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DLN: 93493315019285

Form **990**

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047 **201**

Open to Public Inspection

A F	or the	2014 ca	lendar year, or tax year beginning 01-01-2014 , and ending 12	2-31-2014				
B Ch	eck if a	pplicable	C Name of organization MIDWEST HOUSING EQUITY GROUP INC			D Employe	r iden	tification number
✓ Ad	dress ch	nange	PIDMEST HOUSING EQUIT GROOT INC			47-076	7984	
Гиа	me cha	inge	Doing business as					
┌ Ini	tıal retu	ırn			H			
Fir	nal		Number and street (or P O box if mail is not delivered to street address)	Room/suite		E Telephon	e numb	er
ret	urn/ten	mınated	515 N 162ND AVE NO 202		L	(402)3	34-88	399
M An	nended	return	City or town, state or province, country, and ZIP or foreign postal code OMAHA, NE 68118	•		•		10.041.665
┌ Ap	plication	n pending	OPANA, NE 00118			G Gross rec	eipts \$	10,041,665
			F Name and address of principal officer	ŀ	l(a) Is this	a group r	eturn 1	for
			JASON MAIN 515 N 162ND AVE NO 202		subord	inates?		┌ Yes No
			OMAHA, NE 68118	١,	l(b) Are all	subordina	atac	┌ Yes ┌ No
					include		1005	1 1651 110
I Ta	ax-exen	npt status	s	527	If "No,	" attach a	lıst (see instructions)
J W	ebsite	e: ► W'	WW MHEGINC COM	٠	-(c) Group	exemptio	n num	ber ►
K For	m of or	manizatio	n		L Year of form	nation 1993	. Тм «	State of legal domicile NE
	rt I		nmary		L rear or ion	iddoll 1995	, 1-1 .	rate of legal dofficie. NE
			describe the organization's mission or most significant activitie	<u> </u>				
		MIDWE	ST HOUSING EQUITY GROUP INC'S MISSION IS TO PROM		EVELOPME	NT AND	SUSTA	AINABILITY OF
e e		QUALI	TY AFFORDABLE HOUSING					
€	'							
Ě								
Governance	2	Check	this box 🔭 if the organization discontinued its operations or di	sposed of m	ore than 25	% of its n	et ass	ets
	,	Numba	refucting members of the government hady (Dort VI June 1 a)			1	з	0
8							4	
纟						•	5	42
Activities &	1			•			6	0
•						: h	7a	0
					. t	7b	0	
			·		Prior	Year		Current Year
	8	Cont	ributions and grants (Part VIII, line 1h)	🕇			0	0
를	9	Progr	ram service revenue (Part VIII, line 2g)		9,246,38	4	9,802,756	
Ravenue	10	Inves	stment income (Part VIII, column (A), lines 3, 4, and 7d).	[182,17	'9	225,144
ŭ	11	Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1	l1e)			0	0
	12		_ , , , , , , , , , , , , , , , , , , ,			9,428,56		10,027,900
	13					227,22		220,252
	14			<u> </u>		227,22	0	0
	15						+	
8		Program service revenue (Part VIII, line 2g)			4,344,05	8	4,913,511	
818	16a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)				0	0
Expenses	ь	Total f	fundraising expenses (Part IX, column (D), line 25) 🕨					
	17	Othe	r expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .	[2,779,15	3	2,131,733
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), li	ine 25)		7,350,43	3	7,265,496
	19	Reve	nue less expenses Subtract line 18 from line 12			2,078,13	0	2,762,404
88					Beginning			End of Year
Not Assets or Fund Balances		T - t - 1	Landa (Dat V. Inc. 16)		Ye		_	
ASS.	20		l assets (Part X, line 16)	· · ·		30,737,88	$\overline{}$	34,663,689
25 25	21 22		l liabilities (Part X, line 26)			1,825,62 28,912,26		2,993,837
_	72 III		nature Block	• •		20,912,20	, 3	31,009,832
Unde my k	er pena nowled	alties of dge and	f perjury, I declare that I have examined this return, including a I belief, it is true, correct, and complete Declaration of preparer knowledge					
		I B	**** nature of officer			5-11-10		
Sig:], [Date	=		
ner	C		ON MAIN CFO De or print name and title					
		1	Print/Type preparer's name Preparer's signature	Date	Charl		TIN	
Pai	d		ELLEN WILDE ELLEN WILDE		self-e	mployed F	012542	
		_{er}	Firm's name DAUBY O'CONNOR & ZALESKI LLC		Firm's	EIN ► 35-	175066	4
Preparer			Firm's address > 501 CONGRESSIONAL BLVD STE 300		Phone	e no (317)	348-570	00

CARMEL, IN 46032

✓ Yes ☐ No

Par	1111	Statement of Program S Check if Schedule O contains			III	
1	Brief	y describe the organization's m	ssion			
		HOUSING EQUITY GROUP ING LE HOUSING	C'S MISSION IS TO	PROMOTE THE DEV	ELOPMENT AND SUSTAINABIL	LITY OF QUALITY
2	the pi	ne organization undertake any si nor Form 990 or 990-EZ? .				┌ Yes ┌ No
		s," describe these new services				
3	servi	ne organization cease conductinges?			nducts, any program	┌ Yes ┌ No
4	Desc exper	ribe the organization's program :	service accomplishm 1 (c)(4) organizations	are required to repor	ree largest program services, as t the amount of grants and alloca	
4a	APPR AFFO PROV INVES KANS AFFO FAMI	VEST HOUSING EQUITY GROUP, INC (1) OXIMATELY 42 LIMITED PARTNERSHIPS RDABLE HOUSING PROJECTS WHICH A IDING EQUITY FOR THESE PROJECTS, STED \$115 MILLION IN 24 ADDITIONAL AS, OKLAHOMA, ARKANSAS, COLORADO RDABLE HOUSING PROJECTS REPRESE	MHEG) PROVIDES ACQUIS WHICH INVEST EQUITY (RE ELIGIBLE FOR FEDERA MHEG PROVIDES TECHNIA AFFORDABLE HOUSING PR O, MISSOURI, SOUTH DAK NTING 11,295 AFFORDABI LIVING, 16% REPRESEN	CAPITAL IN OTHER PARTNI IL TAX CREDITS UNDER SE CAL AND ADVISORY SERVI ROJECTS CREATING ALMO: (OTA, AND TEXAS SINCE I LE HOUSING UNITS IN 183	220,252) (Revenue \$ VICES PRIMARILY BY ACTING AS THE GE RESHIPS OR LLCS FORMED TO DEVELOP, CTION 42 OF THE INTERNAL REVENUE C CES TO THE PARTNERSHIPS FOR A FEE I ST 900 AFFORDABLE HOUSING UNITS LO 993 MHEG HAS INVESTED OVER \$1 2 BI DIFFERENT CITIES 42% OF THESE PRO G AND 9% REPRESENT SPECIAL NEEDS C	OWN AND OPERATE ODE IN ADDITION TO DURING 2014, MHEG CATED IN NEBRASKA, IOWA, LION DOLLARS IN 400 DIECTS REPRESENT MULTI-
4b	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
4 c	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
4d		er program services (Describe ii enses \$	n Schedule O) including grants of	: ᢏ) (Revenue \$	1
		Il program service expenses ►	6,058,864	т	, (ποτοπαο φ	,

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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 "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	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	37		No
38	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	38	Yes	
		F	orm 99 0	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
1.	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 8		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	- J-D		
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N o
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		111111111111111111111111111111111111111
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	\vdash		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F	Reveni	je Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No No
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b 12c	Yes Yes Yes Yes Yes	
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b 12c	Yes Yes Yes Yes Yes	
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 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	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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 $\frac{1}{2}$
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►JASON MAIN

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	(C) not x, unflice Highest compensated (C) no				c, unle offic ustee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) RICHARD SCHENCK	1 00	х						0	0	0
CHAIRPERSON (2) BARRY G SANDSTROM	0 00									
DIRECTOR	0 00	Х						0	0	0
(3) CHRIS HENSLEY	20 00	V						49,000	0	0
DIRECTOR/CONSULTANT	0 00	Х						48,000	U	U
(4) DENNIS BRAND	1 00	_						0	0	0
DIRECTOR	0 00	Х						U	U	0
(5) RICHARD A HOIEKVAM	1 00	х						0	0	0
DIRECTOR	0 00	_ ^						Ů	Ü	
(6) RICK JACKSON	1 00	x						0	0	0
DIRECTOR	0 00	^						ŭ	Ŭ	
(7) STEVE BODNER	1 00	x						0	0	0
SECRETARY	0 00	^						ŭ	Ŭ	
(8) DAVID FISHER	1 00	×						0	0	0
VICE CHAIRPERSON	0 00									
(9) JASON MAIN	40 00			x				251,489	0	35,087
CFO CFO	0 00							ŕ		
(10) ANN BURGE	40 00			х				230,444	0	25,550
COO	0 00									
(11) BECKY CHRISTOFFERSEN	40 00			х				266,976	0	32,601
CIO (12) PATRICK MICHAELIS	0 00 40 00									
VP/BUSINESS DEVELOPMENT OF	0 00			Х				176,332	0	18,534
(13) ANDREA FRYMIRE	40 00									
VP/BUSINESS DEVELOPMENT OF	0 00			X				175,111	0	19,762
(14) JOHN WIECHMANN	40 00							414 043	,	22.004
PRESIDENT AND CEO	0 00			Х				414,842	0	33,801
										Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl x, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	rganizations or discount of the part of th	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations					
(15) TOM STRATMAN	40 00			, , , , , , , , , , , , , , , , , , ,				174.000		25.604
VP OF ACQUISITIONS	0 00			×				174,990	0	25,694
(16) BEN HENDERSON	40 00			×				122 540	0	8,443
VP OF ASSET MANAGEMENT	0 00			^				122,540	0	0,443
(17) JEN OSCARSON	40 00			,				44.070		2.500
VP/BUSINESS DEVELOPMENT OFFICER (NW REGION)	0 00			×				44,070	0	2,500
(18) SCOTT FITZPATRICK	40 00							425.070		45.40
VP/BUSINESS DEVELOPMENT OFFICER (NE REGION)	0 00			X				126,878	0	15,496
(19) SHANNON FOSTER	40 00								_	
ACCOUNTING MANAGER	0 00					X		115,018	0	21,629
(20) CINDY KOSTER	40 00								_	
SENIOR ACQUISITIONS MANAGER	0 00					X		105,900	0	15,919
(21) JAKE JACOBSEN	40 00								_	
CONSTRUCTION MANAGER	0 00					X		103,733	0	12,297

1b	Sub-Total	•			
С	Total from continuation sheets to Part VII, Section A	F			
d	Total (add lines 1b and 1c)	►	2,356,323	0	267,313

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►12

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5	100	No	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
DAUBY O'CONNOR & ZALESKI 501 CONGRESSIONAL BLVD SUITE 300 CARMEL, IN 46032	AUDITING AND TAX SERVICES	1,024,805
INTEGRATEC SERVICES LLC 3560 LENOX RD STE 2800 ATLANTA, GA 30326	DATA MANAGEMENT	333,229
KUTAK ROCK LLP 1650 FARNAM STREET OMAHA, NE 68102	LEGAL SERVICES	145,843

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

		Check if Schedi	ule O contains a respon	ise or note to any lir	ne in this Part VIII	<u></u>		<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es 1b					
373 not								
S, (C		ents 1c					
ᄩ	d	Related organiz	zations 1d					
ii. S	e	Government grants	s (contributions) 1e					
ë S	f	All other contribution	ons, gifts, grants, and 1f			i		
tributio Other		sımılar amounts no						
풀	g	Noncash contribution 1a-1f \$	ons included in lines					
Containe	h	Total. Add lines	s 1 a - 1 f	🛌				
				Business Code				
ППе	2a	ACQUISITION/ADV	ISORY	531110	8,030,441	8,030,441		
e Ke	ь	MONITORING FEES		531110	975,132	975,132		
or GE	_ c	ORGANIZATION/OF		531110	450,625	450,625		
Σ						·		
<i>3</i> 3	d	ASSET MGMT FEES		531110	270,104	270,104		
Ē	e	CONSULTING FEES		531110	41,346	41,346		
Program Serwce Revenue	f	All other progra	am service revenue		35,108	35,108		
<u></u>	g	Total. Add lines	s 2a – 2f		9,802,756			
	3		ome (including dividend		227,992			227,992
	۱.		ar amounts) stment of tax-exempt bond p		22.7,332			22.,332
	4 5			. +				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(1) Keal	(II) I CISOIIII				
		Less rental						
	_	expenses Rental income						
		or (loss)						
	d	Net rental inco	me or (loss)					
		Cross amount	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of		10,917				
		assets other than inventory						
	ь	Less cost or other basis and		13,765				
		sales expenses		·				
	c	Gain or (loss)		-2,848	2.040	2.949		
	d		ss)	· · · · •	-2,848	-2,848		
Φ	8a	Gross income f events (not inc						
Other Revenue		\$						
ě		of contributions See Part IV, lin	reported on line 1c)					
Œ			a					
₽ E	ь	Less direct ex	penses b					
ర	С		loss) from fundraising e	events 🛌				
	9a		rom gaming activities					
		See Part IV, lin						
		Loca dimantan	noncos h					
	b c		penses b [(loss) from gaming activ	/ities				
		Gross sales of	F					
		returns and allo						
			a					
	Ь		oods sold b]		
	c		(loss) from sales of inve	-				
	<u> </u>	Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	c							
	d	All other reven	-					
	e	Total. Add lines	s 11a-11d	🕨				<u> </u>
	12	Total revenue.	See Instructions	· · · · •	10,027,900	9,799,908	0	227,992
	1				10,027,300	2,122,200	U	1 441,334

