Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt from Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, or tax year period beginning Oct 1 **, 2000, and ending** Sep 30 **, 20** 01

B Check if applicable:
- ☐ Change of address
- ☐ Change of name
- ☐ Initial return
- ☐ Final return
- ☐ Amended return

Please use IRS label or print or type. See specific instructions.

C Name of organization: Diocese of Memphis Housing Corporation

Number & street (or P.O. box if mail is not delivered to street addr) / Room/suite: 1325 Jefferson Ave.

City, Town or Country / State / ZIP code: Memphis TN 38104-2013

D Employer Identification Number: 59-1730467

E Telephone number: (901) 722-4763

F Check. ► ☐ if application pending

G Organization type (check only one) ► [X] 501(c) 3 ◄ (insert no.) ☐ 527 **or** ☐ 4947(a)(1)

● ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

J Accounting method: ☐ Cash [X] Accrual ☐ Other (specify) ►

K Check here ► [X] if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

Note: H *and* **I** *are not applicable to section 527 orgs.*

H (a) Is this a group return for affiliates? ☐ Yes [X] No

H (b) If "yes," enter number of affiliates . ►

H (c) Are all affiliates included? ☐ Yes [X] No
(If "no," attach a list. See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes [X] No

I Enter 4-digit group exemption no. (GEN) ► na

L Check this box if the organization is **not** required to attach Schedule B (Form 990 or 990-EZ) ► [X]

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

REVENUE	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	14,285.		
	b	Indirect public support	1b	9,600.		
	c	Government contributions (grants)	1c			
	d	**Total** (add lines 1a through 1c) (cash $ ____ noncash $ ____)			1d	23,885.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	2,908,154.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	11,664.
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ►)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory		8a	
b	Less: cost or other basis and sales expenses		8b	
c	Gain or (loss) (attach schedule)		8c	

REVENUE	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ ____ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	264,620.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	3,208,323.
EXPENSES	13	Program services (from line 44, column (B))			13	3,297,347.
	14	Management and general (from line 44, column (C))			14	174,827.
	15	Fundraising (from line 44, column (D))			15	0.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	3,472,174.
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-263,851.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	-3,910,072.
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	-4,173,923.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		**(A)** Total	**(B)** Program services	**(C)** Management and general	**(D)** Fundraising
22 Grants and allocations (attach schedule) (cash $ ______ non-cash $ ______)	22				
23 Specific assistance to individuals (attach sch)	23	0.	0.		
24 Benefits paid to or for members (attach sch)	24	0.	0.		
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26	532,765.	532,765.	0.	0.
27 Pension plan contributions	27	16,846.	16,846.	0.	0.
28 Other employee benefits	28	106,898.	106,898.	0.	0.
29 Payroll taxes	29	46,867.	46,867.	0.	0.
30 Professional fundraising fees	30	0.	0.	0.	0.
31 Accounting fees	31	12,976.	12,976.	0.	0.
32 Legal fees	32	10,393.	10,393.	0.	0.
33 Supplies	33	83,583.	83,583.	0.	0.
34 Telephone	34	19,690.	19,690.	0.	0.
35 Postage and shipping	35	7,067.	7,067.	0.	0.
36 Occupancy	36	290,722.	290,722.	0.	0.
37 Equipment rental and maintenance	37	10,612.	10,612.	0.	0.
38 Printing and publications	38	3,235.	3,235.	0.	0.
39 Travel	39	5,535.	5,535.	0.	0.
40 Conferences, conventions, and meetings	40	3,125.	3,125.	0.	0.
41 Interest	41	819,460.	819,460.	0.	0.
42 Depreciation, depletion, etc (attach schedule)	42	446,184.	446,184.	0.	0.
43 Other expenses (itemize):					
a Taxes	43a	26,137.	26,137.	0.	0.
b Insurance	43b	37,439.	37,439.	0.	0.
c Utilities	43c	434,614.	434,614.	0.	0.
d Management Fee	43d	174,827.	0.	174,827.	0.
e See Other Expenses Stmt	43e	383,199.	383,199.	0.	0.
44 **Total functional expenses** (add lines 22 - 43). **Organizations completing columns (B) - (D), carry these totals to lines 13 - 15**	44	3,472,174.	3,297,347.	174,827.	0.

