EXTENDED TO MAY 15, 2019

Department of the Treasury

Internal Revenue Service

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.

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Ar	or the	a 2017 calendar year, or tax year beginning UUL 1, 2017 and	enaing J	ON 30, ZUI8				
B c	heck if pplicabl	C Name of organization		D Employer identific	cation number			
	Addre chang	MHANY MANAGEMENT, INC.						
	Name chang	Doing business as		72-1	303737			
] Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final	ONE METRO TECH NORTH, 11TH FLOOR		718-	<u> 246-8080 </u>			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,116,166.			
	Amen return	BROOKLYN, NY 11201		H(a) Is this a group re	eturn			
	Application	I F Name and address of principal officer IDMENT DIEDITOTIO		for subordinates	[?]			
	pendii	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
1 T	ax ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 52 7	りろ If "No," attach a	list (see instructions)			
		te: N/A	1	H(c) Group exemptio				
		organization: X Corporation Trust Association Other ▶	L Year	of formation: 1995 N	State of legal domicile: NY			
[Pa	irtili	Summary						
9	1	Briefly describe the organization's mission or most significant activities PROV	ISION	OF RELIEF TO	THE POOR,			
Activities & Governance		DISTRESSED AND UNDERPRIVILEGED OF PUBLIC			<u>"-'</u>			
ř	l	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	_			
<u>8</u>	3	Number of voting members of the governing body (Part VI, line 1a)		3	8			
ૐ	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 16). Total number of individuals employed in calendar year 2017 (Part VIII and 2a).	CEIVE	1	8			
es	~	Total Humber of Individuals employed in calendar year 2017 (Fait V, integral)	17	<u> </u>	0			
Ξį	l	Total number of volunteers (estimate if necessary) MAY	Q3 7010	,]S	0			
Act	l	Total unrelated business revenue from Part VIII, column (C), line 12	2013	7a	0.			
	b	Net unrelated business taxable income from Form 990-T, line 34 OGD		<u> </u>	5,836.			
	_		<u> </u>	970,325.	Current Year 828,420.			
ne		Contributions and grants (Part VIII, line 1h)		6,117,012.	3,817,444.			
Ven	l	Program service revenue (Part VIII, line 2g)	-	515,313.	144,875.			
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,380,394.	301,977.			
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	8,983,044.	5,092,716.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,190.			
	i .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
10	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,922,982.	2,638,517.			
Sesued:	l .	Professional fundraising fees (Part IX, column (A), line 11e)		25,500.	25,500.			
per.	l .	Total fundraising expenses (Part IX, column (D), line 25)	00.					
ΣŴ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		432,100.	761,981.			
-		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,380,582.	3,427,188.			
ე ე	19	Revenue less expenses. Subtract line 18 from line 12		6,602,462.	1,665,528.			
বুল			Be	ginning of Current Year	End of Year			
	20	Total assets (Part X, line 16)		20,596,801.	23,222,312.			
Nethorsers out	21	Total liabilities (Part X, line 26)		1,269,273.	2,003,251.			
		Net assets or fund balances Subtract line 21 from line 20		19,327,528.	21,219,061.			
$\overline{}$		Signature Block						
	•	lties of perjury, I declare that I have examined this return, including accompanying schedules		· · · · · · · · · · · · · · · · · · ·	knowledge and belief, it is			
true,	correc	t, and complete Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.				
		Signature of officer		10 //6//7	·			
Sigi		· -		Uaus //				
Her	е	ISMENE SPELIOTIS, EXECUTIVE DIRECTOR Type or pnnt name and title						
			Ir	Date Check	PTIN			
0-1-4	ı	Print/Type preparer's name Preparer's signature Preparer's signature			- }			
Paid Pron		LORI ROTHE YOKOBOSKY, CPALORI ROTHE YOKOF Firm's name - COHNREZNICK LLP	DONI		P01273422 22-1478099			
	arer Only	Firm's name COHNREZNICK LLP Firm's address 1301 AVENUE OF THE AMERICAS		Firm's EIN ▶	44-14/0033			
ust	Only	NEW YORK, NY 10019		Dhone no 21	2-297-0400			
Mar	the II	RS discuss this return with the preparer shown above? (see instructions)		I none no. Z I	X Yes No			
via	uic II	to diacosa tria return with the preparer shown above, (see instructions)		 				

Form	n 990 (2017) MHANY MANAGEMENT, INC.	<u> 72-13037</u>	37 Page 2
Pa	rt 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		
•	PROVISION OF RELIEF TO THE POOR, DISTRESSED AND UNDERPR	TVILEGED O	ਜ
	PUBLIC GOOD TO LESSEN NEIGHBORHOOD TENSIONS, DETERIORAT		
	PREJUDICE.	ION AND	
	PREJUDICE.		
			·
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990 EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	,	Yes X No
-	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	e measured by expe	ncae
7			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, trie total expert	ses, and
	revenue, if any, for each program service reported		60.460
4a	· · · · · · · · · · · · · · · · · · ·		62,468.
	PROVIDING HOUSING TO LOW AND MODERATE INCOME RESIDENTS,		
	ACTIVITIES TO HALT DETERIORATION OF DISTRESSED AREAS IN		CITY,
	DISSEMINATION OF INFORMATION AND TECHNICAL ASSISTANCE TO	O TARGETED	
	RESIDENTS.		
		······	
4b	(Code) (Expenses \$) (Rev	enue \$)
	-		
		-	
			
			
4c	(Code) (Expenses \$ including grants of \$) (Revi	enue \$	
	, (and and and and and and and and and and		/
			
			
			· · · · · · · · · · · · · · · · · · ·
		-	
4d			
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 2,278,921.		
		F	orm 990 (2017)