Part IX Statement of Functional Expenses

		D t TV			
_	Check if Schedule O contains a response or note to any line in this		(B)	(c)	<u> </u> (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	220,252	220,252		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,356,323	2,356,323		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,760,784	1,760,784		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	336,471	336,471		
9	Other employee benefits	228,020	228,020		
10	Payroll taxes	231,913	231,913		
11	Fees for services (non-employees)	231,313	231,313		
	Management				
a		0.361	0.261		
b	Legal	8,261	8,261	0.405	
С.	Accounting	9,195		9,195	
d	Lobbying	26,637	26,637		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	555,541		555,541	
12	Advertising and promotion	1,451	1,451		
13	Office expenses	163,853	13,720	150,133	
14	Information technology				
15	Royalties				
16	Occupancy	411,003		411,003	
17	Travel	30,693	30,693		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	403,656	403,656		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	67,003		67,003	
23	Insurance	19,995	6,238	13,757	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BAD DEBT	424,725	424,725		
b	EDUCATION REIMBURSEMENT	9,720	9,720		
c					
d					
e	All other expenses	1			
25	Total functional expenses. Add lines 1 through 24e	7,265,496	6,058,864	1,206,632	0
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 F if following SOP 98-2 (ASC 958-720)	7,265,496	0,058,864	1,206,632	U

Part X Balance Sheet

	- /	Check if Schedule O contains a response or note to any line in t	hıs Part X .			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		655,895	1	800,811
	2	Savings and temporary cash investments		9,646,886	2	11,851,762
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		17,250,232	4	18,538,711
	5	Loans and other receivables from current and former officers, d employees, and highest compensated employees Complete Pa Schedule L	rectors, trustee		5	
SIE	6	Loans and other receivables from other disqualified persons (as section $4958(f)(1)$), persons described in section $4958(c)(3)(1)$ 0 employers and sponsoring organizations of section $501(c)(9)$ 0 beneficiary organizations (see instructions) Complete Part II o	B), and contribut oluntary employ		6	
usseis	7	Notes and loans receivable, net		2,584,385		2,551,951
ï	8	Inventories for sale or use		2,004,000	8	2,001,001
	9			392,214	-	421,518
	10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1 1	724,204	9	421,310
	ь	Less accumulated depreciation	100		100	488,881
	11	Investments—publicly traded securities		100,210	11	400,001
	12	Investments—other securities See Part IV, line 11			12	
	13	·			13	
		Investments—program-related See Part IV, line 11			 	
	14	Intangible assets		10.055	14	40.055
	15	Other assets See Part IV, line 11		10,055	+	10,055
	16	Total assets. Add lines 1 through 15 (must equal line 34) .				34,663,689
	17	Accounts payable and accrued expenses		1,143,094	 	2,178,123
	18	Grants payable		18		
	19	Deferred revenue		659,280	19	787,885
	20	Tax-exempt bond liabilities			20	
Ø.	21	Escrow or custodial account liability Complete Part IV of Sche	dule D		21	
ilitie	22	Loans and other payables to current and former officers, directors, employees, highest compensated employees, and disqualif				
Liabilit		persons Complete Part II of Schedule L			22	
3	23	Secured mortgages and notes payable to unrelated third parties	s		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pa			27.000	
		D		23,248		27,829
	26	Total liabilities. Add lines 17 through 25		1,825,622	26	2,993,837
n h		Organizations that follow SFAS 117 (ASC 958), check here ► [✓ and complete			
5	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets		28,912,263	27	31,669,852
5 5	27			20,912,203		31,009,032
<u> </u>	28	Temporarily restricted net assets			28	
_	29	Permanently restricted net assets			29	
ol Fulki Balalice		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	•			
	30	Capital stock or trust principal, or current funds			30	
HSSELS	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other f	unds		32	
≨	33	Total net assets or fund balances		28,912,263	33	31,669,852
-	34	Total liabilities and net assets/fund balances		30.737.885	34	34,663,689

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,0	027,900
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,2	265,496
3	Revenue less expenses Subtract line 2 from line 1	3			 762,404
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			912,263
5	Net unrealized gains (losses) on investments	5		20,-	-4,815
6	Donated services and use of facilities	6			<u> </u>
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, column (B))	10		31,6	569,852
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization MIDWEST HOUSING EQUITY GROUP INC						Employer identification	ation number	
MIDW	ESI HO	OUSING EQUITY GROUP INC					47-0767984	
Pa	rt I	Reason for Publi	ic Charity S	Status (All organiza	tions must co	mplete this r		ons.
		zation is not a private f						
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(b)(1)(A)(i).	
2	\sqcap	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)			
3	Г	A hospital or a cooper	rative hospital	service organization	described in sec	tion 170(b)(1)	(A)(iii).	
4	Γ		rganızatıon op	erated in conjunction v				i). Enter the
5	Г	An organization opera		nefit of a college or uni	versity owned o	or operated by	a governmental unit d	escribed in
	•	section 170(b)(1)(A)			,	. ,	J	
6	Г			t or governmental unit	described in se	ection 170(b)(1	L)(A)(v).	
7	<u></u>			ves a substantial part				neneral public
-	,	_	•	vi). (Complete Part II	• •	o a go . o		, c c. a. pas c
8	Γ			tion 170(b)(1)(A)(vi)		tII)		
9	굣	An organization that n	ormally receiv	ves (1) more than 33:	1/3% of its supp	ort from contri	butions, membership	fees, and gross
		receipts from activitie	s related to it	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) fron	n businesses
		acquired by the organ	ızatıon after Ju	une 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)	
10	Γ	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ety See sectio i	n 509(a)(4).	
11	\sqcap	An organization organ	ized and opera	ated exclusively for the	e benefit of, to p	erform the fun	ctions of, or to carry o	out the purposes of
				nızatıons described in	•			
_	_			at describes the type of				
а	ı			perated, supervised, or to regularly appoint o				
				rt IV, Sections A and		ty of the direct	ors or crustees or the	Supporting
b	Γ		<u>-</u>	supervised or controlle		with its suppo	rted organization(s),	by having control or
				nization vested in the	same persons t	hat control or r	nanage the supported	organization(s) You
_	_	must complete Part I			n anaratad in a	annaction with	and functionally into	aratad with ita
С	1			supporting organization ructions) You must co				grated with, its
d	Г			d. A supporting organi				janization(s) that is
		not functionally integr	ated The orga	anızatıon generally mu	st satisfy a dist	tribution requir		
	_			ete Part IV, Sections A				
е	ı			eceived a written deter			salypel, lypell, l	ype III functionally
f		ıntegrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations						
g				out the supported orga				
		J		3	, ,			
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganization	(v) A mount of	(vi) A mount of
		organization	` ´	organization	listed in your	governing	monetary support	other support (see
_				(described on lines	docume	ent?	(see instructions)	ınstructıons)
		1- 9 above or IRC						
		section (see instructions))						
				,,	Yes	No		
				1		ļ		ļ

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organization instructions	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶□

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2	014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished	11,377,070	7,866,492	11,108,433	9,246,384	9	,802,756	49,401,135
	in any activity that is related to the organization's tax-exempt							
	purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or							
4	business under section 513 Tax revenues levied for the							
4	organization's benefit and either							
	paid to or expended on its							
	behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without							
_	charge	11 277 070	7.066.402	11 100 122	0.246.204	0	002.756	40 401 125
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,	11,377,070	7,866,492	11,108,433	9,246,384	9	,802,756	49,401,135
/a	and 3 received from disqualified							0
	persons							
b	Amounts included on lines 2 and							
	3 received from other than							0
	disqualified persons that exceed the greater of \$5,000 or 1% of							U
	the amount on line 13 for the year							
c	Add lines 7a and 7b							0
8	Public support (Subtract line 7c from line 6)							49,401,135
	ction B. Total Support						1	
Cale	ndar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	14	(f) Total
9	beginning in) ► A mounts from line 6	11,377,070	7,866,492	11,108,433	9,246,384	9	,802,756	49,401,135
10a	Gross income from interest,	11,377,070	7,000,132	11,100,133	3/2 10/30 1		,002,730	15,101,133
	dividends, payments received							
	on securities loans, rents,	175,904	106,878	96,765	183,071		227,992	790,610
	royalties and income from							
ь	unrelated business taxable							
U	income (less section 511 taxes)							
	from businesses acquired after							
	June 30, 1975							
C	Add lines 10a and 10b	175,904	106,878	96,765	183,071		227,992	790,610
11	Net income from unrelated business activities not included							
	in line 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part							
	VI)							
13	Total support. (Add lines 9, 10c,	11,552,974	7,973,370	11,205,198	9,429,455	10	,030,748	50,191,745
	11, and 12)	, ,	· · ·	, ,			<u> </u>	
14	First five years. If the Form 990 is check this box and stop here	for the organization	n's first, second	, third, fourth, or f	ifth tax year as a	section	501(c)(3) organization, ►
Se	ection C. Computation of Pub	lic Sunnort Pe	rcentage					
15	Public support percentage for 2014			13, column (f))		15		98 420 %
16	Public support percentage from 201			, (,,				
						16		98 600 %
<u>Se</u>	ction D. Computation of Inv Investment income percentage for				n (f))	T		1 500 61
1/					1 (1))	17		1 580 %
40		/	. warrill line 1					4 400 0/
18	Investment income percentage from 33 1/3% support tests—2014. If the					18	04	1 400 %

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

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

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year						
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 Amounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in					
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons					
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	nured)						
6 Other distributions (describe in Part VI) See instru	JCTIONS						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2014 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
		(::)	(:::)				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1 Distributable amount for 2014 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2014							
a From 2009	a From 2009						
b From 2010							
c From 2011							
d From 2012							
e From 2013							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2014 from Section D, line 7 \$							
A pplied to underdistributions of prior years							
b Applied to 2014 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2015. Add lines 3j and 4c							
8 Breakdown of line 7							
a From 2010							
b From 2011							
c From 2012							
d From 2013							

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).

Facts And Circumstances Test

Return Reference	Explanation
	INCLUDED ON PAGE 9, PART VIII IN CURRENT YEAR OTHER REVENUE LINE 7C IS A LOSS ON DISPOSAL OF DEPRECIABLE ASSETS OF \$2,848 THE LOSS IS NOT BEING INCLUDED ON SCHEDULE A, PART III, LINE 12 BECAUSE IT DOES NOT MEET THE DEFINITION OF SUPPORT AS DEFINED IN SECTION 509(D) OF THE INTERNAL REVENUE CODE

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493315019285

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

Political Campaign and Lobbying Activities

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

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization **Employer identification number** MIDWEST HOUSING EOUITY GROUP INC 47-0767984 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2014

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	▶ □	$\overline{}$ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		26,637	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		26,637	
d	Other exempt purpose expenditures		7,238,859	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	7,265,496	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	513,275	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	ue 1f)	128,319	
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 472	20 reporting	

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

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) 658,976 517,522 513,275 1,689,773 Lobbying nontaxable amount Lobbying ceiling amount 2,534,660 (150% of line 2a, column(e)) 24,250 Total lobbying expenditures 49,438 26,637 100,325 Grassroots nontaxable amount 164,744 129,381 128,319 422,444 Grassroots ceiling amount 633,666 (150% of line 2d, column (e)) 26,637 24,250 49,438 100,325 Grassroots lobbying expenditures

	-	ion under section 501(h)).	(6	a)		(b)	
For e activ		elow, provide in Part IV a detailed description of the lobbying	Yes	No	A	moun	nt
1		on attempt to influence foreign, national, state or local uence public opinion on a legislative matter or referendum,					
а	Volunteers?						
b	Paid staff or management (include com	pensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?						
d	Mailings to members, legislators, or the	·					
e	Publications, or published or broadcast	<u> </u>					
f	Grants to other organizations for lobbyi	· · · ·					
g		affs, government officials, or a legislative body?					
h		ventions, speeches, lectures, or any similar means?					
i	Other activities?	-					
j 2-	Total Add lines 1c through 1:	reprients to be not decembed in control FO1/a)/2)2		I			
2a b	If "Yes," enter the amount of any tax in	ganization to be not described in section 501(c)(3)?			-		
C		curred by organization managers under section 4912					
d		ion 4912 tax, did it file Form 4720 for this year?		l			
		zation is exempt under section 501(c)(4), section 5	501(c	\ <u>\</u>	Or Se	ctio	<u> </u>
	501(c)(6).		,,,,	,,,,	.		••
						Yes	No
1	Were substantially all (90% or more) di	ues received nondeductible by members?			1		
2	Did the organization make only in-hous	e lobbying expenditures of \$2,000 or less?			2		
3		lobbying and political expenditures from the prior year?			3		
Par		zation is exempt under section 501(c)(4), section 5 (a) BOTH Part III-A, lines 1 and 2, are answered " es."					
1	Dues, assessments and similar amount	s from members	1				
2	Section 162(e) nondeductible lobbying expenses for which the section 527(f)	and political expenditures (do not include amounts of political tax was paid).					
a	Current year		2a				
b	Carryover from last year		2b				
c	Total	0.2.2 (a.)(1.)(4.) matrices of mandadustrible posture 1.6.2 (a.) dura	2c				
3 4		1033(e)(1)(A) notices of nondeductible section 162(e) dues line 2c exceeds the amount on line 3, what portion of the excess	3				
4		r to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?		4				
5	Taxable amount of lobbying and politica	l expenditures (see instructions)	5				
Pa	art IV Supplemental Informa	tion					
		A , line 1 , Part l-B , line 4 , Part l-C , line 5 , Part II-A (affiliated grou so, complete this part for any additional information	ıp lıst),	Part I	I-A, lı	nes 1	and
	Return Reference	Explanation					
PAR	T II-A, LINE 1A LOBB	YING EXPENDITURES WERE MADE IN ORDER TO INFLUENCE	LEGIS	LATOR	S TO	ENAG	CT
	·	ERTY TAX LEGISLATION TO PROTECT AFFORDABLE HOUSIN					