Reporting of Joint Costs – Did you report in column (B) (program services) any joint costs from a combined educational campaign and fundraising solicitation? ► ☐ Yes ☒ No

If 'Yes,' enter **(i)** the aggregate amount of these joint costs $ ______; **(ii)** the amount allocated to program services $ ______; **(iii)** the amount allocated to management and general $ ______; and **(iv)** the amount allocated to fundraising $ ______.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ► Low-income, elderly housing

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a Housing provided through one 283-unit, one 160 unit, and one 50 unit 202/Section-8 projects for low-income elderly people. (Grants and allocations $ 0.)	3,297,347.
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services. (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), program services). ►	3,297,347.

Part IV Balance Sheets (See instructions)

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			**(A)** Beginning of year		**(B)** End of year
ASSETS 45 Cash — non-interest-bearing			-35,399.	45	-91,702.
46 Savings and temporary cash investments			101,896.	46	87,950.
47 a Accounts receivable	47 a	379,700.			
b Less: allowance for doubtful accounts	47 b		254,448.	47 c	379,700.
48 a Pledges receivable	48 a				
b Less: allowance for doubtful accounts	48 b			48 c	
49 Grants receivable				49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51 a Other notes & loans receivable (attach schedule)	51 a				
b Less: allowance for doubtful accounts	51 b			51 c	
52 Inventories for sale or use			8,062.	52	8,455.
53 Prepaid expenses and deferred charges			6,346.	53	9,317.
54 Investments — securities (attach schedule) ► ☐ Cost ☐ FMV				54	
55 a Investments — land, buildings, & equipment: basis	55 a				
b Less: accumulated depreciation (attach schedule)	55 b			55 c	
56 Investments — other (attach schedule)				56	
57 a Land, buildings, and equipment: basis	57 a	15,563,002.			
b Less: accumulated depreciation (attach schedule) L-57 Stmt	57 b	8,801,857.	7,111,179.	57 c	6,761,145.
58 Other assets (describe ► See Line 58 Stmt)			605,776.	58	682,141.
59 **Total assets** (add lines 45 through 58) (must equal line 74)			8,052,308.	59	7,837,006.
LIABILITIES 60 Accounts payable and accrued expenses			494,606.	60	537,637.
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64 a Tax-exempt bond liabilities (attach schedule)				64 a	
b Mortgages and other notes payable (attach schedule)			11,267,313.	64 b	11,266,158.
65 Other liabilities (describe ► See Line 65 Stmt)			200,461.	65	207,134.
66 **Total liabilities** (add lines 60 through 65)			11,962,380.	66	12,010,929.
NET ASSETS OR FUND BALANCES **Organizations that follow SFAS 117, check here** ► ☒ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			-3,910,072.	67	-4,173,923.
68 Temporarily restricted				68	
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)			-3,910,072.	73	-4,173,923.
74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			8,052,308.	74	7,837,006.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements ►	a	3,208,323.
b	Amounts included on line **a** but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): $		
	Add amounts on lines **(1)** through **(4)** ►	b	
c	Line **a** minus line **b** ►	c	3,208,323.
d	Amounts included on line 12, Form 990 but not on line **a:**		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines **(1)** and **(2)** ►	d	
e	Total revenue per line 12, Form 990 (line **c** plus line **d**) ►	e	3,208,323.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ►	a	3,435,566.
b	Amounts included on line **a** but not on line 17, Form 990:		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify): $		
	Add amounts on lines **(1)** through **(4)** ►	b	
c	Line **a** minus line **b** ►	c	3,435,566.
d	Amounts included on line 17, Form 990 but not on line **a:**		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines **(1)** and **(2)** ►	d	
e	Total expenses per line 17, Form 990 (line **c** plus line **d**) ►	e	3,435,566.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(if not paid, enter -0-)**	**(D)** Contributions to employee benefit plans and deferred compensation	**(E)** Expense account and other allowances
Brian J. O'Malley 1325 Jefferson, Memphis	President 15	0.	0.	0.
James A. Kleiser, Jr 5825 Shelby Oaks,Memphis	Secretary/Tr 8	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ► ☐ **Yes** ☒ **No**