Form 990 (2017) MHANY MANAGE Partily: 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	X	l
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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, PartI	3_		X
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, Partil	4_	<u> </u>	<u> </u>
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 98-197 If "Yes," complete Schedule C, PartIII	5_		Х
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		X
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	ŀ	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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D. Part IV .	9		х
0	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		х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X		\$1.00 m	
-	as applicable	ľ		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule Q			
_	Part VI	11a	х	
h	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	х	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1115		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	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	<u> </u>		
u	·	11d	х	İ
_	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	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
'	·	11f	х	
٥-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	1 11		
Æ.d	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		x
_	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	105	X	ĺ
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
3	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		<u> </u>
D	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			_v
_	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا ــــا		v
_	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		۱,,	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		,,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
9	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

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Form	990 (2017) MHANY MANAGEMENT, INC. 7	2-1303737	P	age 4
Par	tilly Checklist of Required Schedules (continued)			
			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 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 27 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 cu	rrent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	•		
	Schedule J	23		Х
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 fine 25a	24a		Х
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 defeat	ase		
	any tax-exempt bonds?	. 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a	and		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," compl	ete		
	Schedule L, Part i	. 25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Y	es, "		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	er		
	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, P	Part IV 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	n		
	and the standard stan	امما	1	v

contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Parti

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 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 34 Part V, line 1

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

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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? Note. All Form 990 filers are required to complete Schedule O

X Form 990 (2017)

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Х

X

Х

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X

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X

33

35a

35b

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Form 990 (2017)

MHANY MANAGEMENT 72-1303737 INC. Form 990 (2017) Partivil 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 $|\mathbf{X}|$ Section A. Governing Body and Management Yes No 8 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. 8 b Enter the number of voting members included in line 1a, above, who are independent 2 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? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? Х 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 6 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 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 Х **b** Each committee with authority to act on behalf of the governing body? 8h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 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. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 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 12¢ X 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? 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 a 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 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY 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 X Upon request Other (explain in Schedule O) Own website Another's website 19 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.

Form 990 (2017)

ARTHUR SWARTZ C/O NORWAX ASSOCIATES - 914-237-0600

73 MARKET STREET SUITE 376, YONKERS,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to belisted 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 organizat (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	,		Pos	ition) 45		Reportable	Reportable	Estimated
	hours per	box	o not check more than one x, unless person is both an			s both	an	compensation	compensation	amount of
	week	⊢	cer an	d a d	recto	r/trus	ee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	흏	e		l	ted		organization	(W-2/1099-MISC)	from the
	related	stee	ruste		40	bens		(W-2/1099-MISC)		organization
	organizations	直	onali		ploye	moo aa				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BENANCIA LOPEZ	1.00	트	=	ō	×	포늄	<u> </u>			
MEMBER	1.00	х						0.	0.	0.
(2) DOROTHY AMADI	1.00	*						•	•	•
SECRETARY	7.00	x						0.	0.	0.
(3) HAZEL DASENT	1.00	-						<u> </u>	-	•
SECRETARY	2100	x		X				0.	0.	0.
(4) JENNY POCHECO	1.00	F							•	
MEMBER		x			İ			0.	0.	0.
(5) JULIA BOYD	1.00									
PRESIDENT	7.00	х		X				0.	0.	0.
(6) LORNA BLAKE	1.00									
MEMBER		X						0.	0.	0.
(7) MARISOL MARTE	1.00									
TREASURER		X		X				0.	0.	0.
(8) NATALIE BROWN	1.00									
TREASURER		X						0.	0.	0.
(9) CHRISTINE SIMMONS	40.00									
FISCAL DIRECTOR				Х				79,763.	0.	5,037
(10) ISMENE SPELIOTIS	40.00									
EXECUTIVE DIRECTOR				X				74,258.	0.	11,449.
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Form 990 (2017)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable		Est	ımated	
	hours per	ροx,	, unles	ss per	rson ı	s both	an	compensation	compensation			ount of	
	week (list any	\vdash						from	from related			ther	
	hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MIS			ensation m the	
	related	e or (stee			nsate		(W-2/1099-MISC)	(** 25 1035 14110	~		nization	
	organizations	truste	Institutional trustee		yee	iad w.c		(** = *********************************			•	related	
	below	ıdual	tuthor	iệ.	Key employee	est co	ner			ŀ	orgar	nizations	
	line)	Ē	lusti	Officer	Key	Highest compensated employee	Forr						
		<u> </u>								-			_
			\Box						*				_
		-			_								_
							\dashv			_			
					į]					
						Щ				_			_
1b Sub-total							<u> </u>	154,021.		0.	16	,486	-
c Total from continuation sheets to Part VII	, Section A					İ	•	0.		0.		0	
d Total (add lines 1b and 1c)							<u> </u>	154,021.		0.	16	,486	•
2 Total number of individuals (including but no	ot limited to th	ose	lste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				_
compensation from the organization											1,	Yes No	<u>0</u>
2 Did the experient on but any former office.	-lk	4_						h.ahaat aassa saasta d		ſ	,	res No	<u>'</u>
3 Did the organization list any former officer,		stee	е, ке	у еп	npio	yee,	or i	nignest compensated en	npioyee on	ŀ	3	X	_
line 1a? If "Yes," complete Schedule Jfor so 4 For any individual listed on line 1a, is the su			mnc	.	tion	and	oth	or componentian from the	no organization	ŀ	" 	- ^	_
and related organizations greater than \$150	•							•	le organization	ŀ	4	X	_
5 Did any person listed on line 1a receive or a									lual for services	İ	7		٦
rendered to the organization? If "Yes." com											5	Х	
Section B. Independent Contractors													_
1 Complete this table for your five highest con	=	-								ensat	ion fror	n	
the organization Report compensation for t	he calendar ye	ear e	ndir	g w	ith c	or wil	חות	the organization's tax ye	ear		(C)		-
(A) Name and business address NONE								Description of s	ervices	C	ompen:		
											-		
							4				_		_
													_
							_						_
				•			\dashv						_
													_
2 Total number of independent contractors (in	-	ot lim	nited	l to t	_		ed	above) who received mo	ore than			· -	j
\$100,000 of compensation from the organiz	ation >				0	'						00 : :-	۲
											⊦orm 9 '	90 (2017	7

