990 Form	
Department of the Treasury	,
Internal Revenue Service	r

ي.

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

	A F	or th	e 2016 calendar year, or tax year beginning and e	ending				
	Bo	heck if pplicab	MCVTHUE! AFFORDABLE HOUSING DEVELOPMEN	NT	D Employer identif	ication number		
		Addre	CORPORATION		\$			
_		]Name	pe   Doing business as		47-2570600			
POSTMARK DATE		]Initial return ]Final return	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite		542-5641		
<b>X</b>		termi			G Grass receipts \$	530,759.		
裂		Amen	ded MCKTNINEV MY 75060		H(a) Is this a group r			
<b>%</b> 0	$\overline{}$	Apple			for subordinates	<u> </u>		
3		pendi	SAME AS C ABOVE	76	H(b) Are all subordinates			
₽	1 7	av.av	empt status. X 501(c)(3)	52	<b>=</b>			
			te: N/A	72.	-1 -,	list. (see instructions)		
			organization: X Corporation Trust Association Other	Tı Vesi	H(c) Group exemption	M State of legal domicile: TX		
<del></del>	Pa	rt I	Summary	Liteat	Griormanon, 2014)	M State of legal dominche IA		
		1	Briefly describe the organization's mission or most significant activities. TO EN	TCACE	TH CHARTMAR	T. E		
2016	Activities & Governance	'	ACTIVITIES, INCLUDING, BUT NOT LIMITED TO	): (A)	DEVELOPING	<u> </u>		
O	혈					<del></del>		
	9	2	Check this box I if the organization discontinued its operations or dispose	sea or mor				
	Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		3	6		
	<u>مح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	•	4	0		
	ţį		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0		
	ξį		Total number of volunteers (estimate if necessar TATUTE UNIT		6			
	¥		Total unrelated business revenue from Part VIII, PEFF0日中央		<u>7a</u>	0.		
		ь	Net unrelated business taxable income from Form 990-T, line 34	<del></del>		0.		
	- 1	_	SEP 6 2018	Prior Year	Current Year			
	9	8	Contributions and grants (Part VIII, line 1h)	895,526.	521,565.			
	Revenue	9	Program service revenue (Part VIII, line 2g)  TPR-BRANCH	ļ	18,594.	0.		
	æ		Investment income (Part VIII, column (A), lines 3, 4, 和母的EN	0.	9,194.			
	- 1		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	914,120.	530,759.			
	ŀ	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
	- (	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.		
	es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)		0.	0.		
	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	. L	0.	0.		
~	Ž.	b	Total fundraising expenses (Part IX, column (D), line 25)	0.				
2018	۳ ا		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	23,935.		
7		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	0.	23,935.		
<b>ි</b>		19	Revenue less expenses. Subtract line 18 from line 12		914,120.	506,824.		
-	ts or				ginning of Current Year	End of Year		
<del>-</del>	d Balar		Total assets (Part X, line 16)	VED_	914,120.	1,420,944.		
$\equiv$	뛜		Total liabilities (Part X, line 26)		<u>70  0.</u>	<u> </u>		
	<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20 0	حلمعمد	의 914,120.	1,420,944.		
W		rt II		7010	امًا			
Z	Unde	r pena	Ities of perjury, I beclare that I have examined this return, including accompanying schedules at an accomplete. Declaration of preparer (other than officer) is based on all information of twice the complete of the complet	and statem	前氏 and to the best of m	Knowledge and belief, it is		
	true,	correc	t, and complete. Declaration of preparer Johner than officer, is based on all information of preparer	gh ptegater	has any knowledge. /	2.115/		
af				V 1	- 8/3	51/18		
X	Sign		Signature of officer		Date	,		
	Here		RÓSLYN MILLER, SECRETARY & VICE PRESID	ENT				
_			Type or print name and title					
			Print/Type preparer's name Proparer's signature		Date Check	PTIN		
	Paid		SHANNON M ANDRE A VIIIM W	8/30/18 if self-employe	P00288382			
	Prepa	arer	Firm's name BROWN, GRAHAM AND COMPANY, P.C.	· · · · ·	Firm's EIN	75-1386677		
	Use (	Inly	Firm's address 13809 RESEARCH BLVD., STE 305					
		i	Phone no.51	2/257-8078				
	May	the iF	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2016)