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493315019285

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** MIDWEST HOUSING EQUITY GROUP INC 47-0767984 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	III Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	<u>tori</u>	<u>cal Ti</u>	<u>reasu</u>	res, or Ot	the	r Similar As	ssets	(con	<u>tınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck	any of	the follo	owing that a	re a	significant us	e of its		
а	Public exhibition		d	Γ	Loan	or exch	nange progra	ams				
b	Scholarly research		e	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	y furth	er the o	rganızatıon'	's ex	empt purpose	ın		
5	During the year, did the organization solicit								ıılar	_	_	_
D	assets to be sold to raise funds rather than t		·						aall ta Farma	<u> </u>	s	No
Раг	ESCROW and Custodial Arrang Part IV, line 9, or reported an an						i ariswered	י א נ	es to form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other asse	ets r	not	┌ Ye	s [
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able							
									Aı	mount		
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21,	for e	scrow	orcusto	odial accoun	nt lia	bility?	┌ Ye	s [- No
b	If "Yes," explain the arrangement in Part XII	II Check here if the	expla	anatı	on has	been p	rovided in P	art)	XIII		Γ	_
Par												
	·	(a)Current year)Prior					Three years back		ur yea	rs back
1a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end baland	e (lın	e 1g	, colum	nn (a)) h	neld as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment -											
c	Temporarily restricted endowment ►											
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are hel	d and a	dmınıstered	for	the			
	organization by									-	es	No
	(i) unrelated organizations			•				•	3a		_	
b	(ii) related organizations									(ii) 	_	
4	Describe in Part XIII the intended uses of the							•	3	<u> </u>		
	VI Land, Buildings, and Equipme					n answ	ered 'Yes'	' to	Form 990. P	art IV	. line	<u>-</u>
	11a. See Form 990, Part X, line			. 9							,	
	Description of property				ı) Cost c sıs (ınve	or other stment)	(b)Cost or o basis (othe		(c) Accumulate depreciation		I) Boo	k value
1 a L				$\overline{}$			1					
h F	and		•									
	and		•									
							173,	,730	2,	172		171,558
c L	Buildings	· · · · · · · · · · · · · · · · · · ·						,730 ,327	2, 133,			171,558 135,856
c L d E	easehold improvements		· · ·				269,			471		

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related.	Complete if the organization	$\overline{}$ n answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Pook volue	(a) Mathed of valuation
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	<u> </u>	
Part IX Other Assets. Complete if the organization	tion answered 'Ves' to Form 990	Part IV line 11d See Form 990 Part X line 15
	scription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) lin	15)	
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
INVESTMENT IN LIMITED PARTNERSHIPS	27,829	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 27,829	

PART XI, LINE 2D - OTHER

PART XII, LINE 2D - OTHER

PART XII, LINE 4B - OTHER

ADJUSTMENTS

ADJUSTMENTS

ADJUSTMENTS

Par	txI Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.	er R	leturn Complete if
1	Total revenue, gains, and other support per audited financial statements	1	10,031,313
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -4,815		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	3,413
3	Subtract line 2e from line 1	3	10,027,900
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	10,027,900
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1	Total expenses and losses per audited financial statements	1	7,265,064
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	1,828
3	Subtract line 2e from line 1	3	7,263,236
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b 2,260		
C	Add lines 4a and 4b	4c	2,260
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,265,496
Par	Supplemental Information		
Part	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to mation		de any additional
	Return Reference Explanation		
PART	THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDE THE INTERNAL REVENUE CODE AND STATE INCOME TAX ACCORE FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS E ACCOMPANYING FINANCIAL STATEMENTS GENERALLY, THE FEDE ARE SUBJECT TO EXAMINATION FOR THREE YEARS AFTER THE LA EXTENDED DUE DATE OR THE DATE FILED WITH THE APPLICABLE	DINGL BEEN RAL A TER C	LY, NO PROVISION RECOGNIZED IN THE AND STATE RETURNS OF THE ORIGINAL OR

GAAP LOSS IN PARTNERSHIP INVESTMENTS 1,828

GAAP/TAX DIFFERENCE IN DEPRECIATION EXPENSE 2,260

LOSS ON SALE OF ASSETS 1,784 TAX LOSS IN PARTNERSHIP INVESTMENTS 6,444

Schedule	D (Form	9901	2014
Schedule	$\boldsymbol{\nu}$		33U)	ZVIT

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Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
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Schedule D (Form 990) 2014

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

DLN: 93493315019285 OMB No 1545-0047

Department of the Treasury

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990.

Open to Public **Inspection**

Internal Revenue Service ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number MIDWEST HOUSING EQUITY GROUP INC 47-0767984

|--|

- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MIDWEST HOUSING DEVELOPMENT FUND 515 N 162ND AVE SUITE 202 OMAHA,NE 68118	84-1686593	501(C)(3)	200,000				GRANT MATCH FOR A CDFI AWARD FROM 2012, USED BY MHDF TO FUND/SUPPORT ITS LOAN PORTFOLIO
(2) UNITED WAY OF CENTRAL IO WA 1111 9TH STREET SUITE 100 DES MOINES,IA 50314	42-0680425	501(C)(3)	5,000				DEER RIDGE PRESCHOOL TRANSPORTATION

2	Enter total number of section	n 501(c)(3) and government	organizations listed in the line 1 table.
-	Enter total namber of section	1 301 (c)(3) and government	organizaciono nocea in che nne i cable i

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation							
	THE BOARD OF DIRECTORS APPROVES THE AMOUNT OF FUNDS DESIGNATED FROM THE BUDGET FOR GRANTS TO HELP NON PROFIT ORGANIZATIONS AND LOWINCOME HOUSING PARTNERSHIPS THE ORGANIZATION'S EXECUTIVE COMMITTEE STAFF ARE RESPONSIBLE FOR SELECTING NON PROFITS TO RECEIVE GRANTS							

Schedule I (Form 990) 2014

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DLN: 93493315019285

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

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

47-0767984

Pai	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a	Yes	
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	own of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable				(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 JASON MAIN, CFO	(i)	201,284	50,205	0	25,986	9,101	286,576	0
	(ii)	0	0	0	0	0	0	0
2 ANN BURGE, COO	(i)	187,739	42,705	0	23,209	2,341	255,994	0
	(ii)	0	0	0	0	0	0	0
3 BECKY CHRISTOFFERSEN, CIO	(i)	214,271	52,705	0	26,000	6,601	299,577	0
CIO	(ii)	0	0	0	0	0	0	0
4 PATRICK MICHAELIS, VP/BUSINESS DEVELOPMENT	(i)	142,293	34,039	0	17,589	945	194,866	0
OF	(ii)	0	0	0	0	0	0	0
5 ANDREA FRYMIRE, VP/BUSINESS DEVELOPMENT	(i)	141,072	34,039	0	17,589	2,173	194,873	0
OF	(ii)	0	0	0	0	0	0	0
6 JOHN WIECHMANN, PRESIDENT AND CEO	(i)	324,637	90,205	0	26,000	7,801	448,643	0
	(ii)	0	0	0	0	0	0	0
7 TOM STRATMAN, VP OF ACQUISITIONS	(i)	139,787	35,203	0	18,194	7,500	200,684	0
ACQUISTTIONS	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2014

Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
	A BONUS POOL IS IN PLACE AND CALCULATED BASED ON THE NET INCOME OF THE COMPANY THE CALCULATION AND FINAL AMOUNT IS APPROVED BY THE INDEPENDENT BOARD OF DIRECTORS

Schedule J (Form 990) 2014

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OMB No 1545-0047

2014

Open to Public Inspection

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.

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

Name of the organization
MIDWEST HOUSING EQUITY GROUP INC

47-0767984

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	ALL TRANSACTIONS THAT COULD BE OF FINANCIAL BENEFIT TO THE ABOVE MENTIONED INDIVIDUALS GO TO AN APPROVAL PROCESS BY INDEPENDENT BOARD MEMBERS AND SUB-COMMITTEES
FORM 990, PART VI, SECTION B, LINE 15	THE CEO COMPLETES AN EVALUATION USING THE 360 EVALUATION PROCESS, SIX DIRECT REPORTS AND S IX NON-DIRECT REPORTS WERE SURVEYED AS TO THE CEO'S LEADERSHIP IN CONJUNCTION WITH THE EVA LUATION THEY COMPARE DATA FROM A COMPENSATION SURVEY AND REVIEW THE SALARY OF HIS PEERS THERE IS AN EVALUATION PROCESS FOR ALL EMPLOYEES AND THE OVERALL INCREASE IN SALARIES AND BONUSES IS APPROVED BY THE INDEPENDENT BOARD MEMBERS
FORM 990, PART VI, SECTION C, LINE 19	MIDWEST HOUSING EQUITY GROUP DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST P OLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
FORM 990, PART VI, SECTION A, LINE 1B & FORM 990, PART VII, SECTION A	DURING 2013, AN EMPLOYEE LEFT THE ORGANIZATION AND AS A RESULT, A BOARD MEMBER PERFORMED T HE SERVICES OF THE FORMER EMPLOYEE AND SHE STAYED ON IN A CONSULTANT/MENTOR CAPACITY AFTER THE REPLACEMENT WAS FOUND IN 2014
FORM 990, PART XII, QUESTION 2C	THE AUDIT PROCESS IS DIRECTED BY THE CHIEF FINANCIAL OFFICER ONCE THE AUDIT IS COMPLETE, THE AUDIT REPORT IS PRESENTED TO THE INVESTMENT COMMITTEE BY THE INDEPENDENT AUDITING FIRM ALL INVESTMENT COMMITTEE MEMBERS HAVE THE OPPORTUNITY TO HAVE ALL QUESTIONS ANSWERED WHEN THE INVESTMENT COMMITTEE IS SATISFIED WITH THE AUDIT REPORT, THE INVESTMENT COMMITTEE RECOMMENDS TO THE BOARD OF DIRECTORS THAT THE AUDIT REPORT BE APPROVED THIS OVERSIGHT PROCESS IS COMPLETED PRIOR TO THE ANNUAL MEETING WHEN THE AUDIT IS UP FOR BID, THE INVESTMENT COMMITTEE RECOMMENDS TO THE BOARD WHETHER OR NOT THE EXISTING AUDITING FIRM SHOULD BE RETAINED OR REPLACED

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493315019285

OMB No 1545-0047 2014

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SCHEDULE R (Form 990)

Name of the organization

MIDWEST HOUSING EOUITY GROUP INC

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

47-0767984

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

				·	
(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
(1) MHEG 2011 FUND MANAGER LLC 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 61-1641223	RENTAL REAL ESTATE	NE	-804	-2,119	MIDWEST HOUSING EQUITY GROUP
(2) MHEG 2012 FUND MANAGER LLC 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 35-2439507	RENTAL REAL ESTATE	NE	-422	-1,067	MIDWEST HOUSING EQUITY GROUP
(3) MHEG 2013 FUND MANAGER LLC 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 37-1714217	RENTAL REAL ESTATE	NE	-729	-930	MIDWEST HOUSING EQUITY GROUP
(4) MHEG 2014 FUND MANAGER LLC 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 46-4553222	RENTAL REAL ESTATE	NE	-32	168	MIDWEST HOUSING EQUITY GROUP

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling	(g Section	512(b)
		or foreign country)		(if section 501(c)(3))	entity	(13) cor entit	
						Yes	No
							,

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant Income (related, unrelated, excluded from tax under sections 512-	(f) Share of total income		rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		jing	(k) Percentag ownership
				514)		Yes	No		Yes	No	
See Additional Data Table											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	512 .3) lled
							Yes	No
(1) MIDWEST HOUSING ASSISTANCE CORP 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0773664	RENTAL REAL ESTATE	NE		С		100 000 %		No