Ра	<u>rt VII</u>	Statement of Revenue					
	<u>.</u>	Check if Schedule O contains a respor	ise or note to any lir				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
N W	1 a	Federated campaigns 1a					0.2 0.1
i i		Membership dues 1b					
ප් මූ		Fundraising events 1c	161,750.	1			
Ę,ţ		• •	101,730.	1			
يقظ		Related organizations 1d Government grants (contributions) 1e	272,609.	1	,		
Sign		* ` <u> </u>	272,003.	+			
it a	T	All other contributions, gifts, grants, and	394,061.				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above	374,001.	+	:		
5 9	•	Noncash contributions included in lines 1a-1f \$		828,420.			
<u>0 e</u>	n	Total. Add lines 1a-1f	<u>P</u>	T -			
- 1	_	DEVELOPMENT PEEC	Business Code 531110	2,169,511.	0 160 511		
i e		DEVELOPMENT FEES					
Program Service Revenue	b		_	1,129,918.			
n S	С		_	483,627.		· · · · · · · · · · · · · · · · · · ·	
Bey		RECOVERY OF PREDEVELOR		29,388.			
§ _		SOCIAL SERVICE FEE	531110	5,000.	5,000.		
•		All other program service revenue	<u> </u>	2 015 444			-
_		Total. Add lines 2a-2f		3,817,444.			
- 1	3	Investment income (including dividends, in	· · ·	144 075			144 075
1		other similar amounts)	•	144,875.			144,875.
	4	Income from investment of tax-exempt bor	nd proceeds				· · · · · · · · · · · · · · · · · · ·
1	5	Royalties					ļ
		(i) Real	(ii) Personal	4			
	6 a	Gross rents 5,52					
	b		0.	4			-
	С	Rental income or (loss) 5,52	0.[
	d	Net rental income or (loss)		5,520.			5,520.
	7 a	Gross amount from sales of (i) Securition	es (ii) Other				
		assets other than inventory]			
	b	Less cost or other basis					:
		and sales expenses]			
	С	Gain or (loss)					
	d	Net gain or (loss)					ļ
	8 a	Gross income from fundraising events (not			İ		
Other Revenue		including \$ 161,750. of	1				
ě		contributions reported on line 1c) See					-
7		Part IV, line 18	a 10,450.	1			
美	b	Less: direct expenses	ь 23,450.				
ا۲	C	Net income or (loss) from fundraising event	s	<13,000.>			<13,000.>
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	a				
	b	Less direct expenses	b				
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances	a				
	b	Less cost of goods sold	b				
	С	Net income or (loss) from sales of inventor	, , , , , , , , , , , , , , , , , , ,				
		Miscellaneous Revenue	Business Code				
	11 a	11 a MARKETING FEES 900099		243,760.			
	b	MISCELLANEOUS INCOME	900099	65,697.	65,697.		
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		309,457.			
\perp	12	Total revenue See instructions.		5,092,716.	4,126,901.	0.	137,395.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A) Total expenses	this Part IX (B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII	· ,	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,190.	1,190.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			İ	
	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,	189,489.	126,923.	62 566	
_	trustees, and key employees	107,407.	120,923.	62,566.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1,550,890.	1,038,821.	512,069.	
7 Ω	Other salaries and wages	1,550,650.	1,030,021+	312,003.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	87,191.	58,403.	28,788.	
9	Other employee benefits	368,261.	246,670.	121,591.	
9 10	Payroll taxes	442,686.	296,521.	146,165.	
11	Fees for services (non-employees)	112,000.	230,321.	110,1000	
				İ	
b	Legal	17,084.	11,443.	5,641.	
c	Accounting	79,945.	53,549.	26,396.	
	· · · · · · · · · · · · · · · · ·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
e	Professional fundraising services. See Part IV, line 17	25,500.			25,500
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25,				···
3	column (A) amount, list line 11g expenses on Sch O.)	359,740.	240,962.	118,778.	
12	Advertising and promotion	·			
13	Office expenses	70,699.	47,356.	23,343.	
14	Information technology				
15	Royalties				
16	Occupancy	145,637.	97,551.	48,086.	
17	Travel	100.	67.	33.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	·			
19	Conferences, conventions, and meetings				
20	Interest .	576.	386.	190.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,821.	11,937.	5,884.	
23	Insurance	22,701.	15,206.	7,495.	··
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	REPAIRS AND MAINTENANCE	47,538.	31,842.	15,696.	
b	OTHER EXPENSES	140.	94.	46.	-
C					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,427,188.	2,278,921.	1,122,767.	25,500
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	}			

Pa	rt X	Balance Sheet			
	٠.	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,507,930.	1	3,622,423.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	237,396.	3	187,907.
	4	Accounts receivable, net	902,286.	4	525,067.
	5	Loans and other receivables from current and former officers, directors,			
	}	trustees, key employees, and highest compensated employees. Complete			
	ŀ	Part II of Schedule L		5	
	6	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			
	ļ	employers and sponsoring organizations of section 501(c)(9) voluntary			
"	ŀ	employees' beneficiary organizations (see instr) Complete Part II of Sch L	· · · · · · · · · · · · · · · · · · ·	6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	1	Land, buildings, and equipment: cost or other			
	''	basis Complete Part VI of Schedule D 10a 238,727.			
	Ь	Less accumulated depreciation 10b 87,236.	169,312.	10c	151,491.
	11	Investments - publicly traded securities		11	
	12	Investments · other securities See Part IV, line 11	5,429,482.	12	5,763,890.
	13	Investments · program-related See Part IV, line 11		13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	12,350,395.	15	12,971,534.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	20,596,801.	16	23,222,312.
	17	Accounts payable and accrued expenses	183,519.	17	629,846.
	18	Grants payable		18	
	19	Deferred revenue	957,128.	19	968,378.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŵ	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualfied persons			
Liabilities		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	128,626.	25	405,027.
	26	Total liabilities. Add lines 17 through 25	1,269,273.	26	2,003,251.
	ļ	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			,
S O	ŀ	complete lines 27 through 29, and lines 33 and 34.	10 207 500		01 010 061
anc	27	Unrestricted net assets	19,327,528.	27	21,219,061.
Bali	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	1
교	ļ	Organizations that do not follow SFAS 117 (ASC 958), check here		l	
ō		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	10 227 520	32	21 210 061
_	33	Total net assets or fund balances	19,327,528. 20,596,801.	33	21,219,061. 23,222,312.
	34	Total liabilities and net assets/fund balances	40,330,001.	34	23,222,312.

