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

Final

Open to Public

. ✓Yes No

Form**990**(2015)

Cat No 11282Y

E Telephone number

return,	riai /terminate nended re	515 N 162ND AVE NO 202						
<u>:</u>	plication p		City or town, state or province, country, and ZIP or foreign postal code OMAHA, NE 68118			G Gross re	ceints \$ 0	760 277
			F Name and address of principal officer JASON MAIN 515 N 162ND AVE NO 202		H(a) Is th subo			<u> </u>
 т Та	x-exempt	t status	OMAHA,NE 68118		H(b) Are a		ates	□Yes □ No
			▼ 501(c)(3)	7	inclu If "N		alıst (s	ee instructions)
J W	ebsite:	► ww	W MHEGINC COM		H(c) Grou	ıp exemptı	on numb	oer ▶
K For	m of orga	nızatıon	✓ Corporation		L Year of fo	rmation 199	3 M St	ate of legal domicile N
Pa	rt I	Sum	mary					
ance	MIC	OWEST	cribe the organization's mission or most significant activities HOUSING EQUITY GROUP INC'S MISSION IS TO PROMOTE AFFORDABLE HOUSING	THE DI	EVELOPME	NT AND S	USTAI	NABILITY OF
Governance	2 Ch	eck th	is box ▶ ☐ if the organization discontinued its operations or dispo	osed of	more than 2	25% of its	net ass	ets
	3 Nu	ımber o	of voting members of the governing body (Part VI, line 1a)			. 1	з	9
Activities &			of independent voting members of the governing body (Part VI, line			-	4	8
<u>₹</u>	5 To	tal nun	nber of individuals employed in calendar year 2015 (Part V , line 2	a) .		[5	43
Ac	6 To	tal nun	nber of volunteers (estimate if necessary)			[6	0
			elated business revenue from Part VIII, column (C), line 12 .				7a	0
	b Net	unrela	ted business taxable income from Form 990-T, line 34	• •		•	7b	
		C t	habaaa aa daaraha (Bark VIIII bara 4 b)		Pric	r Year	0	Current Year
σį			butions and grants (Part VIII, line 1h)			9,802,7		66,06 9,434,67
Ravenue		_	ment income (Part VIII, column (A), lines 3, 4, and 7d)			225,1		231,78
Ę.			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e			223,1	0	231,70
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A		10,027,900			9,732,52
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1–3).			2,022	52	83,39
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)				0	
æ		Saları (5-10)	es, other compensation, employee benefits (Part IX, column (A), li	ınes		4,913,5	11	5,164,59
Expens	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)				0	
홄	b	Total fu	ndraising expenses (Part IX, column (D), line 25) ▶0					
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,131,7	33	2,137,26
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line	25)		7,265,4	96	7,385,24
. 0	19	Reven	ue less expenses Subtract line 18 from line 12			2,762,4	04	2,347,27
Net Assets or Fund Balances					Beginning o	of Current Y	ear	End of Year
SS Bal	20	Total	assets (Part X, line 16)			34,663,6		36,485,56
팔			iabilities (Part X, line 26)			2,993,8		2,588,25
			sets or fund balances Subtract line 21 from line 20	<u> </u>		31,669,8	52	33,897,31
Unde my k	nowledg	ies of p e and b	ature Block perjury, I declare that I have examined this return, including acco pelief, it is true, correct, and complete Declaration of preparer (ot nowledge					
		****	3 k)16-11-11		
Sign		Signa	tture of officer		Da	ate		
Here	e		N MAIN CFO or print name and title					
		P	rint/Type preparer's name Preparer's signature	Date	e Che		PTIN	=======================================
Paid	d	<u> </u>	LLEN WILDE ELLEN WILDE		self	-employed	P0125426	
Pre	parer		irm's name ► DAUBY O'CONNOR & ZALESKI LLC irm's address ► 501 CONGRESSIONAL BLVD STE 300			n's EIN > 35		
Use	Only	, ⁻	IIIII 3 AAAIESS P JUI CONGNESSIONAL DEVD SIE SUU		Pho	ne no (317)	o4o-5/0	U

CARMEL, IN 46032

For Paperwork Reduction Act Notice, see the separate instructions.

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

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

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

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

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

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? .

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

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

VIII, IX, or X as applicable

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

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

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

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

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

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

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

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

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

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

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

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

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

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

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

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

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

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

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Form 990 (2015)

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Yes

Yes

Yes

Yes

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

instructions for applicable filing thresholds, conditions, and exceptions)

Page 4

Nο

Νo

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

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

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

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

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

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

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

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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Form 990 (2015)

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orm	990 (2015)			Page !
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1	3	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?	1c	Yes	
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Yes	
32	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gif were not tax deductible?	6 b		
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	7c		No
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		No
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a 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		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
а	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
D	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.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions fo additional information the organization must report on Schedule O	13a		
	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			
С	Enter the amount of reserves on hand			l

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

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

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14b

year by the following The governing body? . .

Section C. Disclosure

Part

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VI Governance, Management, and Disclosure	

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

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

Check if Schedule O contains a response or note to any line in this Part VI							7
ection A. Governing Body and Management							
					Yes	No	
Enter the number of voting members of the governing body at the end of the tax year	1a			9			_
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
Enter the number of voting members included in line 1a, above, who are							

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

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

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

Did the organization have members or stockholders?

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

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

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

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Yes

Form 990 (2015)

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12a

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15b

16a

16b

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

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

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

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

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

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

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

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

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

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

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

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

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

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

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

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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

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

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

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

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

Part VII

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

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

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(15) TOM STRATMAN	40 00			,,				200 254		24 744
VP OF ACQUISITIONS				X				208,254	0	24,717
(16) ANDREA FRYMIRE	40 00			×				156,351	0	16,550
VP/BUS DEV OFFICER - SOUTH (17) JEN OSCARSON	40 00									
VP/BUS DEV OFFICER - NW REGION				×				99,242	0	12,205
(18) SCOTT FITZPATRICK	40 00			×				133,143	0	13,013
VP/BUS DEV OFFICER - NE REGION								155,145		13,01.
(19) PATRICK MICHAELIS	40 00			×				203,420	0	17,228
VP/BUS DEV OFFICER - CENTRAL				_^				203,420		17,226
(20) SHANNON FOSTER ACCOUNTING MANAGER	40 00					х		120,411	0	21,72
(21) CINDY KOSTER	40 00									
SENIOR ACQUISITIONS MANAGE						×		111,327	0	14,25
(22) JAKE JACOBSEN	40 00								_	
CONSTRUCTION MANAGER						×		108,636	0	10,754
(23) ANWER SAMMY EHTISHAM	40 00									
ASSISTANT VP OF ACQUISITIO						Х		106,126	0	17,666
(24) CHRIS IMMING	40 00									
ACQUISITIONS MANAGER						Х		103,763	0	13,436
1b Sub-Total			•	>	<u> </u>					
c Total from continuation sheets to Part VII	I, Section A .			•						
d Total (add lines 1b and 1c)				•			2,8	01,018	0	273,907
Total number of individuals (including but n \$100,000 of reportable compensation from				bove	≘) w	ho red	ceiv	ed more than		