(6) MHEG FUND 40 LP

Part V	Transactions With Related Organizations Complete if the o	rganization answered "	'Yes" on Form 990, Part	: IV, line 34, 35b, or 36.			
Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During	the tax year, did the orgranization engage in any of the following transactions	with one or more related o	organizations listed in Parts	s II-IV?			
a Rec	eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled	entity			1a		No
b Gift	, grant, or capital contribution to related organization(s)				1b		No
c Gıft,	, grant, or capital contribution from related organization(s)				1 c		No
d Loa	ns or loan guarantees to or for related organization(s)				1d	Yes	
e Loa	ns or loan guarantees by related organization(s)				1e		No
f Divi	dends from related organization(s)				1f		No
g Sale	e of assets to related organization(s)				1g		No
h Pur	chase of assets from related organization(s)				1h		No
i Excl	nange of assets with related organization(s)				1i		No
j Leas	se of facilities, equipment, or other assets to related organization(s)				1j		No
k Lea	se of facilities, equipment, or other assets from related organization(s)				1k		No
I Perf	ormance of services or membership or fundraising solicitations for related org	janization(s)			11	Yes	
m Perf	ormance of services or membership or fundraising solicitations by related org	ianization(s)			1m		No
n Shar	ing of facilities, equipment, mailing lists, or other assets with related organiza	ation(s)			1n		No
o Sha	ring of paid employees with related organization(s)				10		No
p Reir	mbursement paid to related organization(s) for expenses				1 p		No
q Reir	mbursement paid by related organization(s) for expenses				1 q	Yes	
r Oth	er transfer of cash or property to related organization(s)				1r		No
s Oth	er transfer of cash or property from related organization(s)				1s		No
2 Ifth	e answer to any of the above is "Yes," see the instructions for information on	who must complete this li	ne, including covered relati	onships and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ii	nvolve	d	
(1) 4318 FC	ORT STREET LLC	L	100,000				
(2) MHEG F	UND 42 LP	L	4,837,875				
(3) MHEG C	OMMUNITY FUND 43 LP	L	918,750				
(4) KANSAS	FUND X LP	L	145,537				
(5) OKLAHO	MA FUND IV LP	L	56,075				

2,458,491

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

Name, address, and EIN of entity Name, address, and ent	[·								
514)			Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	50 orga	all partners section 01(c)(3)	Share of total	Share of end-of-year	Disproprtiona		Code V-UBI amount in box 20 of Schedule K-1	General or managing		Percentage
				514)	Yes	No	1		Yes	No	ı İ	Yes	No	
					لـــــــــا				163					ļ

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**

Software ID: Software Version:

EIN: 47-0767984

Name: MIDWEST HOUSING EQUITY GROUP INC

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

Form 990, Schedule R,	Part III - Ident		n of Related	Organization	s Taxable as	a Partnership			(i)	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under	(f) Share of total Income	(g) Share of end-of- year assets	(h) Disproprtionat allocations?	(i) e Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	Gen		(k) Percentage ownership
				sections 512-514)			Yes No		Yes	No	
OKLAHOMA EQUITY FUND I LP	RENTAL REAL ESTATE	ок	N/A	RELATED	-154	224,999	No No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118											
33-1115755 OKLAHOMA EQUITY FUND II LP	RENTAL REAL ESTATE	ОК	N/A	RELATED	-182	9,387	No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-5738947											
OKLAHOMA FUND III LP 515 N 162ND AVE SUITE 202	RENTAL REAL ESTATE	ок	N/A	RELATED	-136	1,251,888	No		Yes		0 010 %
OMAHA, NE 68118 26-2381043 OKLAHOMA FUND IV LP	RENTAL REAL	ОК	N/A	RELATED	-225	1,830,782	No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-5346263	ESTATE										
IOWA EQUITY FUND I LP 515 N 162ND AVE SUITE 202 OMAHA, NE 68118	RENTAL REAL ESTATE	IA	N/A	RELATED	-40	6,904	No		Yes		0 010 %
30-0046359 IOWA EQUITY FUND II LP	RENTAL REAL ESTATE	IA	N/A	RELATED	-154	1,192,855	No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-0072076											
IOWA EQUITY FUND III LP 515 N 162ND AVE SUITE 202 OMAHA, NE 68118	RENTAL REAL ESTATE	IA	N/A	RELATED	-113	11,140	No		Yes		0 010 %
20-5739095 IOWA FUND IV LP 515 N 162ND AVE SUITE 202 OMAHA, NE 68118	RENTAL REAL ESTATE	IA	N/A	RELATED	-99	854,978	No		Yes		0 010 %
26-2587462 IOWA FUND V LP 515 N 162ND AVE SUITE	RENTAL REAL ESTATE	IA	N/A	RELATED	-138	3,431,360	No		Yes		0 010 %
202 OMAHA, NE 68118 26-4018140 IOWA FUND VI LP	RENTAL REAL	IA	N/A	RELATED	-154	2,279,128	No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-2174856	ESTATE	14	IV/A	RELATED	251	2,273,120	No		165		0 010 70
IOWA FUND VII LP 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-5100545	RENTAL REAL ESTATE	IA	N/A	RELATED	-252	6,616,377	No		Yes		0 010 %
KANSAS EQUITY FUND I LP 515 N 162ND AVE SUITE	RENTAL REAL ESTATE	KS	N/A	RELATED	-14	54,713	No		Yes		0 010 %
202 OMAHA, NE 68118 39-2008696											
KANSAS EQUITY FUND II LP 515 N 162ND AVE SUITE 202	RENTAL REAL ESTATE	KS	N/A	RELATED	-37	8,015	No		Yes		0 010 %
OMAHA, NE 68118 30-0046363 KANSAS EQUITY FUND III LP	RENTAL REAL ESTATE	KS	N/A	RELATED	-143	1,795,821	No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 76-0742787											
KANSAS EQUITY FUND IV LP 515 N 162ND AVE SUITE	RENTAL REAL ESTATE	KS	N/A	RELATED	-163	654,726	No		Yes		0 010 %
202 OMAHA, NE 68118 26-0105906											

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

Form 990, Schedule R,	Part III - Ident	tificatioı (c)	n of Related		s Taxable as	a Partnership				(j)	
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections	(f) Share of total Income	(g) Share of end-of- year assets	(h) Disprop allocat	ortionate	(i) e Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	Ger Man	neral or aging ener?	(k) Percentage ownership
•	RENTAL REAL	KS	N/A	512-514)	-59	1,287,831	Yes	No No		Yes Yes	No	0 010 %
LP 515 N 162ND AVE SUITE 202	ESTATE											
OMAHA, NE 68118 20-5608271	DENTAL DEAL	KS	NI (A	DELATED	-71	1,308,841		N.a.		V		0.010.8/
KANSAS FUND VI LP	RENTAL REAL ESTATE	"	N/A	RELATED	,,	1,500,041		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-1951376												
KANSAS FUND VII LP	RENTAL REAL	KS	N/A	RELATED	-76	950,217		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-4018301	ESTATE											
KANSAS FUND VIII LP	RENTAL REAL ESTATE	KS	N/A	RELATED	-144	2,433,384		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-2174407												
KANSAS FUND IX LP	RENTAL REAL ESTATE	KS	N/A	RELATED	-155	4,085,951		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-5100715												
KANSAS FUND X LP	RENTAL REAL	KS	N/A	RELATED	-202	7,967,727		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118	ESTATE											
45-4818941 MHEG FUND 40 LP	RENTAL REAL	NE	N/A	RELATED	-595	117,330,840		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118	ESTATE		1470	INCEATED		, ,						0 010 %
30-0766625 MHEG COMMUNITY FUND	RENTAL REAL	NE	N/A	RELATED	-134	12,326,650		No		Yes		0 010 %
41 LP 515 N 162ND AVE SUITE 202 OMAHA, NE 68118	ESTATE		,			, ,						0 010 %
61-1706605 MHEG FUND 42 LP	RENTAL REAL	NE	N/A	RELATED	-26	62,560,625		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 38-3922426	ESTATE	, WE	N/O	KELATES		19711912				103		0 010 %
MHEG COMMUNITY FUND 43 LP	RENTAL REAL ESTATE	NE	N/A	RELATED	-6	13,386,200		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 32-0434441												
EQUITY FUND OF NEBRASKA VI LP 515 N 162ND AVE SUITE	RENTAL REAL ESTATE	NE	N/A	RELATED	-134	13,513		No		Yes		0 010 %
202 OMAHA, NE 68118 43-1808737												
EQUITY FUND OF NEBRASKA VII LP	RENTAL REAL ESTATE	NE	N/A	RELATED	-112	25,732		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118												
EQUITY FUND OF NEBRASKA VIII LP	RENTAL REAL ESTATE	NE	N/A	RELATED	-71	40,601		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118												
47-0828532 EQUITY FUND OF NEBRASKA IX LP	RENTAL REAL ESTATE	NE	N/A	RELATED	-146	-1,187		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0844673												
EQUITY FUND OF NEBRASKA IX-B LP	RENTAL REAL ESTATE	NE	N/A	RELATED	-8	760		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0845255												
	· 	•	·		'		'			•	, 1	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (e) General Legal (d) (f) (g) Disproprtionate Code V-UBI amount (k) Predominant Share of end-of-Direct Domicile Share of total Name, address, and EIN of Primary activity income(related, allocations? Percentage ın ıncome (State Controlling year assets Managing ownership Box 20 of Schedule related organization unrelated. Entity Partner? or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No **EOUITY FUND OF** RELATED -191 11,840 0 010 % RENTAL REAL ΝE N/A Νo Yes ESTATE NEBRASKA X LP 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 11-3645080 -214 220,940 **EQUITY FUND OF** RENTAL REAL N/A RELATED ΝE Νo Yes 0 010 % NEBRASKA XI LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 71-0969038 RENTAL REAL -232 904,562 0 010 % **EQUITY FUND OF** ΝE N/A RELATED Νo Yes NEBRASKA XII LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 03-0607491 841,868 NEBRASKA FUND XIII LP RENTAL REAL ΝE N/A RELATED Yes 0 010 % Νo ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-2444496 RENTAL REAL -123 2,969,063 NEBRASKA FUND XIV LP ΝE N/A RELATED Νo Yes 0 010 % ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-4018401 -195 7,244,211 RENTAL REAL RELATED NEBRASKA FUND XV LP ΝE N/A Νo Yes 0 010 % ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-2174738 -172 5,289,981 NEBRASKA FUND XVI LP RENTAL REAL RELATED ΝE N/A Νo Yes 0 010 % ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-5100196 NEBRASKA FUND XVII LP RENTAL REAL RELATED -220 8,198,517 ΝE N/A 0 010 % Νo Yes ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 45-4757784 MDI LIMITED PARTNERSHIP RENTAL REAL IΑ N/A #62 ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 41-2005649 VAN ALLEN LP RENTAL REAL IΑ N/A ESTATE 14 WEST 21ST STREET-PO BOX 473 SPENCER, IA 51301 42-1507169 THORNBURY WAY LP RENTAL REAL IΑ N/A ESTATE PO BOX 473 14 WEST 21ST SPENCER, IA 51301 42-1527248 RENTAL REAL CEDAR PARK N/A PRESERVATION ALP ESTATE 2930 BELL AVENUE DES MOINES, IA 50321 20-0401516 DUNLAP ASSISTED LIVING RENTAL REAL N/A LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-3738210 LAMONI ASSISTED LIVING RENTAL REAL IΑ N/A LLC ESTATE

515 N 162ND AVE SUITE

RENTAL REAL

ESTATE

IΑ

N/A

OMAHA, NE 68118 20-3738239 LMAAL LLLP

LE MARS, IA 51031 05-0539068

PO BOX 66

202

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (d) (f) General Legal (g) Disproprtionate Code V-UBI amount (k) Predominant Direct Domicile Share of total Share of endor Name, address, and EIN of income(related, allocations? Percentage Primary activity ın Controlling ıncome of-year assets Managing (State ownership related organization unrelated, Box 20 of Schedule Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No NORTHPARK APARTMENTS | RENTAL REAL N/A IΑ ESTATE LLLP 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-1784441 ODEBOLT ASSISTED RENTAL REAL N/A LIVING LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-3738090 PANORA ASSISTED LIVING RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-3738136 STONE RIDGE LLLP RENTAL REAL IΑ N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-3671527 RENTAL REAL ADEL ASSISTED LIVING LP IΑ N/A ESTATE PO BOX 473 SPENCER, IA 51301 20-0326338 PIONEER WOODS LLC RENTAL REAL N/A ESTATE 921 SIXTH AVE STE B DES MOINES, IA 50309 20-3786543 RENTAL REAL SPRING VILLAGE IΑ N/A APARTMENTS OF IOWA LLC ESTATE 2 E MIFFLIN STREET SUITE 401 MADISON, IA 53703 20-4593874 SPRUCE HILLS VILLAGE LLC RENTAL REAL IΑ N/A ESTATE 2 E MIFFLIN STREET SUITE 401 MADISON, IA 53703 20-4261825 THE ANTLERS LP RENTAL REAL N/A ESTATE PO BOX 473 SPENCER, IA 51301 20-1888027 BROWN APARTMENTS LP RENTAL REAL N/A ESTATE 5400 KIRKWOOD **BOULEVARD SW** CEDAR RAPIDS, IA 52404 26-1195327 BERRY COURT LIMITED RENTAL REAL IΑ N/A PARTNERSHIP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-5823686 RENTAL REAL HFS COUNCIL BLUFFS LLC IΑ N/A ESTATE 2101 S 42ND STREET OMAHA, NE 68105 20-3781186 PARKWILD HEIGHTS LLC RENTAL REAL N/A ESTATE 13057 WEST CENTER ROAD OMAHA, NE 68144 20-4909457 BOONE 2 LIMITED RENTAL REAL IΑ N/A ESTATE PARTNERSHIP 1909 SYCAMORE AVE PO BOX 456 GRANGER, IA 50109 20-4882105 CHAPEL RIDGE WEST I LP RENTAL REAL N/A ESTATE 319 7TH STREET SUITE 500 DES MOINES, IA 50309 38-3766414