_	990 (2017) MHANY MANAGEMENT, INC.	72-1	L303 <u>7</u> 37	Page	12			
Ŗа	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1 2	Total revenue (must equal Part VIII, column (A), line 12)	1 2	5,092 3,427	,716	<u>5 .</u>			
	Total expenses (must equal Part IX, column (A), line 25)	3	1,665					
3	Revenue less expenses Subtract line 2 from line 1		19,327					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,006				
5	Net unrealized gains (losses) on investments	5		, 000	<u>.</u>			
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,		21 210	000	^			
Б	column (B))	10	21,219	,002	<u> </u>			
r, a	rtiXII Financial Statements and Reporting			-	.			
	Check if Schedule O contains a response or note to any line in this Part XII				<u>X</u>			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			es N				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	2	<u>X</u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			:			
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	a basis,						
	consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
	Act and OMB Circular A-133?	-	3a	2	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зь					

732012 11-28-17

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	MH <u>AN</u>	Y MANAGEME	NT, INC.				7	2-1303737	
Part I	Reason for Public (Charity Status (All organizations must co	omplete th	ıs part) Se	ee instructions			
The organ 1	irganization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990·EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state								
5 <u> </u>	An organization operated for section 170(b)(1)(A)(iv). (C	Complete Part II.)					nit describe	ed ın	
7 X 8 \square	section 170(b)(1)(A)(vi). (Complete Part II)								
9 🗌	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university.								
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11 🗔	An organization organized	•	ively to test for nublic sa	fety See	section 5	09(a)(4)			
12 🗔		•	•	•			ny out the	nurnoses of one or	
а	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g								
	organization You must o			i majority o	i the direc	tols of trustee	3 01 1110 30	appointing	
b [Type II. A supporting org	•		tion with its	s supports	nd organization	(e) by bay	upa	
.	control or management or organization(s) You mus	of the supporting orga	anization vested in the s					-	
c [Type III functionally inte	grated. A supporting	g organization operated				y integrate	ed with,	
d 🗀	Type III non-functionally that is not functionally int requirement (see instruct	egrated The organiz	ration generally must sat	isfy a distri	ibution red	quirement and	_		
e [Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a		i, Type III		
f Ent	functionally integrated, or er the number of supported o	* *	nally integrated support	ng organiza	ation				
	vide the following information	•	ed organization(s)						
	(i) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga in your governi	inization listed	(v) Amount of	mon etary	(vi) Amount of other	
	organization		(described on lines 1 10 above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)	
Total					·				

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

2 Tax revenues leved 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 decidency in the store than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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 assest (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 Riest five years. If the Form 990 is for the organizations's frist, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization of public Support Percentage 14 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test - 2017. If the organization of label for organization or public support derives the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly support derivation or public support derivation or public support derivation or public support derivation of public support derivation of not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization dualifies as a publicly support derivation or public support derivation or public support derivation or public support derivation or public support derivation or public support derivation or public support derivation or public support derivatio	Sec	tion A. Public Support	-		-			
1 Gifts, grants, contributions, and membershy fees received (00 not include any 'unusual grants.') 2 Tax revenues levide 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 (0) 6 Public support. Setiesta line Shom line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalines, and income from smilar sources 9 Not income from uncertaid business activities, whether or not the business is regularly carried to 10. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 1 Total support. Add lines? Through 10 2 Gross receipts from related activities, etc. (see instructions) 380 ,866 . 248 9800 . 1136 979 . 1413526 . 1255474 . 6676645 11 Total support. Add lines? Through 10 2 Gross receipts from related activities, etc. (see instructions) 3 First five years. If the Form 90 is for the organization check this box and stop here. Section C. Computation of Public Support Fercentage 4 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 1 dia 33 1/3% support test - 2017. If the organization of divided on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
988,294. 941,086. 842,421. 970,325. 828,420. 4570546	1	Gifts, grants, contributions, and						
2 Tax revenues leved 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 decidency in the store than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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 assest (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 Riest five years. If the Form 990 is for the organizations's frist, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization of public Support Percentage 14 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test - 2017. If the organization of label for organization or public support derives the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly support derivation or public support derivation or public support derivation or public support derivation of public support derivation of not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization dualifies as a publicly support derivation or public support derivation or public support derivation or public support derivation or public support derivation or public support derivation or public support derivation or public support derivatio		membership fees received (Do not						
3 The value of services or facilities furnished by a governmental unit to the organization without charge		include any "unusual grants.")	988,294.	941,086.	842,421.	970,325.	828,420.	4570546.
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 the 8-from tine 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from smiral sources 9 Net income from unrelated business activities, whether or not the business is regularly camed on 10 Other income Do not include gain or loss from the sale of capital assests (Explain in Part VI) 11 Total support. 40 lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	2	Tax revenues levied for the organ-						
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 3 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalles, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned 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 activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 15 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test. 2017. If the organization id not check the box and stop here. The organization qualifies as a publicly supported organization X		ization's benefit and either paid to						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990 F7) 201	18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	a, 16b, 17a, or 17b			

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 Org	anizations
-------------------------------	------------