# MCKINNEY AFFORDABLE HOUSING DEVELOPMENT CORPORATION

F <u>or</u> m	990 (2016) CORPORATION 47-2570600-Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	TO ENGAGE IN CHARITABLE ACTIVITIES, INCLUDING, BUT NOT LIMITED TO: (A)
	DEVELOPING, CONSTRUCTING AND/OR MANAGING AFFORDABLE HOUSING IN
	MCKINNEY, TEXAS; (B) PROVIDING COMMUNITY AND SOCIAL SERVICES TO THE
	RESIDENTS OF AFFORDABLE HOUSING IN MCKINNEY, TEXAS; AND (C)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 20,915. including grants of \$ ) (Revenue \$
	THE ORGANIZATION IS THE SOLE MEMBER OF MCKINNEY-NEWSOME HOMES GP, LLC
	WHO IS THE GENERAL PARTNER OF NEWSOME HOMES, LP. DURING 2015 AND 2016,
	THE ORGANIZATION OVERSAW DEVELOPMENT AND CONSTRUCTION ACTIVITY OF A
	180-UNIT AFFORDABLE HOUSING APARTMENT COMPLEX IN MCKINNEY, TEXAS THAT
	IS OWNED BY NEWSOME HOME, LP. A PORTION OF THE APARTMENT COMPLEX WAS
	PLACED IN SERVICE IN NOVEMBER 2016 WITH THE REMAINDER PLACED IN SERVICE
	IN MARCH 2017.
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	<del></del>
	<del></del>
	<del></del>
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	(Code / Line Code
	<del></del>
	<del></del>
	<del></del>
	<del></del>
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ▶ 20,915.
	Form <b>990</b> (2016)

Form 990 (2016) CORPORATION
Part IV Checklist of Required Schedules

47-2570600

			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		х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1_	X	<del> </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
	public office? If "Yes," complete Schedule C, Part I	3		х
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		<del></del>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			ŀ
	If "Yes," complete Schedule D, Part IV	9		х
10	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, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del> -
. •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x

Form 990 (2016) CORPORATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
. <b>p</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
р	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	OEL		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			1
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
•	contributions? If "Yes," complete Schedule M	30	i	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	-
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
34	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, Part II, III, or IV, and	33		_ <u>^</u>
J-4	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
•-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		<b>ا</b> پ	
	Note. All Form 990 filers are required to complete Schedule O	38	990 (	2010
		rom	<b>コブリ</b> (	ZU 10)