3	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
	AUDITING AND TAX SERVICES	1,069,965
501 CONGRESSIONAL BLVD SUITE 300 CARMEL, IN 46032		
INTEGRATEC SERVICES LLC	DATA MANAGEMENT	346,269
3560 LENOX RD STE 2800 ATLANTA, GA 30326		
KUTAK ROCK LLP	LEGAL SERVICES	136,104
1650 FARNAM STREET OMAHA, NE 68102		

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

Yes

No

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

Part IX Statement of Functional Expenses

Section 50) 1 (c)(3) a	nd 501(c)(4)	organizations	must com	nlete all	columns	Allotherou	rganizations	must comi	nlete column (A)	
,	3 <u> </u>	a 0 0 1 (0)(.)	organizations	mast com	proce an	coramino	7111 0 211 01 01	gamzarono	mast com	proce coraniii (,	

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
	domestic governments See Fart IV, inte 21	83,390	83,390		
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	2,801,018	2,801,018		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,592,609	1,592,609		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	294,598	294,598		
9	Other employee benefits	234,050	234,050		
10	Payroll taxes		, , , , , , , , , , , , , , , , , , ,		
		242,316	242,316		
11	Fees for services (non-employees)				
а	Management				
b	Legal	22,223	22,223		
С	Accounting	15,300		15,300	
d	Lobbying	33,360	33,360		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	645,505		645,505	
12	Advertising and promotion	1,783	1,783		
13	Office expenses	171,366	7,182	164,184	
14	Information technology				
15	Royalties				
16	Occupancy	358,661		358,661	
17	Travel	33,343	33,343		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	433,582	433,582		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	99,279		99,279	
23	Insurance	14,605		14,605	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BAD DEBT	303,836	303,836		
b	EDUCATION REIMBURSEMENT	4,424	4,424		
с		<u> </u>	·		
d		†			
e	All other expenses	 			
25	Total functional expenses. Add lines 1 through 24e	7,385,248	6,087,714	1,297,534	0
26	Joint costs.Complete this line only if the organization	7,303,240	5,007,714	2,257,334	
_5	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				
				F	orm 990 (2015)

34,663,689

34

36,485,569 Form 990 (2015)

	`	2013)					Page 11
Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line	in this Dart	- v			_
		Check it Schedule o Contains a response of note to any line	III CIIIS F ai C		(A)	· ·	(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing			800,811	1	801,131
	2	Savings and temporary cash investments			11,851,762	2	13,388,209
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			18,538,711	4	18,627,936
	5	Loans and other receivables from current and former office key employees, and highest compensated employees Con Schedule L	nplete Part	II of		5	
ıts	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c) contributing employers and sponsoring organizations of se voluntary employees' beneficiary organizations (see instruII of Schedule L		6			
Assets	7	Notes and loans receivable, net			2,551,951	7	2,548,793
Q	8	Inventories for sale or use				8	_,,
	9	Prepaid expenses and deferred charges			421,518	9	406,683
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	930,949	,		,
	b	Less accumulated depreciation	10b	266,739	488,881	10c	664,210
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11 .		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			10,055	15	48,607
	16	Total assets.Add lines 1 through 15 (must equal line 34)			34,663,689	16	36,485,569
	17	Accounts payable and accrued expenses			2,178,123	17	1,699,992
	18	Grants payable				18	
	19	Deferred revenue			787,885	19	805,503
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of	Schedule D			21	
bilities	22	Loans and other payables to current and former officers, di key employees, highest compensated employees, and disc	qualified				
i Qe		persons Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrelated third pa	arties .			23	
	24	Unsecured notes and loans payable to unrelated third part	ies		0	24	51,300
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	related thir	d parties,			
				•	27,829	25	31,456
	26	Total liabilities. Add lines 17 through 25			2,993,837	26	2,588,251
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	e ▶ 🔽 and	l complet e			
lan	27	Unrestricted net assets			31,669,852	27	33,897,318
Ba	28	Temporarily restricted net assets			11-02	28	,,
pu	29	Permanently restricted net assets				29	
Fu	1	Organizations that do not follow SFAS 117 (ASC 958), che	ck here 🕨	☐ and			
ō		complete lines 30 through 34.		1			
ştş.	30	Capital stock or trust principal, or current funds				30	
\$ \$(31	Paid-in or capital surplus, or land, building or equipment fu	ind			31	
t A	32	Retained earnings, endowment, accumulated income, or ot	her funds			32	
Š	33	Total net assets or fund balances			31,669,852	33	33,897,318

34

Total liabilities and net assets/fund balances .

Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1

Net unrealized gains (losses) on investments .

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

Donated services and use of facilities .

Investment expenses

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

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

Part XII Financial Statements and Reporting

Schedule O

Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

a separate basis, consolidated basis, or both

Separate basis Consolidated basis

b Were the organization's financial statements audited by an independent accountant? basis, consolidated basis, or both

Separate basis Consolidated basis

Single Audit Act and OMB Circular A-133?

Schedule O

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

Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

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

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

9

10

1

2

3

-119,807

Yes

Yes

Yes

2a

2b

2c

3a

3b

Page **12**

9,732,521

7,385,248

2,347,273

31,669,852

33,897,318

▽

No

Νo

Νo

Form 990 (2015)