- 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," explan 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 BN 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 dass 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		
*		
<u> </u>		
2_	<u> </u>	
3a		
3b		
3c		
50		
4a		
,		
4b		<u> </u>
4c		
5a		
_5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
405		
10b	L	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on l	Nov 20, 1970 (explain in F	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	-
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
	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	ion 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)			
a	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		7.7	I
	factors (explain in detail in Part VI)		•	<u>.</u>
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	, u	
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	<u> </u>	
5	Income tax imposed in prior year	5	<u> </u>	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting orga	inization (see
	instructions)	. •		•

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

and 4b from line 1 For result greater than zero, explain in

7 Excess distributions carryover to 2018. Add lines 3

Part VI See instructions

and 4c

8 Breakdown of Ine 7

a Excess from 2013

b Excess from 2014

c Excess from 2015

d Excess from 2016

e Excess from 2017

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MARKETING FEES 2015 AMOUNT: \$ 303,943. 2016 AMOUNT: \$ 1,223,032. 2017 AMOUNT: \$ 243,760. MISC INCOME 2013 AMOUNT: \$ 250,840. 2014 AMOUNT: 37,071. 2015 AMOUNT: 32,432. 2016 AMOUNT: 97,286. 2017 AMOUNT: \$ 65,697. PARTNERSHIP MANAGEMENT FEE 2013 AMOUNT: \$ 130,026. 2014 AMOUNT: \$ 233,057. 2015 AMOUNT: \$ 800,604. 2016 AMOUNT: \$ 70,578. PROCEEDS FROM FORECLOS 2,219,672. 2014 AMOUNT: \$ PROCEEDS TRANSFER 2017 AMOUNT: \$ 935,567. SPECIAL EVENTS INCOME

2016 AMOUNT: \$ 22,630.

Schedul	e A (Form	990 or 9	90·EZ) 2	017 MHAN	IY MANA	GEMENT,	INC.			72-13	303737 Page 8
Part \	Sup Part line Sect	pleme IV, Secti I. Part IV	ntal Inton A, line , Section es 5, 6, a	formation es 1, 2, 3b, 3 D. lines 2 ar	Provide the c, 4b, 4c, 5a, ad 3. Part IV.	e explanations 6, 9a, 9b, 9c, Section E. line	required b 11a, 11b, es 1c, 2a, 2	and 11c, Part I' 2b. 3a. and 3b:	V, Section B, Iir Part V, Iine 1, F	7a or 17b, Part I	II, line 12, t IV, Section C, June 1e. Part V.
2017	AMOU	NT:	\$ 1	0,450.							
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										L 'B'A	
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				<u> </u>							
											
					<u> </u>						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

MUNKY MANIACEMENTO TNC Employer identification number 72-1303737

Pai	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		Complete ii the
	organization answered Tes On On 350,1 arc 14, iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
Ū	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" on Form 990, F	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certi	-
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	tholds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the	he organization's accounting for
Б.	conservation easements	Ant Historical Transcourse on Oth	au Cimilau Apasta
Pai	t III Organizations Maintaining Collections of		ier Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public exh		ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	· · · ·	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		.
	(i) Revenue included on Form 990, Part VIII, line 1	•	\$
_	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	. •
	Revenue included on Form 990, Part VIII, line 1	•	>
	Assets included in Form 990, Part X	o for Form 200	Sahadula D (Farm 200) 2047
LΠA	For Paperwork Reduction Act Notice, see the Instructions	S IOI PUTITI 33U.	Schedule D (Form 990) 2017

732051 10-09-17

Sche	dule D (Form 990) 2017 MHANY M	ANAGEMENT,	INC	•			72-	130373	∮7 F	age 2
	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe				
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	ollowing tha	t are a si	gnificant use of	ts collectio	n items	5
	(check all that apply)									
а	Public exhibition	C	• <u> </u>	Loan or exc	hange progr	ams				
b	Scholarly research	6	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ie organizatio	on's exer	npt purpose in F	art XIII		
5	During the year, did the organization solicit or	r receive donations	of art, his	storical treas	sures, or oth	er sımılar	assets		_	_
	to be sold to raise funds rather than to be ma							Yes		No
Rai	t(IV) Escrow and Custodia I Arrang		ete if the	organizatio	n answered	"Yes" on	Form 990, Part	IV, line 9, c	r	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for c	contributions	s or other as	sets not	ncluded		_	_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able						
								Amou	<u>nt</u>	
С	Beginning balance .						1c			
d	Additions during the year	-					1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fe						rty?	Yes	느	_ No
	If "Yes," explain the arrangement in Part XIII									
Kai	Endowment Funds. Complete r									
		(a) Current year	(b) P	rior year	(c) Two yea	ers back	(d) Three years b	ack (e) Fo	ur years	back
1a	Beginning of year balance							_		
b	Contributions		ļ		 					
С	Net investment earnings, gains, and losses		ļ		· · · · · · · · · · · · · · · · · · ·					
d	Grants or scholarships		ļ		: 					
e	Other expenditures for facilities				i	-				
	and programs	· · · · · · · · · · · · · · · · · · ·	ļ		· · · · · · · · · · · · · · · · · · ·					
f	Administrative expenses		ļ <u>.</u>	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·					
g	End of year balance	-	L		l					
2	Provide the estimated percentage of the curr	ent year end balanc	-	ı, ∞lumn (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c show	•								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	tare held an	id administe	red for th	e organization			
	by.							[- ()	Yes	No
	(i) unrelated organizations							3a(ı)		
	(ii) related organizations						•	3a(ii)	4	
b	If "Yes" on line 3a(ii), are the related organiza	•						3b		<u> </u>
Pai	Describe in Part XIII the intended uses of the		wment t	unas						
[I].ai) Dort IV	l line 11e C	aa Farm 000) Dort V	line 10			
	Complete if the organization answered	T T				7	ľ	(A) D-	. 1	
	Description of property	(a) Cost or of basis (investrong)		(b) Cost basis (or other		ccumulated preciation	(a) Bo	ok valu	е
	Land	neso fina	nent)		2,338.	ue	Jicciation		2,3	3.0
	Land				4,330.				4,3	20.
D	Buildings			1 5	5,325.		33,858.	1 2	1,4	67
c	Leasehold improvements				$\frac{3,325.}{1,064.}$		53,378.		7,6	
d	Equipment .				±,004.		33,370.		,,0	00.
<u>е</u>	Other .	···				L		15	1 1	01