	990 (2016) — CORPORATION — 47-2570	<i>-</i>		
orm	990 (2016) CORPORATION 47 - 2570 t V Statements Regarding Other IRS Filings and Tax Compliance	600	Р	age 5
aı	Check if Schedule O contains a response or note to any line in this Part V			$\overline{}$
	Check is Contains a response of note to any line in this Part V		г <del>., –</del>	<del> </del>
<b>.</b> .	Enter the number reported in Box 3 of Form 1096. Enter -0: if not applicable		Yes	No
	Ellior the Harrison reported in Box of Form 1656 Ellior of in Not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable  Delta accompany to the last acc		ļ	<u> </u>
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	<del></del>	
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		ļ	
	The die the destinating with of 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?	2b	<u> </u>	<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>├</u> ^
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<u>3b</u> _		├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		ļ	x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_	_	
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)			X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_	├—	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	├—	<b>├</b> ─
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		x
	any contributions that were not tax deductible as charitable contributions?	6a		_^_
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱.,	ļ	
_	were not tax deductible?	6b_	<u> </u>	<b>├</b> ─
7	Organizations that may receive deductible contributions under section 170(c).		l —	- <u>x</u> -
	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	-	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
_	to file Form 8282?	7c		<del>  ^</del>
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the everyty step receive any funds directly or indicately to pay promiums on a personal hopeful contract?	7-		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	<u> </u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_	-	$\vdash$
g		7g		
8 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	<del></del>	<del> </del>
Ü	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		
9	Sponsoring organization mave excess business notdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	┝╩╌		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:	F-55	-	-
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ļ	<b> </b>	
11	Section 501(c)(12) organizations. Enter:	i		i
	Gross income from members or shareholders			
b		1		1
U	amounts due or received from them)	l		1
2a	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	<u>'</u>	<del>                                     </del>	$\vdash$
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		1
	Is the organization licensed to issue qualified health plans in more than one state?	13a	· · · · ·	
a	Note. See the instructions for additional information the organization must report on Schedule O	<del>'''</del>		<del>                                     </del>
h	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
IJ	organization is licensed to issue qualified health plans	1		
	organization to nochoed to loade qualified floater plans	ı	1	1

Form **990** (2016)

14a

X

c Enter the amount of reserves on hand

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

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2016)

CORPORATION

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Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X -Did the organization become aware during the year of a significant diversion of the organization's assets? 5  $\overline{\mathbf{x}}$ Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?  $\overline{\mathbf{x}}$ Each committee with authority to act on behalf of the governing body? **8**b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐☐ Own website Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. ROSLYN MILLER - 972-542-5641

1200 N TENNESSEE ST,

MCKINNEY,

ТX

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•		O DUVIDUITIENT
Form 990 (2016)		47-2570600Pagé
Part VII Cor	mpensation of Officers, Directors, Trustees, Key Er	nployees, Highest Compensated
Em	ployees, and Independent Contractors	
Che	ck if Schedule O contains a response or note to any line in this Part	VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization (A)	(B)	l I	41 IIZ.C		C)	npei	isai			<b>(E)</b>
(A) Name and Title	Average	l		Pos		1		(D)	(E)	(F) Estimated
Name and Title	hours per	(do	not c	heck	more	than is bot	one	Reportable compensation	Reportable compensation	amount of
	week					or/trus		from	from related	other
	(list any	iệ						the	organizations	compensation
	hours for	g	l		ļ	8	l	organization	(W-2/1099-MISC)	from the
	related	tee	ustee			ensat	l	(W·2/1099-MISC)		organization
	organizations	I E	al t		loyee	mo.	Ì	)		and related
	below	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	ig.	1		organizations
(1) JUSTIN BELLER	line)	트	을	≛	ă,	₹5	Ē			<del></del>
	2.00	x		v			1			
PRESIDENT (2) ROSLYN MILLER	1.00	₽	-	X	├	<del> </del>	<u> </u>	0.	0.	0
SECRETARY & VICE PRESIDENT	1.00	x		x	l		l	0.	94 100	17 204
	1.00	₽	ļ.,	_	⊢	<del> </del>	<b> </b>	J	84,198.	17,304
(3) LLAYNE KILLINGSWORTH	1.00			<b>.</b>		1	Ì	1	40 505	0 01 5
TREASURER	0.50	X	-	X	├-	_	<b> </b> -	0.	40,525.	8,215
(4) GARY KESLER DIRECTOR	0.30	x						.0.	30 505	7 714
(5) ELINOR WILLIAMS	0.50	^	├─	<b> </b>		╀╌┦		<del>-</del>	30,505.	7,714
DIRECTOR	0.30	x						0.	49,761.	7,682
(6) BETHANY SHAULIS	0.50	^	-		<u> —                                   </u>	⊣	-	<del></del>	49,701.	7,002
DIRECTOR	0.30	x			ĺ			0.	38,442.	8,111.
JIMBOTON	<del>-  </del>		-	$\vdash$	<u> </u>	$\vdash$	_	<del>-</del>	30,442.	0,111
	<del> </del>	}								
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MCKINNEY AFFORDABLE HOUSING DEVELOPMENT CORPORATION