efi	le GF	RAPHIC pr	int - DO I	NOT PROCES	SS As Filed Da	ta -		DLN: 9	3493319007356
SCHEDULE A (Form 990 or 990EZ) Department of the		> :	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 ww.irs.gov/form990.			Ort r a section	2015 Open to Public Inspection		
Treas Interr		enue Service							
		he organizat						Employer identific	ation number
MITOM	ESI IIC	DUSING EQUITY	GROUP INC					47-0767984	
Pa	rt I	Reason	for Publi	c Charity S	tatus (All organiza	ations must c	omplete this	part.) See instructi	ons.
The	organı	zation is not	a private fo	oundation beca	use it is (For lines 1	through 11, cl	heck only one b	oox)	
1		A church,	convention	of churches, o	r association of churc	hes described	ın section 170(b)(1)(A)(i).	
2	i	A school d	escribed in	section 170(b)(1)(A)(ii).(Attach S	chedule E (For	m 990 or 990-l	EZ))	
3	Ė	A hospital	or a cooper	ative hospital	service organization	described in se	ection 170(b)(1)(A)(iii).	
4	Ė	A medical	research or	ganızatıon ope	rated in conjunction i	with a hospital	described in se	ection 170(b)(1)(A)(ii	i). Enter the
		hospital's	name, city,	and state					
5				ated for the bea omplete Part I		niversity owned	l or operated by	a governmental unit	described in section
6				•	ı , : or governmental unıt	t described in s	section 170(b)(1)(A)(v).	
7	<u> </u>			-	-			ental unit or from the	general public
	ı				i). (Complete Part II		-		
8			•		ion 170(b)(1)(A)(vi)		•		
9 10 11 a b c d	Forte	receipts fi from gross organizati An organiz one or mor the box in Type I. A s supported organizatio Type III fi supported Type III in not functio (see instru C heck this integrated	om activities investment on after Jun ation organ ation organ e publicly silnes 11a the supporting or You must supporting ent of the supporting ent of the supporting organization andly integrications) You box if the control or Type III or of supporting to supporting the control or Type III or of supporting the control or the con	es related to it income and it income and it income and it is 30,1975 Sized and operations arough 11d that is a sized and it is a sized and operation open (s) the power tomplete Paraganization sporting organization sporting organization sporting organization sporting organization sporting in the organization related The organization relations and organization relations and organization dedorganization dedorganization dedorganization of the supplementations and organization dedorganization	s exempt functions—surrelated business ta eesection 509(a)(2). ted exclusively to test ted exclusively for the nizations described in the describes the type erated, supervised, of to regularly appoint of tr IV, Sections A and upervised or controlled nization vested in the supporting organization uctions) You must condi-	subject to cert. xable income ((Complete Par st for public sal e benefit of, to n section 509 (a or controlled by or elect a major B. ed in connectio same persons on operated in o complete Part IV ization operate ist satisfy a dis A and D, and Par mination from rting organizati	ain exceptions, less section 51 t III) fety See section 51 t III) fety See section perform the funda(1) or section reganization and its supported crity of the direction with its supported or connection with the control or connection with the IRS that it	on 509(a)(4). Actions of, or to carry of 509(a)(2) See section of	331/3% of its supportes acquired by the out the purposes of on 509(a)(3). Check 11f, and 11g the supporting by having control or diorganization(s) You agrated with, its ganization(s) that is veness requirement
g		Provide th	e following i	niormation abo	out the supported orga	anization(s)			
(i) Name of supported o			ganızatıon	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	Is the orga listed in your docum	anızatıon r governıng	A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
						Yes	No		
Tota	ıl								
For F	Paperv	work Reduct	ion Act Noti	ice, see the In	structions for Form 9	90 or 990EZ.	Cat No 112		n 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 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 behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 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 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar vear **(b)**2012 (a)2011 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 4 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 gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶□ b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain

10 Other income Do not include

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

▶□

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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.)

	stion A Public Support	ni ialis to quality	dilder the tes	is listed below,	please comple	te rait II.)	
	ection A. Public Support	1					
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total
•	fiscal year beginning in) ▶						
1	Gifts, grants, contributions, and						
	membership fees received (Do					66,063	66,063
	not include any "unusual						
	grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished	7,866,492	11,108,433	9,246,384	9,802,756	9,434,678	47,458,74
	in any activity that is related to	7,000,432	11,100,433	3,240,304	3,002,730	3,434,070	47,430,74.
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
•	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
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						
6	Total. Add lines 1 through 5	7,866,492	11,108,433	9,246,384	9,802,756	9,500,741	47,524,80
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						(
	persons						
h	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						1
	the amount on line 13 for the						
	year						
С	Add lines 7a and 7b						(
8	Public support. (Subtract line 7c						47,524,80
	from line 6)						47,324,000
Se	ection B. Total Support						
	Calendar year						
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9		7,866,492	11,108,433	9,246,384	9,802,756	9,500,741	47,524,800
_	A mounts from line 6	7,800,492	11,100,433	9,240,364	9,802,730	9,300,741	47,324,600
10a	Gross income from interest,						
	dividends, payments received						
	on securities loans, rents,	106,878	96,765	183,071	227,992	225,431	840,13
	royalties and income from						
	sımılar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b	106,878	96,765	183,071	227,992	225,431	840,13
	Net income from unrelated	200,0.0	,. 30	,			2.5,25
11							
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						

L	Add lilles / a alid / b						v
8	Public support. (Subtract line 7c from line 6)						47,524,806
Se	ection B. Total Support						
(or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts from line 6	7,866,492	11,108,433	9,246,384	9,802,756	9,500,741	47,524,806
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	106,878	96,765	183,071	227,992	225,431	840,137
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	106,878	96,765	183,071	227,992	225,431	840,137
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,	7,973,370	11,205,198	9,429,455	10,030,748	9,726,172	48,364,943

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

Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))

15 98 260 %

16 Public support percentage from 2014 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage

16 98 420 %

1 740 %

17

1 580 %

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2014 Schedule A, Part III, line 17

▶ 🗸

33 1/3% support tests-2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests-2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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)

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	2		
3а	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use 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)? 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? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	· ·			

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

Page 5

No

Part IV Supporting Organizations (continued) Section B. Type I Supporting Organizations

Section b. Type I Supporting Organizations						
			Yes			
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	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

Section C. Type II Supporting Organizations Yes No

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 contiol or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1 Section 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 2 supported organization(s) 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? 3

If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test Complete line 2 below а

The organization is the parent of each of its supported organizations. Complete line 3 below b

c

The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test_Answer (a) and (b) below.

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

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

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

each of the supported organizations? Provide details in Part VI

engaged in these activities but for the organization's involvement

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

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

2b

3a

Yes

2a

3b

No

(B) Current Year (optional)

Page **6**

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov 20, 1970 See inst	ructions. All other
	Type III non-functionally integrated supporting organizations must complete Sections	s A through E	
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Ye

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

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		
	•		•	

6	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	A ggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		(opnonia)
_	, , , ,	-		
а	Average monthly value of securities	1a		
b	A verage monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1d		

	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	1 a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
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		
1				

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		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	

-	racept, me s s, sss	_	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	

4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting o	rganization (see

Section D - Distributions			Current Year						
A mounts paid to supported organizations to accom	plish exempt purposes								
2 Amounts paid to perform activity that directly furthe excess of income from activity	A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity								
3 Administrative expenses paid to accomplish exemp	Administrative expenses paid to accomplish exempt purposes of supported organizations								
4 Amounts paid to acquire exempt-use assets									
5 Qualified set-aside amounts (prior IRS approval rec	uured)								
6 Other distributions (describe in Part VI) See instru	ictions								
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 re	esponsive (provide							
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015						
f 1 Distributable amount for 2015 from Section C, line $f 6$									
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)									
3 Excess distributions carryover, if any, to 2015									
a									
b									
_ с									
d From 2013									
e From 2014									
f Total of lines 3a through e									
 g Applied to underdistributions of prior years h Applied to 2015 distributable amount 									
i Carryover from 2010 not applied (see									
instructions)									
j Remainder Subtract lines 3g, 3h, and 3i from 3f									
4 Distributions for 2015 from Section D, line 7									
\$ <u></u>									
A pplied to underdistributions of prior years									
b Applied to 2015 distributable amount									
c Remainder Subtract lines 4a and 4b from 4									
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)									
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)									
7 Excess distributions carryover to 2016. Add lines 31 and 4c									
8 Breakdown of line 7									
a									
b									
c Excess from 2013									
d From 2014									
e From 2015									
		Schedule A	(Form 990 or 990-EZ) (2015						