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 MHANY MANAGE	EMENT, INC.		72	-1303737 Page 3
Part VII Investments - Other Securities.	·			
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ne 11b See Form 990,	Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				···
(3) Other				
(A) JOINT VENTURES	36,50			
(B) BONDS	727,268		EAR MARKET	
(C) STOCKS	3,230,858		EAR MARKET	
(D) DYNAMIC ASSET	1,331,48		EAR MARKET	
(E) OTHER	437,778	B. END-OF-Y	EAR MARKET	VALUE
(F).				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.)	5,763,890	0. 2	~ *	ر
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				+
Part IX Other Assets.				
Complete if the organization answered "Yes" (ne 11d See Form 990,	Part X, line 15	4.5.4
	Description			(b) Book value
(1) SECURITY DEPOSITS				29,909.
(2) DUE FROM AFFILIATES				3,004,120.
(3) DEVELOPMENT FEES RECEIVABL	<u>. E</u>			9,937,505.
(4)			<u>.</u>	
(5)		 	·· 	
(6)	· · · · · · · · · · · · · · · · · · ·			
<u>(7)</u>				
(8)		, <u>.</u>		
(9)			· · · · · · · · · · · · · · · · · · ·	10 071 524
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.)			12,971,534.
\	on Form COO. Dort IV. Is	no 11a ar 11f Can Farm	000 Dort V line OF	
Complete if the organization answered "Yes" ((a) Description of liability	on Form 990, Part IV, II	(b) Book value	1 990, Part X, line 25	
"		(b) DOOK Value		•
(1) Federal income taxes (2) DUE TO AFFILIATE		12,739.		
			1	
(3) LINE OF CREDIT		392,288.		
	 		Į.	
(5)			1	
(6)			1	
<u></u>				
(8)			1	
(9)]	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

405,027.

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

Schedule D (Form 990) 2017 MHANY MANAGEMENT, INC. [Part XIII' Supplemental Information (continued)	72-1303737 Page 5
RECLASSIFICATION OF PROF. FUNDRAISER FEE	-25,500.
RELATED ORGANIZATION ELIMINATIONS	-493,792.
RELATED ORGANIZATION REVENUE	14,322,015.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	13,802,723.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RELATED ORGANIZATION ELIMINATIONS	-493,792.
RELATED ORGANIZATION EXPENSES	15,517,378.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	15,023,586.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
RECLASSIFICATION OF PROF. FUNDRAISER FEE	25,500.
	····
	
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ, line

OMB No 1545-0047

2017

Open to Public Inspection

Internal Revenue Service

Department of the Treasury

Go to www.irs.gov/Form990 for the latest instructions.

	Inspection	l l	
yer	identification	number	

Name of the organization MHANV M	ANAGEMENT, INC.					Employer ide	ntification number フィク
Partil Fundraising Activities.	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, ii	ine 17		
required to complete this par 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	ed funds through any of the following Solicitate of Solicitate or oral agreement with any individual art VII) or entity in connection with produals or entities (fundraisers) pursuits	tion of tion of fundra (includ	non-g gover using of ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col (i)	(vi) Amount paid to (or retained by) organization
RKM STRATEGIC CONSULTING - 7 EAST 14TH ST, NEW YORK, NY	FUNDRAISING EVENT	Yes	No X	0.		25,500.	<25,500.>
Total 3 List all states in which the organization or licensing	in is registered or licensed to solicit o	contrib	utions	or has been notified	ıt ıs e	25,500. exempt from reg	<25,500.>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

Pa	eau I rt	II Fundraising Events. Complete if the	e organization answered	"Yes" on Form 990, Part		more than \$15,000
		of fundraising event contributions and gro	_		•	
			(a) Event #1 GROUP ADULT SILVER DINNE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts .	172,200.			172,200.
	2	Less. Contributions	161,750.			161,750.
	3	Gross income (line 1 minus line 2)	10,450.			10,450.
	4	Cash przes				
m	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	18,450.			18,450.
Irect E	7	Food and beverages	5,000.			5,000.
٥	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through	• • •			23,450.
Pa	11	Net income summary Subtract line 10 from li			·····	<13,000.>
Pa		Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a	answered "Yes" on Form	1990, Part IV, line 19, or re	eported more than	
		\$15,000 OH FORM 990-E2, line oa		(b) Pull tabs/instant	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	(d) Total gaming (add
ĕ			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col (c))
Revenue						
æ	1	Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				<u> </u>
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 ın column (d)			
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		.	
	-					•
9	En	ter the state(s) in which the organization condu	cts gaming activities			
		the organization licensed to conduct gaming ac No," explain		states?		Yes No
		ere any of the organization's gaming licenses re		rminated during the tax ye	ear?	Yes No
b	II "	Yes," explain				·
	_					
	_				0-1	rm 000 or 000 E7) 2017

Schedule G (Form 990 or 990 EZ) 2017 MHANY MANAGEMENT, INC.	72-1303737 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity f	ormed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
· · · · · · · · · · · · · · · · · · ·	•
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	nd records
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming rever	nue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	d the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
on Poo, onto hamo and address of the time party	
Name ▶	
Address >	
16 Gaming manager information	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	
☐ Director/officer ☐ Employee ☐ Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	L Yes L No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations of	or spent in the
organization's own exempt activities during the tax year > \$	
Part'IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v), and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FU	NDRAISERS:
	
(I) NAME OF FUNDRAISER: RKM STRATEGIC CONSULTING	
(1) The state of t	
(I) ADDRESS OF FUNDRAISER: 7 EAST 14TH ST, NEW YORK, NY	10003

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	MHANY MANAGEMENT,	INC.	72-1303737 Pa	ige 4
Part IV	Supplemental Infor	mation (continued)			
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

MHANY MANAGEMENT, INC.