Form 990 (2016) CORPORATION											<u>570</u>	<u>600</u>	Page 8	3
Par	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	Position (do not check more than or box, unless person is both officer and a director/truste				than is bot or/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	n I s	Estir amo ot compe fror	F) mated unt of her ensation n the	
		organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former					related izations	_
	<del></del>													_
														_
														_
						_	-		<u> </u>					_
								_						_
	Sub-total Sub-total		-					<b>&gt;</b>	0.	243,4		49	,026	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						<b>&gt;</b>	0.	243,4	0. 31.	49	,026	
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wi	no r						<u>`</u>
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	e, ke	y en	nplo	yee	, or	highest compensated e	mployee on	[	3 Y	es No	
4	For any individual listed on line 1a, is the su	ım of reportabl							-	the organization	İ			]
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services	ŀ	4	X	-
<u>Soc</u>	rendered to the organization? If "Yes," com tion B. Independent Contractors									. <u> </u>		5	X	_
1	Complete this table for your five highest co	mpensated inc	iepe	 ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of con	npens	ation fro		_
	the organization Report compensation for (A)	the calendar y	ear e	endi	ng v	vith	or w	<u>ithir</u>	the organization's tax (B)	year		(C)		_
	Name and business	address	NC	ONE	<u> </u>			_	Description of s	services	C	ompens	ation	_
	<del></del>							_	<del></del>					_
														_
							_	4						_
								$\dashv$						_
2	Total number of independent contractors (i \$100,000 of compensation from the organization)	=	ot lır	nite	d to		se li	sted	above) who received n	nore than				

MCKINNEY AFFORDABLE HOUSING DEVELOPMENT CORPORATION 47-2570600-Form 990 (2016). Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 Unrelated Total revenue Related or exempt function business revenue revenue s, Gifts, Grants milar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 521,565. d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 521,565. h Total. Add lines 1a-1f **Business Code** Program Service Revenue All other program service revenue Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 9,194. 9,194. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns

CORPORATION -47--2570600~ -Page 10 Form-990 (2016) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D)** Fundraising (C) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees). Management Legal c Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 3,020. 3,020. 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates Depreciation, depletion, and amortization 23 Insurance 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.) 20,907. 20,907 RELOCATION EXPENSES LOSS ON INVESTMENT IN N C All other expenses 23,935. 20,915. 3,020. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation.

\_\_\_\_ if fallowing SOP 98-2 (ASC 958-720)

Form 990 (2016)-

CORPORATION-

47-2570600 Page 11

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 18,594. 27,302. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 895,426. 1,375,627. 7 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 10a basis Complete Part VI of Schedule D 10b b Less accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 100. 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 0. 9,194. 15 Other assets. See Part IV, line 11 15 1,420,944. 914,120. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees. Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 914,120. 1,420,944. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 914,120. 33 1,420,944.914,120 1,420,944.Total liabilities and net assets/fund balances