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

Schedule A (Form 990 or 990-EZ) 2015 Page 8								
Provide the explana Section A, lines 1, 2 Part IV, Section C, l Part V, line 1; Part \	Part VI 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							
SCHEDULE A, PART III, LINE 12	INCLUDED ON PAGE 9, PART VIII IN CURRENT YEAR OTHER REVENUE LINE 7C IS A G DISPOSAL OF DEPRECIABLE ASSETS OF \$6,349 THE GAIN IS NOT BEING INCLUDED (SCHEDULE A, PART III, LINE 12 BECAUSE IT DOES NOT MEET THE DEFINITION OF SU AS DEFINED IN SECTION 509(D) OF THE INTERNAL REVENUE CODE	NC						
<u> </u>	Schedule A (Form 990 or 990	-EZ) 2015						

DLN: 93493319007356 **Political Campaign and Lobbying Activities** OMB No 1545-0047 **SCHEDULE C** (Form 990 or For Organizations Exempt From Income Tax Under section 501(c) and section 527 990-EZ) ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Open to Public Department of the **Inspection** www.irs.gov/form990. Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number MIDWEST HOUSING EQUITY GROUP INC 47-0767984 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ No Was a correction made? □ No

_b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for sec	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to oth	ner organizations	for section 527 ▶	\$
3	Total exempt function expendi	0-POL, line 17b ►	\$		
4	Did the filing organization file F		Yes No		
5	organization made payments I amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	amount paid fro rectly delivered	m the filing organization's f to a separate political orga	to which the filing unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990-	· EZ.	at No 50084S Schedule C (F	Form 990 or 990-EZ) 2015

Other exempt purpose expenditures

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

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

Calendar year (or fiscal year

beginning in)

reporting section 4911 tax for this year?

Lobbying nontaxable amount

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

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

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

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

(b) Affiliated

group totals

under section 501(h)). Check 🕨 🗔 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

CHCCK F		ii ciic iiiiiig	erganne	acion cn	cenea .	, o n , n	una	minice a con	101	provisions t	*PP'1
		(The				-		oenditur o unts paid o		rred.)	
Total lobb	bvina	ı expenditi	ires to i	nfluence	e public	opinio	on (ar	rass roots			

organization's

totals 33,360

1a

lobbvina)

Not over \$500,000

Yes

(c)2014

513,275

26,637

128,319

(a) Filing

Total lobbying expenditures (add lines 1a and 1b)

Total lobbying expenditures to influence a legislative body (direct lobbying)

33,360 7,351,888

7,385,248 519.262

Total exempt purpose expenditures (add lines 1c and 1d) If the amount on line 1e, column (a) or (b) is:

The lobbying nontaxable amount is:

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

129.816

20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000

(b)2013

517,522

49.438

129,381

49,438

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

Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

(d)2015

519.262

33.360

129,816

33,360

Schedule C (Form 990 or 990-EZ) 2015

☐ No

(e) Total

2,209,035

3,313,553

133,685

552,260

828,390

133,685

4-Year Averaging Period Under section 501(h) columns below. See the separate instructions for lines 2a through 2f.)

(Some organizations that made a section 501(h) election do not have to complete all of the five **Lobbying Expenditures During 4-Year Averaging Period**

658,976

24,250

164,744

24,250

(a)2012

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

Taxable amount of lobbying and political expenditures (see instructions)

political expenditure next year?

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

PART II-A, LINE 1A

Return Reference

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

Explanation LOBBYING EXPENDITURES WERE MADE IN ORDER TO INFLUENCE LEGISLATORS TO ENACT PROPERTY TAX LEGISLATION TO PROTECT AFFORDABLE HOUSING DEVELOPMENTS AND TO

ADVOCATE FOR AN AFFORDABLE HOUSING TAX CREDIT IN NEBRASKA

4 5

Schedule C (Form 990 or 990EZ) 2015

SCHEDULE D

DLN: 93493319007356

OMB No 1545-0047 2015

Supplemental Financial Statements

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

(Form 990)

Treas	rtment of the ury nal Revenue Service	Information about Schedule D	► Attach to Form 990. (Form 990) and its instructions is at <u>wu</u>	ww.irs.gov/form99	Open to Public 90. Inspection
Na	me of the organi OWEST HOUSING EQU			' '	dentification number
Pa			r Advised Funds or Other Simil ed "Yes" on Form 990, Part IV, line		
		<u> </u>	(a) Donor advised funds		and other accounts
1	Total numbe	r at end of year			
2	Aggregate v year)	alue of contributions to (during			
3	Aggregate v	alue of grants from (during year)			
4	Aggregate v	alue at end of year			
5			advisors in writing that the assets held i the organization's exclusive legal contro		┌ Yes ┌ No
6	used only for cl		and donor advisors in writing that grant benefit of the donor or donor advisor, or		ose Yes No
Pa	rt III Consei	rvation Easements. Comple	ete if the organization answered "Y	es" on Form 990	, Part IV, line 7.
1	Purpose(s) of c	onservation easements held by th	ne organization (check all that apply)		
	Preservation)	on of land for public use (e g , recr		n of an historically	ımportant land area
	Protection	of natural habitat	Preservation	n of a certified histo	oric structure
	Preservati	on of open space			
2		2a through 2d if the organization ne last day of the tax year	held a qualified conservation contribution		
	Total number o	f concentration assements			eld at the End of the Year
a b		f conservation easements estricted by conservation easeme	ente	2a 2b	
C	•	•	I historic structure included in (a)	2c	
d	Number of cons		c) acquired after 8/17/06, and not on a	2d	
3	Number of cons	servation easements modified, tra	nsferred, released, extinguished, or term	ninated by the orga	nization during the
	tax year ▶				
4	Number of state	es where property subject to cons	ervation easement is located >		
5		ization have a written policy regar enforcement of the conservation o	rding the periodic monitoring, inspection easements it holds?	, handling of	┌ Yes
6	Staff and volun	teer hours devoted to monitoring,	inspecting, handling of violations, and e	nforcing conservati	on easements during the
	>				
7	A mount of expe	enses incurred in monitoring, inspe	ecting, handling of violations, and enforc	ing conservation e	asements during the year
8		servation easement reported on li on 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements (of section 170(h)(4	1) Yes No
9	balance sheet, the organization	and include, if applicable, the text n's accounting for conservation ea		ancıal statements t	hat describes
Par			ctions of Art, Historical Treasu		imilar Assets.