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

Form 990, Schedule R, Pa	art III - Identifi	cation (c)	or Related O		i axable as a	Partnership				(i)	
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Disproj allocat	prtionate	(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	Gen	eral r iging ner?	(k) Percentage ownership
COMMUNITY HOMES LP	RENTAL REAL ESTATE	IA	N/A				res			res	NO	
PO BOX 473 SPENCER, IA 51301 20-5859839												
SANCTUARY TRANSITIONAL HOUSING I LLLP	RENTAL REAL ESTATE	IA	N/A									
800 5TH ST SIOUX CITY, IA 51101 20-3796692												
ST MARY'S APARTMENTS OF DUBUQUE LLC	RENTAL REAL ESTATE	IA	N/A									
2 EAST MIFFLIN STREET SUITE 401 MADISON, IA 53703 26-0472283												
STOCKBRIDGE LP 1620 PLEASANT STREET	RENTAL REAL ESTATE	IA	N/A									
DES MOINES, IA 50314 20-5829617												
NORTHWOODS LIMITED PARTNERSHIP 1	RENTAL REAL ESTATE	IA	N/A									
1600 UNIVERSITY AVENUE STE 212 ST PAUL, MN 55104 20-1743309												
CANTERBURY IV LIMITED PARTNERSHIP	RENTAL REAL ESTATE	IA	N/A									
319 7TH STREET SUITE 500 DES MOINES, IA 50309 38-3766417												
DEER RIDGE VI LP	RENTAL REAL ESTATE	IA	N/A									
319 7TH STREET SUITE 500 DES MOINES, IA 50309 38-3766416												
GRANT TERRACE LLLP PO BOX 473	RENTAL REAL ESTATE	IA	N/A									
SPENCER, IA 51301 20-3773650												
HOME TO STAY LP PO BOX 473 SPENCER, IA 51301	RENTAL REAL ESTATE	IA	N/A									
20-3746904 LINCOLN TERRACE LP	RENTAL REAL	IA	N/A									
PO BOX 473 SPENCER, IA 51301 20-1845755	ESTATE											
WILLOW BEND II LIMITED PARTNERSHIP	RENTAL REAL ESTATE	IA	N/A									
319 7TH STREET SUITE 500 DES MOINES, IA 50309 38-3766415												
OLD SPENCER SCHOOL LLLP	RENTAL REAL ESTATE	IA	N/A									
PO BOX 473 SPENCER, IA 51301 26-1232442												
WILLOW BEND I LIMITED PARTNERSHIP	RENTAL REAL ESTATE	IA	N/A									
319 7TH STREET SUITE 500 DES MOINES, IA 50309 20-5817680												
	RENTAL REAL ESTATE	IA	N/A									
319 7TH STREET SUITE 500 DES MOINES, IA 50309 26-3465397												
ANISTON VILLAGE LP	RENTAL REAL ESTATE	IA	N/A									
515 N 162ND AVE SUITE 202 OMAHA, NE 68118												
42-1508090		I	1	I I		l	İ	I		l		

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) (d) General Legal (f) (g) Disproprtionate Code V-UBI amount (k) Predominant (a) Domicile Direct Share of total Share of endor Name, address, and EIN of ıncome(related, allocations? Percentage Primary activity ın Managing Controlling ıncome of-year assets (State Box 20 of Schedule Partner? related organization unrelated, ownership Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No RENTAL REAL N/A MLK BRICKSTONE IΑ DEVELOPMENT LP ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 26-3542783 821 JACKSON LLLP RENTAL REAL IΑ N/A ESTATE 520 NEBRASKA ST SUITE SIOUX CITY, IA 51101 26-3580347 CRESTVIEW TERRACE LLLP RENTAL REAL IΑ N/A ESTATE PO BOX 473 SPENCER, IA 51301 26-1232468 HOLIDAY COURT LLLP RENTAL REAL IΑ N/A ESTATE 211 E 37TH STREET DAVENPORT, IA 52806 26-3035382 SUGAR CREEK BEND LLLP RENTAL REAL N/A IΑ ESTATE PO BOX 473 SPENCER, IA 51301 27-0529358 MLK BRICKSTONE II LP RENTAL REAL IΑ N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-1814624 RENTAL REAL N/A WALKER CORNERS LLC IΑ ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-1260184 125 9TH STREET LLLP RENTAL REAL IΑ N/A ESTATE 14 WEST 21ST STREET-PO BOX 473 SPENCER, IA 51301 27-2092627 RENTAL REAL BAKER CREEK SENIOR IΑ N/A LIVING I LLLP ESTATE **4224 HUBBELL AVENUE** DES MOINES, IA 50317 27-5317473 FB HARLAN LP RENTAL REAL IΑ N/A ESTATE 8201 NW 97TH TERRACE KANSAS CITY, IA 64153 14-2009063 MCKINLEY CREST LLLP RENTAL REAL N/A IΑ ESTATE 2024 FOREST AVENUE SUITE 101 DES MOINES, IA 50311 45-4411713 RENTAL REAL SOUTHERN MEADOWS IΑ N/A ESTATE HOMES LP 1312 LOCUST STREET SUITE 300A DES MOINES, IA 50309 45-4350525 WEST HEIGHTS RENTAL REAL IΑ N/A TOWNHOMES LLLP ESTATE 14 WEST 21ST STREET-PO BOX 473 SPENCER, IA 51301 27-4945254 ESKRIDGE HOUSING I LP RENTAL REAL KS N/A IESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 48-1233794 NORTHVIEW VILLAGE RENTAL REAL N/A APARTMENTS LLC IESTATE 515 N 162ND AVE SUITE 202 **OMAHA, NE 68118** 48-1209143

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (d) (f) General Legal (g) Disproprtionate Code V-UBI amount Predominant (k) Direct Share of end-Domicile Share of total or Name, address, and EIN of Primary activity income(related, allocations? Percentage ın Controlling ıncome of-year assets Managing (State related organization unrelated, Box 20 of Schedule ownership Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No PRAIRIE VILLAS LP RENTAL REAL N/A KS ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 48-1245938 COVENTRY COURT RENTAL REAL KS N/A TOWNHOMES LLC ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 01-0714018 EASTSIDE TOWNHOMES RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 48-1225181 KENSINGTON COURT RENTAL REAL KS N/A APARTMENTS LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 31-1814890 RENTAL REAL NORTHSIDE APARTMENTS KS N/A LLC ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 68-0555810 NORTHGLENN RENTAL REAL N/A APARTMENTS LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 87-0700265 T TOWN HOMES LP RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 48-1251259 TROY HOUSING RENTAL REAL KS N/A INVESTORS LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 81-0550593 AMO HOUSING I LP RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 48-1251559 DELAWARE HIGHLANDS RENTAL REAL KS N/A ASSISTED LIVING LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 42-1619270 GLENN OAKS CITY CENTRE RENTAL REAL N/A LP **ESTATE** 515 N 162ND AVE SUITE 202 **OMAHA, NE 68118** 90-0188716 IVORY STREET RENTAL REAL KS N/A APARTMENTS LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-1492768 KOURI PLACE LLC RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-0099657 MAPLEWOOD TOWNHOMES RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 45-0497417 RENTAL REAL MEADOWVIEW PLACE LLC N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-0233266

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (d) (f) General Legal (g) Disproprtionate Code V-UBI amount Predominant (k) Direct Domicile Share of total Share of endor Name, address, and EIN of income(related, allocations? Percentage Primary activity ın Controlling ıncome of-year assets Managing (State related organization unrelated, Box 20 of Schedule ownership Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No NORTHFIELD VILLAGE LP RENTAL REAL N/A KS ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 68-0571598 PARADISE PLAZA I LLC RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-1677639 PORTER HOUSE RENTAL REAL KS N/A APARTMENTS LLC ESTATE 2909 SW PLASS COURT TOPEKA, KS 66611 20-0059806 RUSSELL HOUSING LLC RENTAL REAL N/A KS ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 51-0540575 SIX UNITS II LP RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 73-1717296 RENTAL REAL SIX UNITS LP KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0934801 WALNUT COURT KS RENTAL REAL N/A APARTMENTS LLC ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 86-1070207 WHEATRIDGE APARTMENTS RENTAL REAL N/A ESTATE LLC 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-0233169 RENTAL REAL WYANDOTTE ASSOCIATES N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 57-1138881 RENTAL REAL CENTERVIEW PLACE LLC KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-4807530 CLASS HOMES I LLC RENTAL REAL N/A KS ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-3583386 CROWN HOMES OF RENTAL REAL KS N/A **HUTCHINSON LLC** ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-2780457 CROWN HOMES OF RENTAL REAL N/A PARSONS LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-1619531 RENTAL REAL FRIENDSHIP PLACE I LLC KS N/A ESTATE 600 WEST BLANCHARD AVENUE SOUTH HUTCHINSON, KS 67505 20-4694152 GARDEN AT FLINT HILLS LP RENTAL REAL KS N/A

ESTATE

515 N 162ND AVE SUITE

OMAHA, NE 68118 20-3006177

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Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (e) Legal (d) (f) (g) General Disproprtionate Code V-UBI amount (a) Name, address, and EIN of (k) (b) ${\tt Predominant}$ of-year assets Share of end-Direct Domicile Share of total Primary activity ıncome(related, ın Percentage Managing (State Controlling ıncome Box 20 of Schedule Partner? ownership related organization unrelated, or Entity excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No GODDARD SENIOR RENTAL REAL KS N/A APARTMENTS LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-3006604 PARADISE PLAZA II LLC RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-3473277 STREET OF DREAMS LLC RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118

OMAHA, NE 68118 20-4840240									
TIERRA VERDE APARTMENTS LLC	RENTAL REAL ESTATE	KS	N/A						
515 N 162ND AVE SUITE 202 OMAHA, NE 68118									
20-4798645	RENTAL REAL	KS	NI /A						
WALNUT CREEK APARTMENTS LLC	ESTATE	K5	N/A						
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-1492271									
WALNUT GLENN APARTMENTS LLC	RENTAL REAL ESTATE	KS	N/A						
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-3466770									
WEST CREST LLC	RENTAL REAL ESTATE	KS	N/A						
2501 NORTH TEE TIME CIRCLE WICHITA, KS 67205 20-1286400									
RURAL HOUSING AND DEVELOPMENT LP	RENTAL REAL ESTATE	KS	N/A						
PO BOX 5900 FORT SMITH, KS 72913 65-1205822									
CHERRY CREEK TOWNHOMES LLC	RENTAL REAL ESTATE	KS	N/A						
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-4694250									
CREEKSIDE PLACE	RENTAL REAL ESTATE	KS	N/A						
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-5913377									
FHI APARTMENTS LP	RENTAL REAL ESTATE	KS	N/A						
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-8501575									
RICHMOND PLACE LLC	RENTAL REAL	KS	N/A						
515 N 162ND AVE SUITE 202 OMAHA, NE 68118	ESTATE								
26-0240681 MERIDEN HEIGHTS LLC	RENTAL REAL	KS	N/A						
1000 SE HANCOCK STREET TOPEKA, KS 66607 20-8254192	ESTATE								
SUNRISE RIDGE TOWNHOMES LLC	RENTAL REAL ESTATE	KS	N/A						
515 N 162ND AVE SUITE 202									
OMAHA, NE 68118 26-0532956									
STONEPOST PARTNERS LLC	RENTAL REAL ESTATE	KS	N/A						
7500 COLLEGE BLVD STE 500 OVERLAND PARK, KS 66210									
20-5868538	1		1	1	1				

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (d) Legal (f) (g) Disproprtionate Code V-UBI amount (k) Predominant (a) Direct Domicile Share of total Share of endor Name, address, and EIN of ıncome(related, allocations? Percentage Primary activity ın Controlling of-year assets ıncome Managing (State ownership related organization unrelated, Box 20 of Schedule Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No CREEKSIDE PARTNERS LLC RENTAL REAL N/A KS ESTATE 7500 COLLEGE BLVD STE 500 OVERLAND PARK, KS 66210 20-8119009 MDI LIMITED PARTNERSHIP RENTAL REAL KS N/A ESTATE 1600 UNIVERSITY AVENUE **STE 212** ST PAUL, MN 55104 20-3290291 PRAIRIE POINTE RENTAL REAL KS N/A TOWNHOMES LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-0480825 CHEYENNE RIDGE LLC RENTAL REAL KS N/A **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-3278617 FLOR DE SOL PARTNERS LLC RENTAL REAL N/A **ESTATE** 7500 COLLEGE BLVD STE 500 OVERLAND PARK, KS 66210 26-0633223 BF III LP RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-3164260 SANDSTONE HOMES ILLC RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-8287866 RENTAL REAL STONEPOST PARTNERS II KS N/A LLC **ESTATE** 2850 MISSION WOODS DR TOPEKA, KS 66614 26-3380572 RENTAL REAL MCKINLEY HOUSING LLC N/A **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-3881063 LARNED DREAM HOMES LLC RENTAL REAL KS N/A **ESTATE** 417 BROADWAY STREET LARNED, KS 67550 27-0278961 COVENTRY COURT RENTAL REAL KS N/A TOWNHOMES II LLC **ESTATE 501 EAST NORTHVIEW** ROAD PO BOX 843 MCPHERSON, KS 67460 26-2867341 CORNERSTONE RENTAL REAL KS N/A APARTMENTS LP **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-3408436 EMPORIA SENIOR RENTAL REAL KS N/A ESTATE RESIDENCES LP 7701 E KELLOGG SUITE 820 WICHITA, KS 67207 27-1165456 FLOR DE SOL PARTNERS II RENTAL REAL N/A KS ESTATE 534 S KANSAS AVENUE SUITE 900 TOPEKA, KS 66603 26-3942869 RENTAL REAL PIONEER ADAMS II LP N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-3086688