	<ul> <li>MCKINNEY AFFORDABLE HOUSING DEVELOPMENT</li> </ul>				
	990 (2016) CORPORATION	<u>-47-</u>	25 <del>7</del> 0600	— <u>Ра</u>	ge 12
Pa	t XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response or note to any line in this Part XI				Ц
1	Total revenue (must equal Part VIII, column (A), line 12)	1			59.
2	Total expenses (must equal Part IX, column (A), line 25)	2			35.
3	Revenue less expenses Subtract line 2 from line 1	3			24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91	4,1	20.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		1 40		
Da	column (B))	_10_	1,42	<u> </u>	44.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
	Accounting method used to prepare the Form 990.   Cash X Accrual Other			res	NO
1	<del></del>			1	
٥-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O			X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	├	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		1	
	separate basis, consolidated basis, or both:				
_	Separate basis Consolidated basis Both consolidated and separate basis			·}	X
þ	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	<del> </del>	<del>  ^</del> _
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa consolidated basis, or both	le basis,		1	
	Separate basis Consolidated basis Both consolidated and separate basis			ĺ	
^	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	o audit	Į.	Į.	
·	review, or compilation of its financial statements and selection of an independent accountant?	ie audit,	2c		┨╼╸┵
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	odulo O	<u> </u>	$\vdash$	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Ju	Act and OMB Circular A-133?	igie Add	"	·	x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured aud		$\vdash$	† <del></del>
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ca add	"   3b		
	- acting organic may in companie of and accompanie, stope taken to undergo additional			1990	(2016)
			. 0		,,

# SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. MCKINNEY AFFORDABLE HOUSING DEVELOPMENT

**2016** 

Open to Public Inspection

**Employer identification number** 47-2570600

CORPORATION

ra		Neason for Fublic	Onanty Status (	All organizations must co	Jinpiete tri	is part.) Se	e instructions	
Γhe	orgar	nization is not a private found	lation because it is (	For lines 1 through 12, o	heck only	one box)		
1	$\sqsubseteq$	A church, convention of ch	urches, or association	on of churches describe	d ın <b>sectio</b>	n 170(b)(1	I)(A)(i). (	
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ))		
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(ii	i).	/ /
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d ın sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
	-	section 170(b)(1)(A)(iv). (0	Complete Part II)		_			
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma						public described in
		section 170(b)(1)(A)(vi). (C			J		ŭ	•
8		A community trust describe		(1)(A)(vi). (Complete Par	t II )			
9		An agricultural research org			•	ed in coniu	inction with a land-grant	college
		or university or a non-land-						
		university	, , ,	, (-			,,	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sur	port from	contribution	ons, membership fees, a	and gross receipts from
		activities related to its exer						
		income and unrelated busin						-
		See section 509(a)(2). (Co		, ,				,
11		An organization organized		ively to test for public sa	afetv See	section 50	)9(a)(4).	
12		An organization organized			-			purposes of one or
		more publicly supported or		=	-		•	, ,
		lines 12a through 12d that						
а		Type I. A supporting orga				-	_	giving
		the supported organization						
		organization You must o			•			., 0
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	iving
		control or management of						_
		organization(s) You mus			•		,	•
С		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functionally integrate	ed with,
		its supported organizatio						•
đ		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally inf						
		requirement (see instruct						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or						
f	Ent	er the number of supported			-			
g		vide the following information	about the supporte	ed organization(s).				
	_	(i) Name of supported	(iı) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
	_	organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
					<u> </u>			
			<u> </u>					
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		<del></del>			<u> </u>			
Tot:	ni .		7					1