If 'Yes,' attach schedule – see instructions.

Part VI Other Information (See specific instructions.)

			N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78 a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?		78 b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?		80 a	X	
b	If 'Yes,' enter the name of the organization ► Diocese of Memphis and check whether it is [X] exempt **or** [ ] nonexempt.				
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions	81 a 0.			
b	Did the organization file **Form 1120-POL** for this year?		81 b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82 a		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83 a		X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83 b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84 b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?		85 a	NA	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		85 b	NA	
	If 'Yes' was answered to either 85a or 85b**, do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85 c			
d	Section 162(e) lobbying and political expenditures	85 d			
e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85 e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f			
g	Does the organization elect to pay the Section 6033(e) tax on the amount in 85f? NA		85 g		X
h	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? NA		85 h		
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12	86 a			
b	Gross receipts, included on line 12, for public use of club facilities	86 b			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders	87 a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		88		X
89 a	*501(c)(3) organizations*. Enter: Amount of tax imposed on the organization during the year under: Section 4911 ► 0. ; Section 4912 ► 0. ; Section 4955 ► 0.				
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		89 b		X

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 ► 0.

d Enter: Amount of tax on line 89c, above, reimbursed by the organization ► 0.

90 a List the states with which a copy of this return is filed ► NONE

b Number of employees employed in the pay period that includes March 12, 2000 (see instructions) 90 b 135

91 The books are in care of ► James E. Abernathy Telephone number ► (901) 722-4763

Located at ► 1325 Jefferson Ave., Memphis TN ZIP code ► 38104-2013

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*** — Check here ► [ ]

and enter the amount of tax-exempt interest received or accrued during the tax year ► 92

Part VII Analysis of Income-Producing Activities (See instructions.)

Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a Rental Income					1,095,561.
b Management Fees					294,642.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					1,517,951.
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	11,664.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Laundry,concessions			3	26,382.	
c Tenant Activities			3	238,238.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))				276,284.	2,908,154.

105 Total (add line 104, columns (B), (D), and (E)) ► 3,184,438.

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93 a	In order to provide housing to low income elderly and
	handicapped people, rent is collected from the tenants.
93 b	To defray cost of recordkeeping and reporting, the
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ **Yes** ☒ **No**

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ **Yes** ☒ **No**

Note: *If 'Yes' to* **b,** *file Form 8870* **and** *Form 4720 (see instructions).*

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (See instructions.)

► Signature of Officer | Date | ► B J O'Malley,President — Type or Print Name and Title

Paid Preparer's Use Only

Preparer's Signature ►	Date	Check if self-employed ► ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address, and ZIP code ►		EIN ►	
		Phone no ►	

Department of the Treasury Internal Revenue Service

Schedule A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

2000

IRS use only — Do not write or staple in this space.

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information — (See separate instructions.)