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (d) General Legal (f) (g) Disproprtionate Code V-UBI amount (k) Predominant Direct Domicile Share of total Share of endor Name, address, and EIN of ıncome(related, allocations? Percentage Primary activity ın Controlling of-year assets (State ıncome Managing related organization unrelated, Box 20 of Schedule ownership Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No 10TH STREET APARTMENTS RENTAL REAL N/A KS ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 27-3369758 ECHO RIDGE LLC RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 27-3254493 GENESIS HOMES LLC RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 80-0667381 HEARTHSTONE LLC RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 27-2389519 MARYSVILLE SENIOR RENTAL REAL KS N/A ESTATE HOUSING LLC 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-1885130 TENNESSEE TOWN II LLC RENTAL REAL KS N/A **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-1185202 LCHT ACCESSIBLE RENTAL REAL KS N/A HOUSING LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-3399238 HAMPTON WEST LLC RENTAL REAL KS N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-3101834 LA ESTANCIA PARTNERS RENTAL REAL N/A KS ESTATE 534 SOUTH KANSAS **AVENUE SUITE 900** TOPEKA, KS 66603 27-3522454 MARKET STREET LOFTS LP RENTAL REAL N/A ESTATE 8109 NW HILLSIDE DRIVE WEATHERBY LAKE, KS 64152 27-3629179 STONEPOST PARTNERS III RENTAL REAL N/A **ESTATE** 534 SOUTH KANSAS **AVENUE SUITE 900** TOPEKA, KS 66603 27-3489267 RENTAL REAL STATE STREET HOUSING N/A KS ESTATE 8109 NW HILLSIDE DRIVE WEATHERBY LAKE, KS 64152 27-3160956 MURRAY HILL SENIOR RENTAL REAL KS N/A APARTMENTS LP ESTATE 8201 NW 97TH TERRACE KANSAS CITY, KS 64153 27-3629283 FLOR DE SOL III LLC RENTAL REAL KS N/A ESTATE 534 S KANSAS AVE SUITE 900 TOPEKA, KS 66603 27-4280085 RENTALREAL HUMBOLDT SENIOR KS N/A ESTATE

515 N 162ND AVE SUITE

OMAHA, NE 68118 27-4527775

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Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (e) Legal (d) (f) General (g) Disproprtionate Code V-UBI amount (k) (b) Predominant Share of end-Direct Domicile Share of total Name, address, and EIN of Primary activity income(related, allocations? Percentage ın (State Controlling ıncome of-year assets Managing ownership Box 20 of Schedule related organization unrelated, Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No HERITAGE HAWTHORNE RENTAL REAL KS N/A **PARTNERS** ESTATE 534 S KANSAS AVE SUITE 900 **TOPEKA, KS 66603** 27-4896333 PAOLA SENIORS LP RENTAL REAL N/A KS ESTATE 5000 W 95TH STREET SUITE 120 PRAIRIE VILLAGE, KS 66207 45-4329369 RIVERVIEW SENIOR RENTAL REAL N/A DEVELOPERS LP ESTATE 22 E ROCKWOOD DRIVE OTTAWA, KS 660673722 46-1213352 ST MARGARET'S LIHTC LP RENTAL REAL N/A ESTATE 8201 NW 97TH TERRACE KANSAS CITY, KS 64153 90-0435859 4302 S 39TH AVENUE RENTAL REAL ΝE N/A LIMITED PARTNERSHIP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 91-1867793 KOUNTZE PARK CROWN II RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0821967 RENTAL REAL MEADOWVIEW ESTATES LP N/A ΝE ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 91-1859025 CENTRAL PARK TOWER RENTAL REAL ΝE N/A APTS LP ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0814091 KELLOM NORTH LIMITED RENTAL REAL ΝE N/A PARTNERSHIP ESTATE 2221 NORTH 24TH STREET OMAHA, NE 68102 47-0817472 RENTAL REAL 1613 FARNAM STREET LLC ΝE N/A ESTATE 540 S 27TH ST OMAHA, NE 68105 47-0823333 AUBURN HOUSING RENTAL REAL ΝE N/A PARTNERS LP ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 43-1829642 BADER NORTH RENTAL REAL ΝE N/A APARTMENTS LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0825797 GRANT HOUSING I LIMITED RENTAL REAL N/A PARTNERSHIP IESTATE 515 N 162ND AVE SUITE 202 **OMAHA, NE 68118** 47-0820871 LAP HOUSING JONNA RENTAL REAL ΝE N/A COURT LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0823958 OSCEOLA-SHELBY RENTAL REAL ΝE N/A **HOUSING I LP** ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0822573

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (d) (f) General Legal (g) Disproprtionate Code V-UBI amount (k) Predominant (a) Direct Domicile Share of total Share of endor Name, address, and EIN of income(related, allocations? Percentage Primary activity ın (State Controlling ıncome of-year assets Managing ownership related organization unrelated, Box 20 of Schedule Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No RENTAL REAL N/A SOMERS POINT ΝE APARTMENTS LLC ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0819649 ST JAMES MANOR LP RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0819602 SUNSET CROWN I LIMITED RENTAL REAL ΝE N/A PARTNERSHIP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0823641 TILDEN HOUSING I RENTAL REAL N/A LIMITED PARTNERSHIP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0814796 VALLEY VIEW TOWNHOMES RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0821502 405 WEST BROADWAY LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 39-2011010 BARRIER FREE HOMES LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0835356 BEATRICE SUNSET II LLC RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0838041 KOUTNZE PARK CROWN III RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0837312 RENTAL REAL MEADOWS ASSOCIATES ΝE N/A LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0797779 RENTAL REAL PARK VIEW PLAZA ΝE N/A CONGREGATE LP ESTATE 515 N 162ND AVE SUITE 202 **OMAHA, NE 68118** 47-0832163 PINE ESTATES LLC RENTAL REAL N/A IESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0835281 PRAIRIE WOODS CROWN RENTAL REAL ΝE N/A ESTATE LTD 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0842332 THE CENTER APARTMENTS RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0805769 THE VILLAS AT CRYSTAL RENTAL REAL ΝE N/A COURT LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0834890

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (e) Legal (d) (f) General (g) Disproprtionate Code V-UBI amount (k) (b) Predominant Share of total Share of end-Direct Domicile Name, address, and EIN of Primary activity income(related, allocations? Percentage ın (State Controlling ıncome of-year assets Managing Box 20 of Schedule ownership related organization unrelated, Partner? Entity or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No WOODGATE TOWNHOMES RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0841279 KELLOM GARDENS LIMITED RENTAL REAL N/A ΝE PARTNERSHIP ESTATE 2221 NORTH 24TH STREET OMAHA, NE 68110 47-0837446 RIVER CITY LP RENTAL REAL IΑ N/A ESTATE PO BOX 473 14 WEST 21ST SPENCER, IA 51301 42-1527377 3525 EVANS STREET LLC RENTAL REAL N/A ΝE ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0840879 710 SOUTH 20TH STREET RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0837624 ALBION MANOR LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0843815 BLUE TERRACE CROWN LTD RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 75-3045097 CIRRUS HOUSE RENTAL REAL ΝE N/A APARTMENTS LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 46-0479865 IMMANUEL ELDERLY RENTAL REAL ΝE N/A HOUSING I LP ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0830746 KING'S HERITAGE ESTATES RENTAL REAL ΝE N/A I LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 48-1260879 LAP HOUSING WAHOO RENTAL REAL N/A LIMITED PARTNERSHIP IESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0817516 OAK RIDGE APARTMENTS RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 75-3044323 PARENTS OF ALL AGES LP RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0835605 SOMERS POINT RENTAL REAL N/A APARTMENTS II LLC lestate 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0892836 SOUTHWOOD CROWN LP RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 68-0496443

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) Legal (d) (f) (g) General Disproprtionate Code V-UBI amount (k) (a) Predominant Share of total Share of end-Direct Domicile or Name, address, and EIN of Primary activity income(related, allocations? Percentage ın ıncome Managing (State Controlling of-year assets Box 20 of Schedule Partner? ownership related organization unrelated, Entity or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No THE VILLAGE AT RENTAL REAL N/A ΝE HEARTLAND PARK LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0843816 THE VILLAS AT CRYSTAL RENTAL REAL ΝE N/A COURT II LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 75-3044320 RENTAL REAL FULLWOOD SQUARE N/A APARTMENTS LIMITED ESTATE PARTNERSHIP 1701 N 24TH ST STE 102 OMAHA, NE 68110 47-0842565 KELLOM VILLA LIMITED RENTAL REAL ΝE N/A PARTNERSHIP ESTATE 2221 NORTH 24TH STREET

2221 NORTH 24TH STREET OMAHA, NE 68110 47-0839869										
CASTLE ON THE HILL LLC	RENTAL REAL ESTATE	NE	N/A							
515 N 162ND AVE SUITE 202										
OMAHA, NE 68118 39-2034832										
COURTHOUSE VILLA LLC	RENTAL REAL ESTATE	NE	N/A							
515 N 162ND AVE SUITE 202 OMAHA, NE 68118										
20-1179264 HILLSIDE CROWN LLC	RENTAL REAL	NE	N / A							
515 N 162ND AVE SUITE	ESTATE	INE	N/A							
202 OMAHA, NE 68118										
20-0868640 KING'S HERITAGE ESTATES	RENTAL REAL	NE	N/A							
II LLC	ESTATE									
515 N 162ND AVE SUITE 202										
OMAHA, NE 68118 03-0458253										
LEO VAUGHAN MANOR LP	RENTAL REAL ESTATE	NE	N/A							
515 N 162ND AVE SUITE 202										
OMAHA, NE 68118 11-3722438	DENTAL DEAL									
LIVESTOCK EXCHANGE BUILDING LLC	RENTAL REAL ESTATE	NE	N/A							
515 N 162ND AVE SUITE 202										
OMAHA, NE 68118 43-2005184										
SARATOGA CROWN IV LP	RENTAL REAL ESTATE	NE	N/A							
515 N 162ND AVE SUITE 202										
OMAHA, NE 68118 20-0239468										
STREHLOW HOUSING PARTNERS LP	RENTAL REAL ESTATE	NE	N/A							
540 S 27TH ST OMAHA, NE 68105										
84-1651669 THUNDER WAY LP	RENTAL REAL	NE	N/A							
515 N 162ND AVE SUITE	ESTATE		IN/A							
202 OMAHA, NE 68118										
20-1760070 VALACIA NORTH VILLA LLC	RENTAL REAL	NE	N/A	+						
515 N 162ND AVE SUITE	ESTATE									
202 OMAHA, NE 68118 27-0092010										
WEST PARK TOWNHOMES	RENTAL REAL ESTATE	NE	N/A							
515 N 162ND AVE SUITE										
202 OMAHA, NE 68118										
74-3123188		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	 	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (d) (f) General Legal (g) Disproprtionate Code V-UBI amount (k) Predominant Direct Domicile Share of total Share of endor Name, address, and EIN of income(related, allocations? Percentage Primary activity ın Controlling ıncome of-year assets Managing (State ownership related organization unrelated. Box 20 of Schedule Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No YORK PLACE CROWN LTD RENTAL REAL N/A ΝE ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-1672559 GI VENTURE LP RENTAL REAL ΝE N/A ESTATE 13057 WEST CENTER ROAD OMAHA, NE 68144 20-1470744 RALSTON HOUSE RENTAL REAL ΝE N/A ASSOCIATES LLC IESTATE 13057 WEST CENTER ROAD OMAHA, NE 68144 37-1477744 VILLA DE SANTE I LIMITED RENTAL REAL N/A PARTNERSHIP ESTATE 2221 NORTH 24TH STREET OMAHA, NE 68110 90-0001641 APPLE RIVER CROWN LLC RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-2523225 GOLDENROD VILLAGE LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-3278935 GREAT WEST TOWNHOMES RENTAL REAL N/A ESTATE LLC 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-3991280 JAMES TINSLEY VILLAS LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-5290310 KEYSTONE CROWN I LP RENTAL REAL ΝE N/A ESTATE 540 S 27TH ST OMAHA, NE 68105 16-1635419 NORTH OMAHA RENTAL REAL N/A AFFORDABLE HOMES LP ESTATE 540 S 27TH ST OMAHA, NE 68105 20-3415915 NORTH OMAHA CROWN V RENTAL REAL ΝE N/A LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 83-0436367 SUTTON HORSESHOE BEND RENTAL REAL N/A VILLAS LLC ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-3537402 TERRACE HEIGHTS RENTAL REAL ΝE N/A VILLAGE II LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 84-1688521 THE NATHAN LP RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-2536126 WEST WING APARTMENTS RENTAL REAL N/A LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-4901469