Schedule A (Form 990 or 990-EZ) 2016 CORPORATION

Part II Support Schedule for Organizations 5

47-2570600 Page 2

Ľ.,	(Complete only if you checked						
	fails to qualify under the tests	listed below, plea	ase complete Part	: III.)			
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🖊	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and					Ī	
	membership fees received (Do not		ļ				
	ınclude any "unusual grants.")					l	
2	Tax revenues levied for the organ-	-					
	ızatıon's benefit and either paid to			{		1	<u> </u>
	or expended on its behalf			L		<u> </u>	
3	The value of services or facilities					T	
	furnished by a governmental unit to		]			[	
	the organization without charge			<u> </u>		l	
<sup>-</sup> 4	Total. Add lines 1 through 3						
5	The portion of total contributions		1		T		
	by each person (other than a						
	governmental unit or publicly		1	ſ		ł	
	supported organization) included		ļ				
	on line 1 that exceeds 2% of the			1		1	
	amount shown on line 11,		]			ļ	
	column (f)		1			Ì	
6	Public support. Subtract line 5 from line 4						0.
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🖊	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on		Ì	ì		ì	Ì
	securities loans, rents, royalties						
	and income from similar sources					<u> </u>	
9	Net income from unrelated business						
	activities, whether or not the		1				
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						ļ
	assets (Explain in Part VI)					<u> </u>	
11	Total support. Add lines 7 through 10						0.
12	Gross receipts from related activities,	etc (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
~	organization, check this box and stop						<b>_</b> X
	ction C. Computation of Publi					· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2016 (li		-	column (f))		14	%
	Public support percentage from 2015					15	
16	a 33 1/3% support test - 2016. If the o				e 14 is 33 1/3% or i	more, check this be	ox and
	stop here. The organization qualifies a		•				
ı	o 33 1/3% support test - 2015. If the o				d line 15 is 33 1/39	6 or more, check t	his box
	and stop here. The organization quali						
17:	a 10% -facts-and-circumstances test						
	and if the organization meets the "fact					art VI how the organ	nization
	meets the "facts-and-circumstances"				-		▶∟⅃
ı	o 10% -facts-and-circumstances test						
	more, and if the organization meets th				-		e
	organization meets the "facts-and-circ	umstances" test	The organization	qualifies as a pub	licly supported org	anızatıon	

Schedule A (Form 990 or 990-EZ) 2016 - CORPORATION

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

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2016 (a) 2012 (b) 2013 (c) 2014 (d) 2015 (f) Totaí 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 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 7a Amounts included on lines 1, 2, and 3 received from disqualified persons h Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) **(b)** 2013 (f) Total (a) 2012 (c) 2014 (d) 2015 (e) 2016 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c 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 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f) 15 % 16 Public support percentage from 2015 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2016. 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 b 33 1/3% support tests' - 2015. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or-990-EZ) 2016-CORPORATION-

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# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

### Section A. All Supporting Organizations

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

		Yes	No
		-	}
	1		
	2		
-	3a		
	3b		
	3c 4a		
	4b		
		_	
	4c		<sup> </sup>
		,	
	5a_		
	5b 5c		
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	8		
	9a		
	9b		
	9c		
	10a		
	10b		

MCKINNEY AFFORDABLE HOUSING DEVELOPMENT Schedule A (Form 990 or 990-EZ) 2016 CORPORATION -47-2570600 Page 5 Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 c 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 Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities of the organization had more than one supported organization. describe how the powers to appoint and/or remove directors or trustees were allocated among the supported : -organizations and what conditions or restrictions, if any, applied to such powers during the tax year 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization 2 Section C. Type II Supporting Organizations No Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea/see instructions). The organization satisfied the Activities Test Complete line 2 below а b 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) Activities Test Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

За

3h

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

**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.

Sche	edule A (Form 990 or 990 EZ) 2016_CORPORATION		4	1725-7-0600Page 6
Pa	·	g Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co			,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	- 7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	-	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		_	
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Charle have if the current year in the expansion of first as a pan functional		Turne III aumonautina nec	

Schedule A (Form 990 or 990-EZ) 2016

instructions)

Sche	dule A (Form 990 or 990-EZ) 2016 CORPORATION		4	7-25-7-0600-Page-7
Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		
	organizations, in excess of income from activity		<u>-                                      </u>	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	<u>s</u>	<u> </u>
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		<del> </del>	
6	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6		<del> </del>	
8	Distributions to attentive supported organizations to which t	he organization is responsive	•	
	(provide details in Part VI) See instructions		<u></u>	
9	Distributable amount for 2016 from Section C, line 6	<del>_</del>	<del></del>	
10_	Line 8 amount divided by Line 9 amount	<del>                                     </del>		<u></u> _
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		<u> </u>	
2	Underdistributions, if any, for years prior to 2016 (reason-		<del></del>	
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016		<del> </del>	
a	t .			
b	,			
С	From 2013		<u> </u>	
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if		·	
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	· · · · · · · · · · · · · · · · · · ·			
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			1