Complete if the organization answered "Yes" on 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 on 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 on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

▶ \$ __

	Organizations Maintaining	Collections of A	Art, His	toric	al Treasures,	, or O	ther Similar A	Page Assets
3	(continued) Using the organization's acquisition, acce- collection items (check all that apply)	ssion, and other re	cords,ch	eck ar	ny of the following	that a	re a significant us	se of its
а	Public exhibition		d	\vdash	Loan or exchang	ie prod	rams	
b			e	' 	Other	ic piog		
	Scholarly research			ı	Other			
С	Preservation for future generations							
1	Provide a description of the organization's Part XIII	collections and ex	plaın how	they	further the organ	ızatıon	's exempt purpose	e in
5	During the year, did the organization solic assets to be sold to raise funds rather tha							s No
Par	Complete if the organization ai Part X, line 21.		n Form 9	990, F	Part IV, line 9,	or rep	•	•
La	Is the organization an agent, trustee, cust included on Form 990, Part X?	odian or other intel	mediary	for co	ntributions or oth	ier ass	ets not Ye	s No
b	If "Yes," explain the arrangement in Pa	rt XIII and complet	e the foll	owing	table		An	nount
c	Beginning balance					1 c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1 f		
2a	Did the organization include an amount on	Form 990, Part X,	line 21, f	oresc	row or custodial	accou	nt liability? Ye	s No
b	If "Yes," explain the arrangement in Part)	(III Check here if	the expla	natior	n has been provid	led in F	Part XIII	
	rt V Endowment Funds. Complet							
		(a)Current year	(b) Pri	or year	b (c) Two years	s back	(d)Three years back	(e)Four years back
La	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 c	urrent year end bal	ance (lin	e 1g, c	olumn (a)) held a	as		<u>I</u>
а	Board designated or quasi-endowment ▶							
	Permanent endowment ▶							
b	Temporarily restricted endowment ▶	hould equal 100%						
	The percentages on lines 2a, 2b, and 2c s	nould Equal 100 /0						

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

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

31,456

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

1

2

а b

c d

е

3

1

2 а

b

c

d

е

b

c

Part XIII

information

PART X, LINE 2

3

Schedule D (Form 990) 2015

1

2e

3

4c

5

2e

3

4c

-119,807

19,686

15,190

Page 4

9,632,400

-100,121

9,732,521

9,732,521

7,400,438

15,190

7,385,248

7.385.248

Schedule D (Form 990) 2015

Net unrealized gains (losses) on investments

Add lines 2a through 2d . . .

Subtract line 2e from line 1 . Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

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

b Add lines 4a and 4b . . .

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Total expenses and losses per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Add lines 2a through 2d . .

Subtract line 2e from line 1 .

Return Reference

Other (Describe in Part XIII)

Supplemental Information

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

4b

2b

2c

2d

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

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

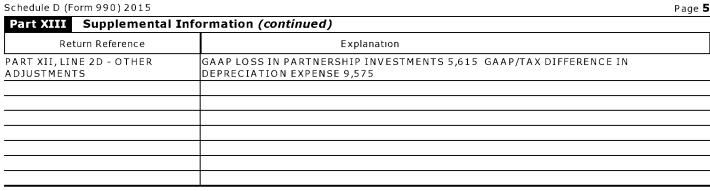
2a

2b

2c

2d

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .



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

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

Part IV

Return Reference Explanation

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

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

DLN: 93493319007356

Schedule J

(Form 990)

Compensation Information

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

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

► Attach to Form 990.

2015
Open to Public

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Open to Publ Inspection

		Employer identification number				
MIL	DWEST HOUSING EQUITY GROUP INC 47-0767984					
Pa	rt I Questions Regarding Compensation					
			Yes	No		
La	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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					
	Travel for companions Payments for business use of personal residence					
	Tax idemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	ļ				
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	1				
	▼ Compensation committee					
	Form 990 of other organizations Approval by the board or compensation committee	e				
1	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organical or a related organization	zation				
а	Receive a severance payment or change-of-control payment?	4a		No		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No		
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		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 on 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		No		
b	Any related organization?	5b		No		
	If "Yes," on line 5a or 5b, describe in Part III					
5	For persons listed on 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?	6 a	Yes			
b	Any related organization?	6b		No		
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on 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		
3	Were any amounts reported on 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 in Part III	8		No		
•	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulation section 53 4958-6(c)?					

CENTRAL

(ii)

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

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

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

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

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

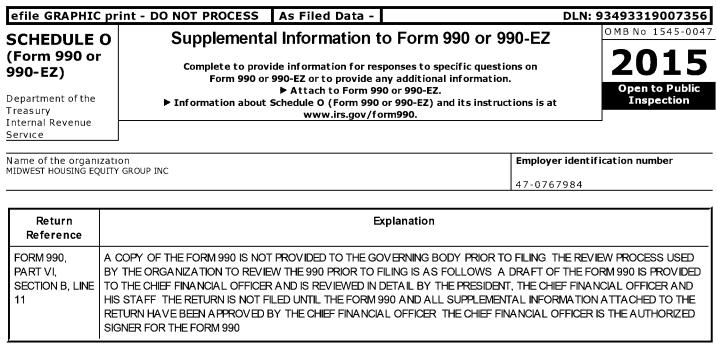
	1(")							
4 BECKY CHRISTOFFERSEN CIO	(i)	217,963	99,430	0	21,200	6,997	345,590	0
	(ii)	0	0	0	0	0	0	0
5 TOM STRATMAN VP OF ACQUISITIONS	(i)	147,779	60,475	0	17,212	7,500	232,966	0
	(ii)	0	0	0	0	0	0	0
6 ANDREA FRYMIRE VP/BUS DEV OFFICER - SOUTH	(i)	142,148	14,203	0	12,685	3,865	172,901	0
	(ii)	0	0	0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

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

Schedule J (Form 990) 2015

APPROVED BY THE INDEPENDENT BOARD OF DIRECTORS

Schedule J (Form 990) 2015



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

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

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

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

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

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

(Form 990)

Department of the Treasury

MIDWEST HOUSING EQUITY GROUP INC

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 2015

Schedule R (Form 990) 2015

Employer identification number

47-0767984

DLN: 93493319007356

Open to Public Inspection

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

Cat No 50135Y

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

(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct	(e) Predominant	(f) Share of	(g) Share of	(h) Disproprtionate		(i) Code V-UBI	Gene		(k) Percentage
related organization		domicile (state or foreign country)	controlling entity	income(related, unrelated, excluded from tax under sections 512- 514)					amount in box 20 of Schedule K-1 (Form 1065)	mana parti	agıng	ownership
				,			Yes	No		Yes	No	
See Additional Data Table												
Part IV Identification of Pelated Organizations Taxable a	s a Cornor	ration	or Trust (`omplete if th	0 01020172	ation ancy	wered	"''	on Form C	1 00	Dart i	IV line

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

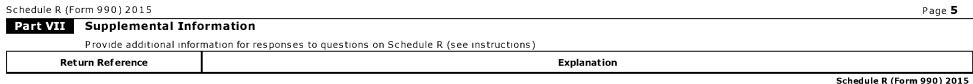
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(i contro entit	n 512 13) olled :y?
MIDWEST HOUSING (1)ASSISTANCE CORP 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0773664	RENTAL REAL ESTATE	NE		С			100 000 %	Yes	No No