Employer identification number 72-1303737

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TENSIONS, DETERIORATION AND PREJUDICE.
TENSIONS, DETERIORATION AND PREDODICE.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 WILL BE COMPLETED ANNUALLY AND COPIES WILL BE PROVIDED TO THE
ENTIRE GOVERNING BOARD AS WELL AS THE PRESIDENT OF THE ORGANIZATION AT THAT
TIME THE PRESIDENT WILL REVIEW THE FORM 990 WITH THE DESIGNATED BOARD
MEMBERS ANY NECESSARY CHANGES WILL THEN BE UPDATED ON FORM ONCE ALL
NECESSARY CHANGES ARE MADE AND THE PRESIDENT IS IN AGREEMENT WITH
DESIGNATED BOARD MEMBERS ON THE FINISHED FORM 990, IT WILL BE SIGNED BY THE
PRESIDENT, DATED AND SUBMITTED BY THE FILING DEADLINE A COPY OF THE
APPROVED FORM 990 WILL BE PROVIDED TO ALL OF THE OFICERS, DIRECTORS AND
TRUSTEES BEFORE THE RETURNS IS FILED.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:
OTHER FEES:
PROGRAM SERVICE EXPENSES 22,934.
MANAGEMENT AND GENERAL EXPENSES 11,305.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 34,239.
CONSULTANT FEES:
PROGRAM SERVICE EXPENSES 23,574.

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

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

SCHEDULE R (Form 990)

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.

Open to Public

OMB No 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number 72-1303737

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

INC.

MHANY MANAGEMENT,

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MHANY 2012 HOLDINGS LLC ONE METRO TECH NORTH 11TH FLOOR NEW YORK, NY 11201	REAL ESTATE HOLDING	NEW YORK	<935,567.>	1.	

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. Partil

(e)	(q)	(0)	(Đ	(e)	(J)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	12(b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	37
				501(c)(3))		Yes	N _o
MHANY 1999 HDFC - 06-1548990	DEVELOP, ON A NON-PROFIT						
ONE METRO TECH NORTH 11TH FLOOR	BASIS, A HOUSING PROJECT					-	
BROOKLYN, NY 11201	FOR PERSONS OF LOW INCOME	NEW YORK	501(C)(3)	LINE 12A, I	N/A		×
MHANY 2005 HDFC - 03-0555171	DEVELOP, ON A NON-PROFIT						
ONE METRO TECH NORTH 11TH FLOOR	BASIS, A HOUSING PROJECT						
BROOKLYN, NY 11201	FOR PERSONS OF LOW INCOME	NEW YORK	501(C)(3)	LINE 12A, I	N/A		×
MHANY 2004 HDFC - 83-0385829	DEVELOP, ON A NON-PROFIT						!
ONE METRO TECH NORTH 11TH FLOOR	BASIS, A HOUSING PROJECT						
BROOKLYN, NY 11201	FOR PERSONS OF LOW INCOME	NEW YORK	501(C)(3)	LINE 12A, I	N/A		×
MHANY 1999 II HDFC - 11-3517199	DEVELOP, ON A NON-PROFIT						
ONE METRO TECH NORTH 11TH FLOOR	BASIS, A HOUSING PROJECT						
BROOKLYN, NY 11201	FOR PERSONS OF LOW INCOME	NEW YORK	501(C)(3)	LINE 12A, I	N/A		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2017	Form 990) 2017

INC.

72-1303737

MHANY MANAGEMENT,

Schedule R (Form 990)

Continuation of Identification of Related Tax-Exempt Organizations

(g) Section 512(b)(13) Ŷ organization? × × × × controlled Yes Direct controlling entity N/A A/N status (if section Public charity LINE 12A, I LINE 12A, I н 501(c)(3)) LINE 12A INE 12A, **Exempt Code** section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) ਉ Legal domicile (state or foreign country) NEW YORK NEW YORK NEW YORK NEW YORK FOR PERSONS OF LOW INCOME FOR PERSONS OF LOW INCOME FOR PERSONS OF LOW INCOME OR PERSONS OF LOW INCOME DEVELOP, ON A NON-PROFIT BASIS, A HOUSING PROJECT DEVELOP, ON A NON-PROFIT DEVELOP, ON A NON-PROFIT BASIS, A HOUSING PROJECT DEVELOP, ON A NON-PROFIT BASIS, A HOUSING PROJECT BASIS, A HOUSING PROJECT Primary activity 11-2848938, ONE METRO TECH NORTH 11TH FLOOR, MUTUAL HOUSING ASSOCIATION OF NEW YORK INC Name, address, and EIN of related organization ONE METRO TECH NORTH 11TH FLOOR ONE METRO TECH NORTH 11TH FLOOR ONE METRO TECH NORTH 11TH FLOOR MHANY 2002 HDFC - 32-0007137 MHANY 2012 HDFC - 45-5133550 MHANY 2011 HDFC - 45-4459387 BROOKLYN, NY 11201 BROOKLYN, NY 11201 BROOKLYN, NY 11201 BROOKLYN, NY 11201

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INC. MHANY MANAGEMENT, Schedule R (Form 990) 2017

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

Part III,

(a)	(Q)		<u>(G</u>	(e)	E	(6)	ε	8	3	<u>\$</u>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General o managing partner?	General or Percentage managing ownership
		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
PHOENIX ESTATES LLC -										
26-1778302, ONE METRO TECH	INVESTMENT IN									
NORTH 11TH FLOOR, BROOKLYN,	LOW-INCOME									
NY 11201	HOUSING	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
									_	
1825 ATLANTIC NORTH LLC -	INVESTMENT IN									-
76-0815383, 316 DOUGLAS	LOW-INCOME									
STREET, BROOKLYN, NY 11217	HOUSING	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ACORN NEW JERSEY STRAIGHT										
APARTMENTS LP - 20-8274955,	INVESTMENT IN									
ONE METRO TECH NORTH 11TH	LOW-INCOME									
FLOOR, BROOKLYN, NY 11201	HOUSING	MY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
730 ROCKWAY AVENUE LP -										
51-0622063, ONE METRO TECH	INVESTMENT IN									
NORTH 11TH FLOOR, BROOKLYN,	LOW-INCOME									
NY 11201	HOUSING	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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.