Schedule A (Form 990 or 990-EZ) 2016

Part	Pi lır Sı	art IV, Se le 1; Par ection D	ection A, lir t IV, Sectio	nes 1, 2, on D, line	ation. Provided the second state of the second	c, 5a, irt IV, 9	6, 9a, 9b, Section E,	ons red 9c, 11 lines 1	quired b a, 11b, a lc, 2a, 2	y Part II, and 11c b, 3a, ar	line Par	10; Part II t IV, Section b, Part V, I	, line 17a on B, lines ne 1; Par	or 17b 1 and t V, Se	o, Part III, I d 2, Part IV ection B, Iir	/, Section C, ne 1e, Part V,
PAR	r vi	, LII	NE 13									·				
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### SCHEDULE O.

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental-Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

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

MCKINNEY AFFORDABLE HOUSING DEVELOPMENT Employee CORPORATION

Employer identification number 47-2570600

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONSTRUCTING AND/OR MANAGING AFFORDABLE HOUSING IN MCKINNEY, TEXAS; (B)
PROVIDING COMMUNITY AND SOCIAL SERVICES TO THE RESIDENTS OF AFFORDABLE
HOUSING IN MCKINNEY, TEXAS; AND (C) PURCHASING, BUILDING, ACQUIRING AND
REDEVELOPING AFFORDABLE HOUSING PROPERTIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PURCHASING, BUILDING, ACQUIRING AND REDEVELOPING AFFORDABLE HOUSING
PROPERTIES.
FORM 990, PART VI, SECTION A, LINE 6:
THIS ORGANIZATION'S SOLE MEMBER IS THE HOUSING AUTHORITY OF THE CITY OF
MCKINNEY, TEXAS.
·
FORM 990, PART VI, SECTION B, LINE 11B:
THE DRAFT FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND COMMENT
PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

1

▶ Attach to Form 990.

2016

OMB No 1545-0047

Open to Public Inspection

Employer identification number 47-2570600 Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. MCKINNEY AFFORDABLE HOUSING DEVELOPMENT CORPORATION

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

OUSING DEVELPOMENT ICKINNEY AFFORDABLE HOUSING DEVELPOMENT ICKINNEY AFFORDABLE Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year CORPORATION CORPORATION End-of-year assets 92. <u>e</u> 8, Total income ਰ Legal domicile (state or foreign country) **TEXAS TEXAS** Primary activity AFFORDABLE HOUSING AFFORDABLE HOUSING MCKINNEY-NEWSOME HOMES GP, LLC - 32-0455273 30-0964756, 1200 N TENNESSEE ST, MCKINNEY Name, address, and EIN (if applicable) LLC of disregarded entity MCKINNEY-MERRITT MCGOWAN GP, 1200 N TENNESSEE ST MCKINNEY, TX 75069 75069 Part

(g) Section 512(b)(13) ž × controlled entity? Yes Direct controlling entity ε N/A status (if section Public charity 501(c)(3)) Exempt Code section Ð Legal domicile (state or foreign country) છ TEXAS THER LOW-MODERATE INCOME HOUSING FOR ELDERLY & PROVIDING AFFORDABLE Primary activity 9 HOUSING AUTHORITY OF THE CITY OF MCKINNEY, 1200 N TENNESSEE ST, MCKINNEY, TX Name, address, and EIN of related organization TEXAS, 75069

SEE PART VII FOR CONTINUATIONS For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

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CORPORATION Schedule R (Form 990) 2016