Part \	Transactions With Related Organizations Complete if the organization answer	red "Yes" on Form	990, Part IV, line	34, 35b, or 36.								
No	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No					
1 Durin	the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations lis	sted in Parts II-IV?									
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity												
b Gr	b Gıft, grant, or capıtal contribution to related organization(s)											
c Gif	${f c}$ Gıft, grant, or capital contribution from related organization(s)											
d Lo	f d Loans or loan guarantees to or for related organization(s)											
e Loans or loan guarantees by related organization(s)												
f Div	idends from related organization(s)				1f		No					
	e of assets to related organization(s)				1 g		No					
h Pu	chase of assets from related organization(s)				1h		No					
	hange of assets with related organization(s)			ſ	1i		No					
j Lea	se of facilities, equipment, or other assets to related organization(s)				1j		No					
-												
k Le	se of facilities, equipment, or other assets from related organization(s)				1k		No					
I Per	ormance of services or membership or fundraising solicitations for related organization(s)				11	Yes						
m Per	ormance of services or membership or fundraising solicitations by related organization(s)				1m		No					
n Sha	ring of facilities, equipment, mailing lists, or other assets with related organization(s) \ldots . \ldots				1n		No					
o Sh	ring of paid employees with related organization(s)				10		No					
	mbursement paid to related organization(s) for expenses			ľ	1p		No					
q Re	mbursement paid by related organization(s) for expenses				1q	Yes						
r Ot	er transfer of cash or property to related organization(s)			· · · · · ·	1r		No					
s Ot	er transfer of cash or property from related organization(s)				1s		No					
2 If t	e answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds								
	(a) Name of related organization	(b)	(c) Amount involved	(d)								
	матте от тегатей отдатигацион	Transaction type (a-s)	Amount involved	Method of determining amo	ant m	voivea						
ee Additio	nal Data Table											

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

revenue) that was not a related organization. See instructions i			ertain invest	ment	partnerships		1			,									
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners hips section 501(c)(3) organizations?		organizations/		(e) Are all partners section 501(c)(3) organizations?		organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	ı	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No							
												1 .	ı						
											lula D (Fa	Щ							



Software ID: Software Version:

EIN: 47-0767984

Name: MIDWEST HOUSING EQUITY GROUP INC

Form 990, Schedule R,	Part III - Ident	1	of Related	Organization	s Taxable as	a Partnership	ı		ı			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end-of- year assets	allocations?		(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	Managing Partner?		(k) Percentage ownership
OKLAHOMA EQUITY FUND I LP	RENTAL REAL ESTATE	ок	N/A	RELATED	-156	60,144	Yes	No No		Yes Yes	No	0 010 %
515 N 162ND AVE SUITE 202												
OMAHA, NE 68118 33-1115755												
OKLAHOMA EQUITY FUND II LP	RENTAL REAL ESTATE	ок	N/A	RELATED	-163	8,971		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-5738947												
OKLAHOMA FUND III LP	RENTAL REAL ESTATE	ок	N/A	RELATED	-121	909,840		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-2381043												
OKLAHOMA FUND IV LP	RENTAL REAL ESTATE	ок	N/A	RELATED	-173	1,444,360		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-5346263												
IOWA EQUITY FUND I LP	RENTAL REAL ESTATE	IA	N/A	RELATED	-21	6,978		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118												
30-0046359 IOWA EQUITY FUND II LP	RENTAL REAL ESTATE	IA	N/A	RELATED	-117	1,275,726		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118												
27-0072076 IOWA EQUITY FUND III LP	RENTAL REAL ESTATE	IA	N/A	RELATED	-126	13,636		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118												
20-5739095 IOWA FUND IV LP	RENTAL REAL ESTATE	IA	N/A	RELATED	-95	695,683		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118												
26-2587462 IOWA FUND V LP	RENTAL REAL ESTATE	IA	N/A	RELATED	-138	1,851,166		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-4018140												
IOWA FUND VI LP	RENTAL REAL ESTATE	IA	N/A	RELATED	-178	1,667,500		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118												
27-2174856 IOWA FUND VII LP	RENTAL REAL ESTATE	IA	N/A	RELATED	-166	3,652,397		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118	ESTATE											
27-5100545	RENTAL REAL ESTATE	KS	N/A	RELATED	-39	81,836		No		Yes		0 010 %
515 N 162ND AVE SUITE 202												
OMAHA, NE 68118 39-2008696					-	0.050						
KANSAS EQUITY FUND II LP 515 N 162ND AVE SUITE	RENTAL REAL ESTATE	KS	N/A	RELATED	-35	8,053		No		Yes		0 010 %
202 OMAHA, NE 68118 30-0046363												
KANSAS EQUITY FUND III LP	RENTAL REAL ESTATE	KS	N/A	RELATED	-116	2,102,205		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118 76-0742787												
KANSAS EQUITY FUND IV	RENTAL REAL ESTATE	KS	N/A	RELATED	-149	443,060		No		Yes		0 010 %
515 N 162ND AVE SUITE 202 OMAHA, NE 68118												
26-0105906												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) (i) General or Legal (b) Predominant Disproprtionate Code V-UBI Direct Share of total Share of end-of-Domicile Name, address, and EIN of Primary activity ncome(related allocations? amount in Percentage Managing (State Controlling ıncome year assets ownership related organization unrelated, Box 20 of Schedule Partner? or Entity excluded from K-1 Foreign tax under (Form 1065) Country sections 512-514) Yes No Yes No KANSAS EQUITY FUND V RENTAL REAL KS N/A RELATED -72 684,808 Νo Yes 0 010 % ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-5608271 -67 603,476 KANSAS FUND VI LP RENTAL REAL KS N/A RELATED Νo 0 010 % Yes ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-1951376 Νo KANSAS FUND VII LP RENTAL REAL KS N/A RELATED -78 420,394 0 010 % Yes **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-4018301 -136 KANSAS FUND VIII LP 1,571,325 RENTAL REAL KS ln/a RELATED Νo 0 010 % Yes ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-2174407 KANSAS FUND IX LP RENTAL REAL RELATED -156 3,011,671 0 010 % KS N/A Νo Yes ESTATE 515 N 162ND AVE SUITE **OMAHA, NE 68118** 27-5100715 -194 5,084,496 KANSAS FUND X LP RENTAL REAL KS N/A RELATED Νo Yes 0 010 % ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 45-4818941 MHEG FUND 40 LP RENTAL REAL ΝE N/A RELATED -1,120 62,684,913 Νo Yes 0 010 % 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 30-0766625 -202 MHEG COMMUNITY FUND RENTAL REAL ΝE N/A RELATED 5,519,648 Νo Yes 0 010 % 41 I P **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 61-1706605 MHEG FUND 42 LP RENTAL REAL RELATED -511 137,525,946 ΝE N/A Νo Yes 0 010 % ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 38-3922426 -52 13,243,289 MHEG COMMUNITY FUND RENTAL REAL ΝE N/A RELATED Νo Yes 0 010 % 43 LP **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 32-0434441 60,252,516 MHEG FUND 44 LP RENTAL REAL ΝE N/A RELATED -26 Νo Yes 0 010 % **ESTATE** 515 N 162ND AVE STE OMAHA, NE 68118 30-0855739 -5 10,906,787 MHEG COMMUNITY FUND RENTAL REAL N/A RELATED ΝE Νo Yes 0 010 % 45 LP ESTATE 515 N 162ND AVE STE 202 OMAHA, NE 68118 38-3954206 EQUITY FUND OF RENTAL REAL ΝE N/A RELATED 1.439 Νo Yes 0 010 % NEBRASKA VI LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 43-1808737 EQUITY FUND OF RENTAL REAL N/A RELATED -7 4,338 Νo 0 010 % ΝE Yes NEBRASKA VII LP **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0819366 -46 50,203 EQUITY FUND OF RENTAL REAL ΝE N/A RELATED Yes 0 010 % Νo NEBRASKA VIII LP ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0828532