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (d) (f) General Legal (g) Disproprtionate Code V-UBI amount (k) Predominant Direct Domicile Share of total Share of endor Name, address, and EIN of Primary activity income(related, allocations? Percentage ın of-year assets Controlling ıncome Managing (State related organization unrelated, Box 20 of Schedule ownership Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No 5217 SOUTH 28TH STREET | RENTAL REAL N/A ΝE ESTATE 2723 Q STREET OMAHA, NE 68107 20-3145069 VILLAGE PLACE 1 LIMITED RENTAL REAL ΝE N/A PARTNERSHIP ESTATE 1701 NORTH 24TH ST **SUITE 102** OMAHA, NE 68110 20-5197001 VILLE DE SANTE II LIMITED RENTAL REAL NΕ N/A PARTNERSHIP ESTATE 2221 NORTH 24TH STREET SUITE 200 OMAHA, NE 68110 20-3533854 CURTIS CENTER HOUSING RENTAL REAL ΝE N/A LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-5708223 RENTAL REAL SOUTHEAST VILLA LLC ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-8622939 VALLEY CROWN LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-5170773 RENTAL REAL WOODLAND PARK ΝE N/A TOWNHOMES LLC ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-8197688 YORKTOWNE ESTATES LLC RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-8197598 WINDRIDGE TOWNHOMES RENTAL REAL ΝE N/A LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-0541952 **GREENVIEW ESTATES LLC** RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-0576269 RED BUD CROWN LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-5946536 LITTLE PRIEST RENTAL REAL N/A ΝE APARTMENTS LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-1777133 RENTAL REAL ROSEWOOD ESTATES LLC NΕ N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-1803399 ROYAL OAKS ESTATES LLC RENTAL REAL NΕ N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-0762832 RENTAL REAL GRETNA CROWN LLC ΝE N/A

ESTATE

515 N 162ND AVE SUITE

OMAHA, NE 68118 26-1901751

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Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (d) (f) General Legal (g) Disproprtionate Code V-UBI amount Predominant (k) (a) Direct Domicile Share of total Share of endor Name, address, and EIN of Primary activity income(related, allocations? Percentage ın Controlling ıncome of-year assets Managing (State related organization unrelated, Box 20 of Schedule ownership Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No RENTAL REAL N/A SUNRISE EAST LLC ΝE ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-2086462 COUNTRY CLOVER CROWN RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 26-2168070 HELP THE HOMELESS OF RENTAL REAL NΕ N/A THE METRO LLC ESTATE 2828 N 23RD STREET EAST OMAHA, NE 68110 20-5584346 RENTAL REAL NO CROWN VI LIMITED ΝE N/A PARTNERSHIP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-0831147 FONTENELLE COTTAGES RENTAL REAL N/A IESTATE LIMITED PARTNERSHIP 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-0830593 RENTAL REAL DAWSON ESTATES LP ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-3560185 VILLE DE SANTE III RENTAL REAL ΝE N/A LIMITED PARTNERSHIP ESTATE 2221 NORTH 24TH STREET OMAHA, NE 68110 26-2766741 WINDRIDGE TOWNHOMES RENTAL REAL ΝE N/A ESTATE II LLC 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-3937677 WOODLAND PARK RENTAL REAL ΝE N/A TOWNHOMES II LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-3913113 CROWN VII LP RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 80-0280008 CARDINAL ESTATES LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-0762767 ROBIN ESTATES LP RENTAL REAL N/A ΝE ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-3913625 YORKTOWNE ESTATES II RENTAL REAL ΝE N/A LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-3913156 RENTAL REAL LEGEND OAKS LLC NΕ N/A ESTATE 515 N 162ND AVE SUITE 202

OMAHA, NE 68118 26-3937725

OMAHA, NE 68118 27-0763367

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LIBERTY ESTATES LLC

515 N 162ND AVE SUITE

RENTAL REAL

ESTATE

ΝE

N/A

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (d) General Legal (f) (g) Disproprtionate Code V-UBI amount (k) Predominant (a) Direct Domicile Share of total Share of endor Name, address, and EIN of ıncome(related, allocations? Percentage Primary activity ın of-year assets (State Controlling ıncome Managing ownership related organization unrelated, Box 20 of Schedule Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No N/A RENTAL REAL GERING VALLEY ESTATES ΝE ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 27-1029899 REBUILDING LIVES LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 26-2997332 DIXIE GARDENS LP RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 27-1061371 REESE ESTATES LP RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 27-1061457 RENTAL REAL RIDGEWOOD CROWN LLC ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 27-0371887 VILLAGE CROWN LIMITED RENTAL REAL NΕ N/A PARTNERSHIPS ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-1263029 MOSIAC RESIDENTIAL RENTAL REAL ΝE N/A SERVICES OF NEBRASKA ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 27-1695051 WESTRIDGE CROWN LLC RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-2123886 SHANNON HEIGHTS LLC RENTAL REAL ΝE N/A **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-2337175 VILLAGE AT HEARTLAND RENTAL REAL ΝE N/A ESTATE PARK II LLC 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-2232245 MILLARD SENIOR HOUSING RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-2787815 LEXINGTON ESTATES LP RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-2207004 SUNRISE LANE LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-2274391 SIXTEENTH STREET RENTAL REAL ΝE N/A LIMITED PARTNERSHIP ESTATE 2221 N 24TH STREET OMAHA, NE 68110 20-5421205 LUKE ESTATES LP RENTALREAL ΝE N/A ESTATE 515 N 162ND AVE SUITE

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OMAHA, NE 68118 45-2346135

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (d) (f) General Legal (g) Disproprtionate Code V-UBI amount (k) Predominant Direct Domicile Share of total Share of endor Name, address, and EIN of Primary activity income(related, allocations? Percentage ın Controlling ıncome of-year assets Managing (State ownership related organization unrelated, Box 20 of Schedule Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No STONEWOOD TOWNHOMES RENTAL REAL N/A ΝE ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 45-1205288 ST PAUL COTTAGES LLC RENTAL REAL NΕ N/A ESTATE 515 N 162ND AVE SUITE **OMAHA, NE 68118** 45-1437758 RENTAL REAL WILDERNESS FALLS LLC NΕ N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 27-4849619 RENTAL REAL CIRRUS SOUTH BEND LP ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 45-2931187 RENTAL REAL GTMC LLC ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 27-2404983 SOUTHWOOD ESTATES LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 45-2231206 NORTH OMAHA SENIOR RENTAL REAL ΝE N/A COTTAGES LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-4464309 RENTAL REAL CYPRESS POINTE LLC ΝE N/A ESTATE 3801 VERMASS PLACE LINCOLN, NE 68502 45-4794848 JACKSON MEADOWS LP RENTAL REAL ΝE N/A ESTATE 908 1ST AVENUE AURORA, NE 68818 37-1666774 RENTAL REAL CITY IMPACT HOMES LLC ΝE N/A ESTATE 8551 LEXINGTON AVENUE LINCOLN, NE 68505 45-4798601 FAIR DEAL LP RENTAL REAL N/A ESTATE 2221 N 24TH STREET OMAHA, NE 68110 45-4056336 SOUTHGATE APARTMENTS RENTAL REAL ΝE N/A BELLEVUE LP ESTATE 16910 FRANCES STREET STE 200 OMAHA, NE 68130 35-2432369 STONEWOOD TOWNHOMES RENTAL REAL N/A II LLC ESTATE 2604 26TH AVENUE CENTRAL CITY, NE 68826 45-5606892 RENTAL REAL CHARMED-PERKINS ОΚ N/A AFFORDABLE HOUSING ESTATE PARTNERS LLC 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-5096477 CHICKASHA SENIOR RENTAL REAL ОΚ N/A LIMITED PARTNERSHIP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-2370359

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (e) (e) (g) (g)

Form 990, Schedule R, I	art III - Identii	rication (c)	of Related C		Taxable as a	Partnersnip						
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under	(f) Share of total Income	(g) Share of end- of-year assets	(h) Disproj allocat	ortionate	(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	(j Gene Mana Part	ral or agıng	(k) Percentage ownership
		Country	•	sections 512-514)			Yes	No		Yes	No	
QUAIL RIDGE HOMES LLC	RENTAL REAL	ОК	N/A									
515 N 162ND AVE SUITE	ESTATE											
202 OMAHA, NE 68118												
59-3797991 PARKLAND TOWN HOMES	RENTAL REAL	ОК	N/A									
AFFORDABLE LLC	ESTATE											
515 N 162ND AVE SUITE 202												
OMAHA, NE 68118 26-1557203												
SAIL ASSOCIATES LLC	RENTAL REAL	ок	N/A									
515 N 162ND AVE SUITE	ESTATE											
202 OMAHA, NE 68118												
20-0680515 BROADWAY POINTE	RENTAL REAL	ОК	N/A									
APARTMENTS	ESTATE											
2813 NW 122ND OKLAHOMA CITY, OK 73120 20-1055550												
STROUD COMMUNITY HOUSING LP	RENTAL REAL ESTATE	ок	N/A									
1401 S MAIN ST SUITE A STILLWATER, OK 740745836 26-1078824												
VALLIANT VILLAGE APARTMENTS LP	RENTAL REAL ESTATE	ОК	N/A									
2537 N HIGHWAY 81 DUNCAN, OK 73533 20-2557716	LSTATE											
GRAND PRAIRIE APARTMENTS LP	RENTAL REAL ESTATE	ок	N/A									
	ESTATE											
2537 N HIGHWAY 81 DUNCAN, OK 73533 20-1681071												
IDABEL PIONEER VILLAGE	RENTAL REAL	ОК	N/A									
LP 2537 N HIGHWAY 81 DUNCAN, OK 73533	ESTATE											
27-0099471 WESTLAWN GARDENS LP1	RENTAL REAL	ОК	N/A									
2400 GENERAL PERSHING	ESTATE											
BLVD OKLAHOMA CITY, OK 73107 26-0420981												
CHECOTAH VILLAGE APTS LIMITED PTRN	RENTAL REAL ESTATE	ОК	N/A									
2537 NORTH HIGHWAY 81 DUNCAN, OK 73533 20-2557635												
WILBURTON VILLAGE LP	RENTAL REAL ESTATE	ок	N/A									
2537 N HIGHWAY 81 DUNCAN, OK 73533 27-0099468												
COTTAGE PARK LP 2	RENTAL REAL ESTATE	ОК	N/A									
515 N 162ND AVE SUITE 202												
OMAHA, NE 68118 23-1339001		<u>_</u>								L		
COTTAGE PARK LP 1	RENTAL REAL ESTATE	ок	N/A									
515 N 162ND AVE SUITE 202												
OMAHA, NE 68118 20-5129779												
CHARMED-PERKINS AFFORDABLE HOUSING PARTNERS II LLC	RENTAL REAL ESTATE	ок	N/A									
515 N 162ND AVE SUITE 202												
202 OMAHA, NE 68118 26-3797392												
HICKORY RIDGE MCALESTER LLC	RENTAL REAL ESTATE	ок	N/A									
111 EAST BROADWAY SUITE 1250 SALT LAKE CITY, OK 84111 26-1547913												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (d) (f) General Legal (g) Disproprtionate Code V-UBI amount (k) Predominant Direct Domicile Share of total Share of endor Name, address, and EIN of ıncome(related. allocations? Percentage Primary activity ın Controlling ıncome of-year assets Managing (State related organization unrelated, Box 20 of Schedule ownership Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No RENTAL REAL EUFAULA AFFORDABLE N/A ОК HOUSING PARTNERS LP ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 14-1983401 MOUNT OLIVE LIMITED RENTAL REAL ОК N/A PARTNERSHIP ESTATE 3900 N MARTIN LUTHER KING JR AVE OKLAHOMA CITY, OK 73111 26-1400008 RENTAL REAL URBAN LEAGUE CAPITOL ОΚ N/A SQUARE LP ESTATE 3900 N MARTIN LUTHER KING AVE OKLAHOMA CITY, OK 73111 26-1776170 WOODSON PARK RENTAL REAL ОΚ N/A APARTMENTS LTD ESTATE 2813 NW 122ND OKLAHOMA CITY, OK 73120 20-3932744 RENTAL REAL SKIATOOK RETIREMENT ОК N/A COMMUNITY LIMITED ESTATE PARTNERSHIP 115 N BROADWAY INOLA, OK 74036 20-5607765 LEGENDS AT HICKORY RENTAL REAL N/A RIDGE II LP ESTATE 20 EAST 9TH STREET SHAWNEE, OK 74801 27-0250606 SMITH FARM ESTATE LLC RENTAL REAL ОΚ N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-1234324 STONEBROOK VILLAS LLC RENTAL REAL N/A **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-1324435 STONEBROOK ESTATES LLC RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-1324774 ARDMORE AFFORDABLE RENTAL REAL N/A HOUSING LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-0287120 HOLDENVILLE OAKRIDGE RENTAL REAL ОΚ N/A COMMUNITY II LP ESTATE 20 FAST 9TH STREET SHAWNEE, OK 74801 27-1331253 MADILL AFFORDABLE RENTAL REAL ОК N/A HOUSING LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 45-1785091 AUTUMN CREEK VILLAS LP RENTAL REAL ОΚ N/A ESTATE 1401 S MAIN ST STILLWATER, OK 74074 45-2066377 HRM III LP RENTAL REAL N/A ОΚ ESTATE 20 EAST 9TH STREET SHAWNEE, OK 74801 45-3865300 HUGO AFFORDABLE RENTAL REAL ОΚ N/A **HOUSING LLC** ESTATE 600 S WASHINGTON ARDMORE, OK 73401

