(3)	]_ or	Number, street, and room or suite no. If a P.O. box, see i			lated business activity code instructions.)	
408(e)220(e)	Туре	515 N 162ND AVE, NO. 202			] ""	
408A 530(a)		City or town, state or province, country, and ZIP or foreign	n postal code			
C Book value of all assets		F-Group exemption number (See Instructions.)				
46,501,5	89.	G Check organization type 🕨 🗶 501(c) corporatio	n 501(c) trus	t 401(a)	trust	Other trust
	-	ition's unrelated trades or businesses. 🕨 👤 1		be the only (or first) ur	related	1
trade or business here	<u>NO1</u>	NE; QUALIFIED FRINGE BENEF	ITS . If only or	ne, complete Parts I-V.	If more	e than one,
describe the first in the l	blank spa	ice at the end of the previous sentence, complete Parts I ar	nd II, complete a Schedi	ule M for each addition	al trade	Or O
business, than complete				·		
		poration a subsidiary in an affiliated group or a parent-subs	idiary controlled group	7 . ▶ l	Y	es X No
		tifying number of the parent corporation.	T-1-	A	00	224 0000
J The books are in care of Rart   Unrelate	d Trac	JASON MAIN de or Business Income		phone number > 4 (B) Expenses		
<del>~</del>		ie di Busiliess lileditie	(A) Income	(b) Expenses	<del></del>	(C) Net
b Less returns and allo		c Balance 1c				
2 Cost of goods sold (			<del> </del>	<del></del>		<del> </del>
O Cross scalls Cubbres		The state of the s		<del> </del>		
4a Capital gain net income  b Net gain (loss) (Forn						
b Net gain (loss) (Forn	•	Part II, line 17) (attach Form 4797)	<del></del>	<u> </u>		
c Capital less deductio				·-	٠.	
5 Income (loss) from a	partners	ship or an S corporation (attach statement) 5	# =		_	
6 Rent Income (Sched		6				
7 Unrelated debt-finance	cad incor	ne (Schedule E)				
8 Interest, annuities, ro	yaltıes, a	nd rents from a controlled organization (Schedule F) 8		.,		
9 Investment income o	f a sectio	on 501(c)(7), (9), or (17) organization (Schedule G) 9				
10 Exploited exempt act		1	ļ. <u>.</u>	<del>                                     </del>	<del>-</del>	
11 Advertising Income (				4		
12 Other Income (See in		· · · · · · · · · · · · · · · · · · ·	0	<del>- </del>		
13 Total. Combine line:		gh 12 13 ot Taken Elsewhere (See instructions for limit				<u> </u>
(Except for	contribu	utions, deductions must be directly connected with a	the unrelated busines	ss income.)		
14 Compensation of of	ficers, di	rectors, and trustees (Sehedula RECEIVED	- dr.		14	, -
15 Salarios and Wayes		I DLOS	181		15	
16 Repairs and mainter	nance	19 CER 1 4 2020			16	
17 Bad debts		. 181 L.			17	<del></del>
18 Interest (attach scho	edule) (si	e instructions)	<b></b>		18	<del> </del>
19 Taxes and licenses	one /Ca/	e instructions for limitation rules)			19	
<ul><li>20 Charitable contribut</li><li>21 Depreciation (attach</li></ul>	Eorm 46	se instructions for himitation rules)	أووا		20	·
• •		n Schedule A and elsewhere on return	21		22b	}
23 Depletion	annou VI	, Constitution and and animal of the father than the constitution of the constitution	,[224]		23	
24 Contributions to def	erred cou	mpensation plans	•	•	24	<del> </del>
25 Employee benefit pr		en contract grants			25	
26 Excess exempt expe	•	hedule 1)			26	
27 Excess readership of	, , ,					<del>-</del>
28 Other deductions (a	leductions (attach schedule)					
29 Total deductions. A	\dd lines	14 through 28	•		29 '.	0.
		ncome before net operating loss deduction. Subtract line 2			30	0.
	-	loss arising in tax years beginning on or after January 1, 20	118 (see Instructions)		31	
		ncome. Subtract line 31 from line 30		<del> </del>	32	0 . Form <b>990-T</b> (2018

	MIDWEST HOUSING EQUITY GROUP, INC. 47-07	67984	Page 2
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	39	0.
	Amounts paid for disallowed fringes	34	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	<del> </del>
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	- 36	
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37-	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If fine 37 is greater than line 36,		<u> </u>
	enter the smaller of zero or line 36.	- 38	0.
Part IV			
.———	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	-1 -39 -	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	1-38-	<u></u>
40	Tax rate schedule or Schedule D (Form 1041)	1	
44	, , , , , , , , , , , , , , , , , ,	- 40	<del>`</del>
	Proxy tax. See instructions	141	
	Alternative minimum tax (trusts only)	42	
	Tax on Noncompliant Facility Income. See instructions	- 43	
Part.V	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44 -	
		<del> </del>	* * * * * * * * * * * * * * * * * * * *
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a i	<b>-  i</b>   '	
	Other credits (see instructions)	<u>-</u> -  i  '	
_	General business credit. Attach Form 3800	`{ .	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 45a through 45d	458	<del></del>
	Subtract line 45e from line 44.	48	<u> </u>
	Other taxes. Chack if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule		
	Total tax. Add lines 46 and 47 (see instructions)	48 _	
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments: A 2017 overpayment credited to 2018	<b>⊣</b> , ∣	
	2018 estimated tax payments		
	Tax deposited with Form 8868 50c	_[	
đ l	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	4/2/	
e l	Backup withholding (see instructions) 50e	<u> </u>	
1 (	Credit for small employer health insurance premiums (attach Form 8941)		
9 9	Other credits, adjustments, and payments: Form 2439	1 1	
{	Form 4136 X Other		
51	Total payments. Add lines 50a through 50g SEE STATEMENT 1	51	978.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	52	<u></u>
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	<u>=</u>
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	978.
		55	978.
Part V			
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No_
(	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		- iE 1- }
i	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here >	<del></del>	X
57 l	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		ı X
	If "Yes," see Instructions for other forms the organization may have to file.		1, 11
58 <u>i</u>	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$		<u> </u>
 Di	Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which proparer has any knowledge.	ledge and belie	of, it is true,
Sign		May the IRS of	scuss this return with
Here	10- 10- 15/2000 CFO	the preparer sh	rown below (see
	Signature of officer Date Title	instructions)?	X Yes - No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	STORING MAIN Self- employe	d	
Prepar		P01	1254265
Use O		<b>→</b> 35-	-1750664
	501 CONGRESSIONAL BLVD #300		
-	Firm's address ► CARMEL, IN 46032 Phone no.	(317)	848-5700
823711 01-0			orm 990-T (2018)

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 1
DESCRIPTION	AMOUNT
REFUND OF TAX PAID FOR QUALIFIED FRINGE BENEFITS	978.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	978.