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) General Legal (b) Predominant Disproprtionate Code V-UBI amount or Share of end-of-Direct Share of total Domicile Name, address, and EIN of Primary activity ncome(related, allocations? ın Percentage Managing (State Controlling ıncome year assets ownership Box 20 of Schedule related organization unrelated, Partner? Entity excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No **EQUITY FUND OF** RENTAL REAL ΝE N/A RELATED -129 -1,554 Νo Yes 0 010 % NEBRASKA IX LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0844673 -8 566 **EQUITY FUND OF** RENTAL REAL ΝE N/A RELATED Yes 0 010 % Νo NEBRASKA IX-B LP ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0845255 -189 11,216 EOUITY FUND OF RENTAL REAL N/A RELATED ΝE Νo Yes 0 010 % NEBRASKA X LP ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 11-3645080 -208 11.400 **EQUITY FUND OF** RENTAL REAL ΝE N/A RELATED Νo Yes 0 010 % NEBRASKA XI LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 71-0969038 EQUITY FUND OF RENTAL REAL N/A RELATED -217 572.489 Νo 0 010 % Yes NEBRASKA XII LP ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 03-0607491 -77 424,261 NEBRASKA FUND XIII LP RENTAL REAL N/A RELATED Yes 0 010 % ΝE Νo 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 26-2444496 NEBRASKA FUND XIV LP RENTAL REAL ΝE N/A RELATED -113 1,582,306 Νo Yes 0 010 % **ESTATE** 515 N 162ND AVE SUITE OMAHA, NE 68118 26-4018401 -185 4,612,112 NEBRASKA FUND XV LP RENTAL REAL RELATED ΝE N/A Νo Yes 0 0 1 0 % ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-2174738 NEBRASKA FUND XVI LP RENTAL REAL RELATED -153 4,229,026 ΝE N/A Νo Yes 0 010 % ESTATE 515 N 162ND AVE SUITE **OMAHA, NE 68118** 27-5100196 -119 6,106,114 RENTAL REAL NEBRASKA FUND XVII LP N/A RELATED Yes ΝE Νo 0 0 1 0 % ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 45-4757784 MDI LIMITED PARTNERSHIP RENTAL REAL ΙA N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 41-2005649 RENTAL REAL N/A VAN ALLEN LP IΑ ESTATE 14 WEST 21ST STREET-PO BOX 473 SPENCER, IA 51301 42-1507169 THORNBURY WAY LP RENTAL REAL ΙA N/A ESTATE PO BOX 473 14 WEST 21ST SPENCER, IA 51301 42-1527248 CEDAR PARK RENTAL REAL IΑ N/A PRESERVATION ALP **ESTATE** 2930 BELL AVENUE DES MOINES, IA 50321 20-0401516 DUNLAP ASSISTED LIVING RENTAL REAL N/A IΑ 515 N 162ND AVE SUITE OMAHA, NE 68118 20-3738210

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

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

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

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

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

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

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

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

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

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (e) (i) General (d) Direct **(f)** Share of total Legal (g) Share of end-Predominant Disproprtionate Code V-UBI amount (b) Domicile allocations? Percentage Name, address, and EIN of Primary activity income(related. ın Controlling (State ıncome of-year assets Managing Box 20 of Schedule owners hip related organization unrelated, Partner? or Entity excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No THE CENTER APARTMENTS RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0805769 THE VILLAS AT CRYSTAL RENTAL REAL ΝE N/A 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0834890 WOODGATE TOWNHOMES RENTAL REAL ΝE N/A 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0841279 KELLOM GARDENS LIMITED RENTAL REAL ΝE N/A PARTNERSHIP ESTATE 2221 NORTH 24TH STREET OMAHA, NE 68110 47-0837446 RENTAL REAL N/A RIVER CITY LP TΑ ESTATE PO BOX 473 14 WEST 21ST SPENCER, IA 51301 42-1527377 3525 EVANS STREET LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0840879 710 SOUTH 20TH STREET RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 47-0837624 ALBION MANOR LLC RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0843815 BLUE TERRACE CROWN LTD RENTAL REAL ΝE N/A $515\ N\ 162ND\ AVE\ SUITE$ 202 OMAHA, NE 68118 75-3045097 CIRRUS HOUSE RENTAL REAL ΝE N/A APARTMENTS LP ESTATE 515 N 162ND AVE SUITE 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 N/A ΝE ESTATE 515 N 162ND AVE SUITE OMAHA. NE 68118 48-1260879 LAP HOUSING WAHOO RENTAL REAL ΝE N/A LIMITED PARTNERSHIP 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0817516 OAK RIDGE APARTMENTS RENTAL REAL ΝE N/A 515 N 162ND AVE SUITE 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

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (i) Legal General Disproprtionate Predominant Code V-UBI amount (b) Domicile Direct Share of total Share of endor Name, address, and EIN of ncome(related, allocations? Percentage Primary activity Managing (State Controlling income of-year assets related organization unrelated. Box 20 of Schedule ownership Partner? Entity excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No SOMERS POINT RENTAL REAL ΝE N/A APARTMENTS II LLC ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 47-0892836 SOUTHWOOD CROWN LP RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 68-0496443 N/A RENTAL REAL THE VILLAGE AT 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 ΝE 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 OMAHA, NE 68110 47-0839869 CASTLE ON THE HILL LLC RENTAL REAL ΝF N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 39-2034832 COURTHOUSE VILLA LLC RENTAL REAL ΝE N/A 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-1179264 HILLSIDE CROWN LLC RENTAL REAL N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-0868640 KING'S HERITAGE ESTATES RENTAL REAL ΝE N/A II LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 03-0458253 LEO VAUGHAN MANOR LP RENTAL REAL ΝE N/A 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 11-3722438 LIVESTOCK EXCHANGE RENTAL REAL ΝE N/A **BUILDING LLC ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 43-2005184 SARATOGA CROWN IV LP RENTAL REAL N/A ΝE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-0239468 STREHLOW HOUSING RENTAL REAL ΝE N/A PARTNERS LP ESTATE 540 S 27TH ST OMAHA, NE 68105 84-1651669 THUNDER WAY LP RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA. NE 68118 20-1760070