-		1,7	4-7	1-1	4	1-7	1	5	
(a)	(a)	<u>ပ</u> ်	(B)	(e)	E	6)	<u>e</u>	Ξ,	,
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	7. 13)
		country)		(1991)		833013		Yes	⁸
730 ROACKWAY MHANY INC - 20-8446679									
ONE METRO TECH NORTH 11TH FLOOR	REAL ESTATE		MHANY						
BROOKLYN, NY 11201	REHABILITATION	NY	MANAGEMENT INC	c corp	0	.0	100%	×	
1825 ATLANTIC MHANY INC - 20-8927666									
ONE METRO TECH NORTH 11TH FLOOR	REAL ESTATE		MHANY						
BROOKLYN, NY 11201	REHABILITATION	NY	MANAGEMENT INC	C CORP	0	.0	1008	×	
MHANY BRISTOL INC - 41-2276156								-	
ONE METRO TECH NORTH 11TH FLOOR	REAL ESTATE		MHANY						
BROOKLYN, NY 11201	REHABILITATION	NY	MANAGEMENT INC	c corp	0	0	1008	×	
								-	
	•								
	Γ								
			•					<u> </u>	

Schedule R (Form 990) 2017

72-130373

MHANY MANAGEMENT, INC.

Schedule R (Form 990)

Part III. Continuation of Identification of Related Organizations Taxable as a Partnership

(j) (k) General or Percentage managing owhership	Partner?				N/A				N/A				N/A				N/A																
(j) General or managing	partner?				N/A				N/A				A/N				N/A				-			\exists					1	_			7
	20 of Schedule K·1 (Form 1065)				N/A				N/A				N/A				N/A																
(h) Disproportion-	yes No		_	_	N/A				N/A				K/N				N/N			_													
(g) Share of	assets				N/A				N/A				N/A				N/A																
(f) Share of total					N/A				N/A	:			N/A				N/A																
(e) Predominant income	excluded from tax under sections 512-514)				N/A		-		N/A			•	N/A				N/A																
(d) Direct controlling					N/A				N/A				N/A				N/A		•				•										
(c) Legal domicile	(state or foreign country)				NY				NY				NY	:			MY																
(b) Primary activity	:		INVESTMENT IN	LOW-INCOME	HOUSING		INVESTMENT IN	LOW-INCOME	HOUSING		INVESTMENT IN	LOW-INCOME	HOUSING		INVESTMENT IN	LOW-INCOME	HOUSING			1		 · j			 			-			-	-,	
(a) Name, address, and EIN of related organization	כן כומיכל כושמים	MHANY 3 ASSOCIATES LP -	90-0127763, ONE METRO TECH	NORTH 11TH FLOOR, BROOKLYN,	NY 11201	MHANY 4 ASSOCIATES LP -	80-0124285, ONE METRO TECH	NORTH 11TH FLOOR, BROOKLYN,	NY 11201	BRISTOL HOPKINSON LLC -	26-1948194, ONE METRO TECH	NORTH 11TH FLOOR, BROOKLYN,	NY 11201	MHANY 2015 OWNERS LLC -	47-3738767, ONE METRO TECH	NORTH 11TH FLOOR, BROOKLYN,	NY 11201																

72-1303737

Schedule R (Form 990) MHANY MANAGEMENT, INC.

[Part V] Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) MHANY CORTELYOU HDFC	ធ	93,368.	93,368.FAIR VALUE
(8) PE2 LLC	D	617,708.	617,708. FAIR VALUE
(9) PE2 LLC	Ħ	111,118.	111,118. FAIR VALUE
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)		•	
(21)			
(22)			
(23)			
(24)			

732225 04-01-17

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Yes

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

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

- 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?
- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
- Loans or loan guarantees to or for related organization(s)
 - Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)

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- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)

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 the	is line, including covered re	elationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) BLACK INSTITUTE	ы	.000,09	60,000. FAIR VALUE
(2) DINSMORE	ы	311,429.	311,429. FAIR VALUE
(3) INTERNALE PROJECTS	ы	224,118.	224,118. FAIR VALUE
(4) MHANY 2015 OWNER, LLC	Ω	330,010.	330,010. FAIR VALUE
(5) MHANY 5 LLC	Ω	1,251,267. FAIR VALUE	FAIR VALUE
(6) MHANY CORTELYOU HDFC	D	349,130.	349,130. FAIR VALUE
732163 09-11-17	:		Schedule R (Form 990) 2017

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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.

(k) ercentage wnership					
General or Pemanaging opartner?					
1BI Ge 0x 20 ma 5 K-1 P2 55) Ye					
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 pariner) Yes No					
Onsproportionale allocations?					
(g) Share of end-of-year assets					
(f) Share of total Income					
Are all partners sec 501(c)(3) er Yes No	-			:	
Predominant income related, unrelated, excluded from tax under sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity	-	-	-		
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017	MHANY	MANAGEMENT,	INC.	72-1303737	Page 5
Part VII	(Form 990) 2017 Supplemental Infor	mation.				- r age o
	Drovide edditional inform	otion for room	onace to questions on C	Schedule R See instructions		
	Provide additional inform	ation for resp	onses to questions on a	Scriedule in See Instructions		
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