45-5385551

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

(a) Name, address, and EIN of	(b) Primary activity	(c) Legal Domicile	(d) Direct	(e) Predominant income(related,	(f) Share of total	(g) Share of end-	(h)	ortionate	(i) Code V-UBI amount In	Gen o	r	(k) Percentage
related organization	ary decivity	(State or Foreign Country)	Controlling Entity	unrelated, excluded from tax under sections 512-514)	ıncome	of-year assets			Box 20 of Schedule K-1 (Form 1065)	Mana Part		ownership
LINDEN WOODS II LP	RENTAL REAL	ОК	N/A				Yes 	No 		Yes	No	
20 EAST 9TH STREET SHAWNEE, OK 74801 45-3865159	ESTATE											
MANNFORD SENIOR LIMITED PARTNERSHIP	RENTAL REAL ESTATE	ок	N/A									
301 FARROW DRIVE MANNFORD, OK 74044 27-5318217												
SOUTH ROCK CREEK ESTATES LLC	RENTAL REAL ESTATE	ок	N/A									
8551 LEXINGTON AVENUE LINCOLN, OK 68505 45-3838751												
COFFEYVILLE GARDEN APARTMENTS LLC	RENTAL REAL ESTATE	KS	N/A									
2145 NORTH TOPEKA WICHITA, KS 67214 39-2073831												
CORRIDOR WOODS LIMITED PARTNERSHIP	RENTAL REAL ESTATE	IA	N/A									
1700 S FIRST AVE STE 25B IOWA CITY, IA 522404501 27-5170816												
DES MOINES GREYSTONE HOMES LP	RENTAL REAL ESTATE	IA	N/A									
1312 LOCUST ST 300A DES MOINES, IA 50309 27-5091568												
FRONTIER HOUSING LLC 400 S BROADWAY STREET	RENTAL REAL ESTATE	KS	N/A									
WICHITA, KS 67202 45-4152907												
HERITAGE ESTATES LLC 400 S BROADWAY STREET WICHITA, KS 67202 45-4153069	RENTAL REAL ESTATE	KS	N/A									
HERITAGE TOWNHOMES OF SMITH CENTER LLC	RENTAL REAL ESTATE	KS	N/A									
219 S MAIN ST SMITH CENTER, KS 66967 45-5218865												
10TH STREET TOWNHOMES LLLP	RENTAL REAL ESTATE	IA	N/A									
2401 BROADWAY AVENUE SUITE 4 SLAYTON, MN 56172												
46-1503289 2723 Q STREET LLC	RENTAL REAL ESTATE	NE	N/A									
2723 Q ST OMAHA, NE 68107 36-3363994												
APPLE RIDGE SENIORS LP 3785 ASH CIRCLE	RENTAL REAL ESTATE	ок	N/A									
SALT LAKE CITY, UT 84109 35-2479635												
ARK RIVER NORTH LLC 1313 STONE	RENTAL REAL ESTATE	KS	N/A									
GREAT BEND, KS 67530 46-3364474	DENTAL DEAL	1/6	21.6									
BEDFORD PLACE LLC 1313 STONE ST GREAT BEND, KS 67530	RENTAL REAL ESTATE	KS	N/A									
45-5629819 BSSR LP	RENTAL REAL	KS	N/A									
1712 E 123RD ST OLATHE, KS 66061 46-3512338	ESTATE											

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (j)												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated,	(f) Share of total Income	(g) Share of end- of-year assets	(h) Disproj allocat	prtionate	(i) Code V-UBI amount In Box 20 of Schedule	Gen o	eral r agıng	(k) Percentage ownership
		Foreign Country)		excluded from tax under sections 512-514)					K-1 (Form 1065)			
	RENTAL REAL ESTATE	МО	N/A				Yes 	No 		Yes	No 	
900 E LAHARPE KIRKSVILLE, MO 63501 36-4752772												
CHAMBROOKE HOMES OF	RENTAL REAL ESTATE	ок	N/A									
600 S WASHINGTON STREET ARDMORE, OK 73401 46-1514242												
CHI MILFORD LLLP	RENTAL REAL ESTATE	IA	N/A									
14 WEST 21ST ST SPENCER, IA 51301 32-0394563												
	RENTAL REAL ESTATE	NE	N/A									
1555 CALIFORNIA AVENUE TURLOCK, CA 95380 46-2807222												
DUNCAN AFFORDABLE HOUSING LLC	RENTAL REAL ESTATE	ок	N/A									
600 S WASHINGTON STREET ARDMORE, OK 73401 35-2446741												
	RENTAL REAL ESTATE	NE	N/A									
1555 CALIFORNIA AVENUE TURLOCK, CA 95380 46-2819158												
HICKORY HEIGHTS LLC	RENTAL REAL ESTATE	KS	N/A									
2107 INDUSTRIAL DRIVE MCPHERSON, KS 67460 46-3696319												
HILLTOP I LIMITED PARTNERSHIP	RENTAL REAL ESTATE	IA	N/A									
319 SEVENTH STREET DES MOINES, IA 50309 35-2461044												
HOUSE TO HOME RIVERVIEWESCALADE LLC	RENTAL REAL ESTATE	KS	N/A									
2 SOUTH 14TH ST KANSAS CITY, KS 66102 46-3364608												
JACKSON HEIGHTS APARTMENTS LIMITED PARTNERSHIP	RENTAL REAL ESTATE	SD	N/A									
310 S ROOSEVELT ABERDEEN, SD 57401 45-4293901												
LA ESTANCIA PARTNERS II LLC	RENTAL REAL ESTATE	KS	N/A									
534 S KANSAS AVENUE SUITE 900 TOPEKA, KS 66603 90-0846697												
LEGEND OAKS II LLC	RENTAL REAL ESTATE	NE	N/A									
2604 26TH AVENUE CENTRAL CITY, NE 68826 46-3363896												
MILL FARM PARTNERS LLC	RENTAL REAL ESTATE	IA	N/A									
534 S KANSAS AVENUE SUITE 900 TOPEKA, KS 66603												
61-1674660 MONUMENT VIEW VILLA LLC	RENTAL REAL ESTATE	NE	N/A									
89-A WOODLEY PARK RD GERING, NE 69341 45-4490800	LOTATE											
NORTH OMAHA SENIOR	RENTAL REAL ESTATE	NE	N/A									
3014 NORTH 45TH STREET OMAHA, NE 68104 32-0363688												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (e) (d) General Legal (f) (g) Disproprtionate Code V-UBI amount (k) (b) Predominant Direct Domicile Share of total Share of endor Name, address, and EIN of income(related, allocations? Percentage Primary activity ın of-year assets (State Controlling ıncome Managing ownership related organization unrelated, Box 20 of Schedule Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No OPG MAPLEWOOD RENTAL REAL N/A ΤX ESTATE PARTNERS LLC 534 S KANSAS AVENUE SUITE 900 **TOPEKA, KS 66603** 38-3914570 PRAIRIE TRAILS PARTNERS RENTAL REAL KS N/A II LLC ESTATE 534 S KANSAS AVENUE SUITE 900 TOPEKA, KS 66603 46-2958592 RIVER ROAD TOWNHOMES RENTAL REAL N/A ΝE LLC ESTATE 5404 N 107TH PLZ **OMAHA, NE 68134** 46-3364313 ROLLING HILLS ESTATE AN RENTAL REAL ARN/A ARKANSAS LIMITED IESTATE PARTNERSHIP 612 EAST CANAL STREET PARAGOULD, AR 72450 46-1645381 SCENIC POINTE LP RENTAL REAL N/A KS ESTATE 103 SOUTH 4TH STREET MANHATTAN, KS 66505 46-1142239 STILWELL HOUSING RENTAL REAL ОΚ N/A PARTNERS II LIMITED ESTATE PARTNERSHIP 1031 FAYETTEVILLE ROAD SUITE 205 VAN BUREN, AR 72956 45-5561459 STORM LAKE AFFORDABLE RENTAL REAL N/A ESTATE PARTNERS LLC 534 S KANSAS AVENUE SUITE 900 TOPEKA, KS 66603 30-0717498 WEBSTER GROVES LP RENTAL REAL МΟ N/A ESTATE 1525 E REPUBLIC ROAD SUITE B100 SPRINGFIELD, MO 65804 46-1847238 2401 FARNAM LLC RENTAL REAL ΝE N/A ESTATE 1524 CUMING STREET OMAHA, NE 68102 90-0821620 HILLTOP SENIOR LIMITED RENTAL REAL IΑ N/A PARTNERSHIP ESTATE 319 SEVENTH STREET DES MOINES, IA 50309 30-0756714 RENTAL REAL TABOR GRAND LLLP N/A ESTATE 5345 W 151ST TERRACE LEAWOOD, KS 66224 46-4350963 RENTAL REAL SHADY BEND VILLAS LLC ΝE N/A ESTATE 1834 WEST 7TH ST GRAND ISLAND, NE 68803 46-3664623 RENTAL REAL DH HOUSING LIMITED ОΚ N/A PARTNERSHIP ESTATE 1502 NORTH 1ST STREET **DURANT, OK 74701** 45-5561692 CHAMBROOKE HOMES OF RENTAL REAL ОΚ N/A DURANT LLC ESTATE 600 S WASHINGTON ST ARDMORE, OK 73401 46-4192383 BEACON APARTMENTS RENTAL REAL SD N/A LIMITED PARTNERSHIP ESTATE 4100 S WESTERN AVE SIOUX FALLS, SD 57105 47-1232136

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

Form 990, Schedule R, P	art III - Identif		of Related O	rganizations	Taxable as a	Partnership				,.	: `	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	allocat	prtionate ions?	(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	Mana Part	eral r iging ner?	(k) Percentage ownership
VILLAGE CROWN II LIMITED PARTNERSHIP	RENTAL REAL ESTATE	NE	N/A				Yes	No 		Yes	No	
3014 NORTH 45TH STREET OMAHA, NE 68104 46-1789241												
IRONWOOD PARTNERS LLC	RENTAL REAL	IA	N/A									
5345 W 151ST TERRACE LEAWOOD, KS 66224 46-4199338	ESTATE											
	RENTAL REAL	NE	N/A									
1555 CALIFORNIA AVENUE TURLOCK, CA 95380 46-5593902												
MEADOW VISTA LP	RENTAL REAL ESTATE	NE	N/A									
1555 CALIFORNIA AVENUE TURLOCK, CA 95380 46-5607043												
TRAIL RIDGE PARTNERS LLC	RENTAL REAL ESTATE	KS	N/A									
5345 W 151ST TERRACE LEAWOOD, KS 66224 35-2508011												
PPR LP	RENTAL REAL ESTATE	KS	N/A									
1712 E 123RD ST OLATHE, KS 66061 47-1128233												
FRENCH QUARTER II LLC	RENTAL REAL ESTATE	KS	N/A									
2145 NORTH TOPEKA WICHITA, KS 67214 47-1904610												
WEDGEWOOD APARTMENTS LP	RENTAL REAL ESTATE	KS	N/A									
1730 E REPUBLIC RD STE F SPRINGFIELD, MO 65804 47-1346732												
NFW LLC	RENTAL REAL ESTATE	NE	N/A									
2101 S 42ND ST OMAHA, NE 68105 45-3991190												
PRAIRIE HEIGHTS LLC	RENTAL REAL ESTATE	IA	N/A									
8551 LEXINGTON AVE LINCOLN, NE 68505 35-2459841												
RUSHPOINTE APTS LLC	RENTAL REAL ESTATE	KS	N/A									
1006 EAST WATERMAN WICHITA, KS 67211 47-1741430												
HERITAGE GARDENS LP	RENTAL REAL ESTATE	NE	N/A									
1555 CALIFORNIA AVENUE TURLOCK, CA 95380 46-5617390												
MEADOW BROOKS LLC	RENTAL REAL ESTATE	KS	N/A									
1313 STONE GREAT BEND, KS 67530 47-1512417	LSTATE											
CYPRESS POINTE II LLC	RENTAL REAL ESTATE	NE	N/A									
8551 LEXINGTON AVENUE LINCOLN, NE 68505 46-2523983	LSTATE											
EMERSON ESTATES LLC	RENTAL REAL	NE	N/A									
301 S BURLINGTON AVE PO BOX 1005 HASTINGS, NE 68902 47-1704549	ESTATE											
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Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Dispropallocat	ortionate	(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r iging ner?	(k) Percentage ownership
A & P II LLC	RENTAL REAL	NE	N/A									
PO BOX 1987 HUTCHINSON, KS 67504 46-2405514												
APPLE RIDGE SENIORS II LLC	RENTAL REAL ESTATE	ОК	N/A									
3390 CRESTBROOK LANE SALT LAKE CITY, UT 84109 30-0830615												
4318 FORT STREET HTC LLC	RENTAL REAL ESTATE	NE	N/A									
2101 SOUTH 42ND STREET OMAHA, NE 68105 47-2446790												
RIDGEWAY VILLAS AT THE LEGENDS LP	RENTAL REAL ESTATE	МО	N/A									
31711 E PINK HILL RD GRAIN VALLEY, MO 64029 46-4867295												

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
4318 FORT STREET LLC	L	100,000	
MHEG FUND 42 LP	L	4,837,875	
MHEG COMMUNITY FUND 43 LP	L	918,750	
KANSAS FUND X LP	L	145,537	
OKLAHOMA FUND IV LP	L	56,075	
MHEG FUND 40 LP	L	2,458,491	