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (i) Legal General (d) (g) Predominant Disproprtionate Code V-UBI amount (k) (b) Domicile Direct Share of total Share of endor allocations? Percentage Name, address, and EIN of Primary activity income(related, ın Managing (State Controllingıncome of-year assets related organization unrelated, Box 20 of Schedule ownership Partner? or Entity excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No VALACIA NORTH VILLA LLC RENTAL REAL ΝE N/A 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-0092010 WEST PARK TOWNHOMES RENTAL REAL N/A ΝE ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 74-3123188 YORK PLACE CROWN LTD RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-1672559 GIVENTURE LP RENTAL REAL N/A NF ESTATE 13057 WEST CENTER ROAD OMAHA, NE 68144 20-1470744 RALSTON HOUSE RENTAL REAL ΝE N/A ASSOCIATES LLC ESTATE 13057 WEST CENTER ROAD OMAHA, NE 68144 37-1477744 VILLA DE SANTE I LIMITED RENTAL REAL N/A PARTNERSHIP 2221 NORTH 24TH STREET **OMAHA, NE 68110** 90-0001641 APPLE RIVER CROWN LLC RENTAL REAL ΝE 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 **OMAHA, NE 68118** 20-3278935 GREAT WEST TOWNHOMES RENTALREAL ΝE N/A LLC ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-3991280 JAMES TINSLEY VILLAS LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 20-5290310 KEYSTONE CROWN I LP RENTAL REAL N/A ESTATE 540 S 27TH ST OMAHA, NE 68105 16-1635419 RENTAL REAL ΝE N/A NORTH OMAHA AFFORDABLE HOMES LP **ESTATE** 540 S 27TH ST **OMAHA, NE 68105** 20-3415915 RENTAL REAL NORTH OMAHA CROWN V ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA. NE 68118 83-0436367 SUTTON HORSESHOE BEND RENTAL REAL ΝE N/A ESTATE VILLAS LLC 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 20-3537402 TERRACE HEIGHTS RENTAL REAL NF N/A VILLAGE II LLC **ESTATE** 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 84-1688521

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

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Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) Legal General (g) Predominant Disproprtionate Code V-UBI amount (k) (b) Direct Controlling Share of end-of-year assets Domicile Share of total or Name, address, and EIN of ncome(related, allocations? Percentage Primary activity ın Managing (State ıncome related organization unrelated, Box 20 of Schedule ownership Partner? Entity excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No LEGEND OAKS LLC RENTAL REAL N/A ΝE ESTATE $515\ N\ 162ND\ AVE\ SUITE$ 202 OMAHA, NE 68118 26-3937725 LIBERTY ESTATES LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-0763367 GERING VALLEY ESTATES RENTAL REAL ΝE N/A LLC ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-1029899 REBUILDING LIVES LLC RENTAL REAL ΝE N/A 515 N 162ND AVE SUITE 202 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 lestate 515 N 162ND AVE SUITE 202 **OMAHA. NE 68118** 27-1061457 RIDGEWOOD CROWN LLC N/A RENTAL REAL ΝE ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-0371887 VILLAGE CROWN LIMITED RENTAL REAL ΝE N/A PARTNERSHIPS 515 N 162ND AVE SUITE OMAHA, NE 68118 27-1263029 MOSIAC RESIDENTIAL RENTAL REAL ΝE N/A SERVICES OF NEBRASKA IESTATE 515 N 162ND AVE SUITE OMAHA, NE 68118 27-1695051 WESTRIDGE CROWN LLC RENTAL REAL ΝE N/A ESTATE 515 N 162ND AVE SUITE 202 **OMAHA, NE 68118** 27-2123886 RENTAL REAL ΝE SHANNON HEIGHTS LLC N/A ESTATE 515 N 162ND AVE SUITE 202 OMAHA, NE 68118 27-2337175 VILLAGE AT HEARTLAND RENTAL REAL N/A ΝE ESTATE 515 N 162ND AVE SUITE **OMAHA, NE 68118** 27-2232245 RENTAL REAL N/A MILLARD SENIOR HOUSING ΝE LLC 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 IESTATE 515 N 162ND AVE SUITE OMAHA. NE 68118 27-2274391

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

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

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

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) (i) Legal (d) (f) General (q) Disproprtionate Code V-UBI amount (k) Predominant (a) (b) Share of total or Domicile Direct Share of endallocations? Percentage Name, address, and EIN of Primary activity income(related, ın Managing (State Controlling ıncome of-year assets Box 20 of Schedule ownership related organization unrelated. Partner? Entity or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No HRM III LP RENTAL REAL ОК N/A ESTATE 20 EAST 9TH STREET SHAWNEE, OK 74801 45-3865300 HUGO AFFORDABLE RENTAL REAL ОК N/A HOUSING LLC ESTATE 600 S WASHINGTON ARDMORE, OK 73401 45-5385551 RENTAL REAL LINDEN WOODS II LP ОК N/A ESTATE 20 EAST 9TH STREET SHAWNEE, OK 74801 45-3865159 MANNFORD SENIOR RENTAL REAL ОК N/A LIMITED PARTNERSHIP ESTATE 301 FARROW DRIVE MANNFORD, OK 74044 27-5318217 RENTAL REAL SOUTH ROCK CREEK ОК N/A **ESTATES LLC** ESTATE 8551 LEXINGTON AVENUE LINCOLN, OK 68505 45-3838751 COFFEYVILLE GARDEN RENTAL REAL KS N/A APARTMENTS LLC ESTATE 2145 NORTH TOPEKA WICHITA, KS 67214 39-2073831 CORRIDOR WOODS RENTAL REAL IΑ N/A LIMITED PARTNERSHIP ESTATE 1700 S FIRST AVE STE 25B IOWA CITY, IA 522404501 27-5170816 DES MOINES GREYSTONE RENTAL REAL TΑ N/A HOMESIP ESTATE 1312 LOCUST ST 300A DES MOINES, IA 50309 27-5091568 FRONTIER HOUSING LLC RENTAL REAL KS N/A ESTATE 400 S BROADWAY STREET WICHITA, KS 67202 45-4152907 HERITAGE ESTATES LLC RENTAL REAL KS N/A ESTATE 400 S BROADWAY STREET WICHITA, KS 67202 45-4153069 HERITAGE TOWNHOMES OF RENTAL REAL KS N/A SMITH CENTER LLC ESTATE 219 S MAIN ST SMITH CENTER, KS 66967 45-5218865 10TH STREET TOWNHOMES RENTAL REAL N/A TΑ LLLP ESTATE 2401 BROADWAY AVENUE SUITE 4 SLAYTON, MN 56172 46-1503289 2723 Q STREET LLC RENTAL REAL ΝE N/A ESTATE 2723 Q ST OMAHA, NE 68107 36-3363994 APPLE RIDGE SENIORS LP RENTAL REAL N/A ESTATE 3785 ASH CIRCLE SALT LAKE CITY, UT 84109 35-2479635 ARK RIVER NORTH LLC RENTAL REAL KS N/A ESTATE 1313 STONE GREAT BEND, KS 67530 46-3364474

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

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

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

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

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

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

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