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

Page 2

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Percentage ownership 018 3 Yes × × Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) N/A N/A Disproportionate Yes No allocations? Ξ 92. Share of end-of-year assets 6 8, Share of total Income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) e ELATED RELATED (d)
| Direct controlling | Tentry ICKINNEY-NEWSO CKINNEY-MERRI LLC CGOWAN GP, HOMES GP, S, I (c)
Legal
domicile
(state or
foreign
country) ΤX TX Primary activity 9 81-5118865, 1200 N TENNESSEE 1200 N TENNESSEE MERRITT MCGOWAN MANOR, LP Name, address, and EIN of related organization 75069 75069 Ľ Ϋ́ ΤX NEWSOME HOMES ST, MCKINNEY, ST, MCKINNEY, 32-0455591, Part III

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 Part IV

			ĺ		1				_
	(q)	<u>©</u>	<del>©</del>	<b>(e)</b>		(6)	Ē	Ξ	:
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, or triest)	ઌ	Share of end-of-year	ip In	Section 512(b)(13) controlled entity?	on (13) (18d /?
		country)		0 1100		455613		Yes	운
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Schedule R (Form 990) 2016

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47-2570600

Yes No

Schedule R (Form 990) 2016 CORPORATION

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	ın Parts II-IV?				_
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					1a	×	
<b>b</b> Gift, grant, or capital contribution to related organization(s)					1b	_	×
c Gift, grant, or capital contribution from related organization(s)					10	×	_
d Loans or loan guarantees to or for related organization(s)					14	X	_
e Loans or loan guarantees by related organization(s)					1e		X
f Dividends from related organization(s)					#	1	- i×
			_			t	>
g sale of assets to related organization(s)					<u>-</u>	†	إ:
h Purchase of assets from related organization(s)					£	$\dashv$	×
i Exchange of assets with related organization(s)					;=		×
j Lease of facilities, equipment, or other assets to related organization(s)					1)		×
k Lease of facilities, equipment, or other assets from related organization(s)			_		<u></u> *	1	¦×
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)				=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)		=		112		×
	ou(s)		-		1n	$\vdash$	$ \mathbf{x} $
o Sharing of paid employees with related organization(s)					10	_	×
			=				
p Reimbursement paid to related organization(s) for expenses					<u>ф</u>	1	إ×⊦
q Reimbursement paid by related organization(s) for expenses					₽	1	×
r Other transfer of cash or property to related organization(s)					-		×
s Other transfer of cash or property from related organization(s)					1s	X	_
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered	relationships and tran	saction thresholds			$ _{-} $
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method	(d) Method of determining amount involved	olved		
(1) NEWSOME HOMES, LP	A	9,194.	FAIR VALUE	PER LOAN AGRE	AGREEMENTS	TS	
HOUSING AUTHORITY OF THE CITY OF MCKINNEY, (2) TEXAS	υ	521,565.	FAIR VALUE	OF CASH GRANTS	ູ		
(3) NEWSOME HOMES, LP	Д	480,201.	FAIR VALUE	PER LOAN AGRE	AGREEMENTS	TS	
(4)							
(5)							
17							

Schedule R (Form 990) 2016

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CORPORATION

Schedule R (Form 990) 2016

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

tage ship	 	 	<u></u>		 
(K) Percent			}	}	
General orf managing partner?					
20 mar -1 par	 <del> </del>	<del> </del>		) 	 
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No					
Disproportionale allocations?	 ļ				
Share of Dend-of-year all assets	 	 			 -
(1) Share of total income					
Are all partners sec 501(c)(3) orgs?	 				
(d)  Predominant income (related, unrelated, sectluded from tax under sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

MCKINNEY AFFORDABLE HOUSING DEVELOPMENT
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Part VII   Supplemental Information.
Provide additional information for responses to questions on Schedule R. See instructions.
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
HOUSING AUTHORITY OF THE CITY OF MCKINNEY, TEXAS
PRIMARY ACTIVITY: PROVIDING AFFORDABLE HOUSING FOR ELDERLY & OTHER
LOW-MODERATE INCOME PERSONS
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