► **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the Organization	Employer Identification Number
Diocese of Memphis Housing Corporation	59-1730467

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position		**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
David Field 1325 Jefferson,Memphis, TN	Director	40	58,762.	7,306.	0.
Total number of other employees paid over $50,000 . . . . ►		None			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than $50,000		**(b)** Type of service	**(c)** Compensation
N A			
Total number of others receiving over $50,000 for professional services . . . . . . ►	None		

Part III Statements About Activities

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	**1**		X
	If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ► $			
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B **and** attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a	Sale, exchange, or leasing of property?	**2 a**		X
b	Lending of money or other extension of credit?	**2 b**		X
c	Furnishing of goods, services, or facilities?	**2 c**		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	**2 d**		X
e	Transfer of any part of its income or assets?	**2 e**		X
	If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.			
3	Does the organization make grants for scholarships, fellowships, student loans, etc?	**3**		X
4 a	Do you have a section 403(b) annuity plan for your employees?	**4 a**	X	
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)			

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is (please check only **One** applicable box):

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ►

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11 a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☒ An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Y

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) ***Use cash method of accounting.***
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ►	**(a)** 1999	**(b)** 1998	**(c)** 1997	**(d)** 1996	**(e)** Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	61,631.	94,059.	82,950.	291,271.	529,911.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc, purpose	2,913,397.	2,853,281.	2,681,776.	2,684,784.	11,133,238.
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	11,911.	30,649.	30,880.	66,019.	139,459.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	287,308.	273,169.	266,311.	37,639.	864,427.
23 Total of lines 15 through 22	3,274,247.	3,251,158.	3,061,917.	3,079,713.	12,667,035.
24 Line 23 minus line 17	360,850.	397,877.	380,141.	394,929.	1,533,797.
25 Enter 1% of line 23	32,742.	32,512.	30,619.	30,797.	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ► **26a**

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts ► **26b**

c Total support for Section 509(a)(1) test: Enter line 24, column (e) ► **26c**

d Add: Amounts from column (e) for lines: **18** ____ **19** ____ **22** ____ **26b** ____ ► **26d**

e Public support (line 26c minus line 26d total) ► **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ► **26f** %

27 **Organizations described on line 12:**

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each 'disqualified person.' Enter the sum of such amounts for each year:

(1999) 0. (1998) 0. (1997) 0. (1996) 0.

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year:

(1999) 1,547,129. (1998) 1,512,564. (1997) 1,554,027. (1996) 1,560,457.

c Add: Amounts from column (e) for lines: **15** 529,911. **16** ____ **17** 11,133,238. **20** ____ **21** ____ ► **27c** 11,663,149.

d Add: Line 27a total 0. and line 27b total 6,174,177. ► **27d** 6,174,177.

e Public support (line 27c total minus line 27d total) ► **27e** 5,488,972.

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ► **27f** 12,667,035.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ► **27g** 43.33 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ► **27h** 1.10 %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

Part V Private School Questionnaire (See instructions.)

(To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	**29**		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	**30**		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	**31**		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	**32a**		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	**32b**		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	**32c**		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	**32d**		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	**33a**		
b	Admissions policies?	**33b**		
c	Employment of faculty or administrative staff?	**33c**		
d	Scholarships or other financial assistance?	**33d**		
e	Educational policies?	**33e**		
f	Use of facilities?	**33f**		
g	Athletic programs?	**33g**		
h	Other extracurricular activities?	**33h**		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	**34a**		
b	Has the organization's right to such aid ever been revoked or suspended?	**34b**		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	**35**		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

(To be completed **Only** by an eligible organization that filed Form 5768)

N A

Check here ► **a** ☐ if the organization belongs to an affiliated group.

Check here ► **b** ☐ if you checked '**a**' above and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		**(a)** Affiliated group totals	**(b)** To be completed for **all** electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38 Total lobbying expenditures (add lines 36 and 37)	**38**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
41 Lobbying nontaxable amount. Enter the amount from the following table –			
If the amount on line 40 is – / **The lobbying nontaxable amount is –**			
Not over $500,000 . . . 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 . . . $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 . . . $175,000 plus 10% of the excess over $1,000,000	**41**		
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	**43**		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	**44**		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4 -Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	**(a)** 2000	**(b)** 1999	**(c)** 1998	**(d)** 1997	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	**Yes**	**No**	**Amount**
a Volunteers		X	
b Paid staff or management (include compensation in expenses reported on lines **c** through **h.**)		X	
c Media advertisements		X	0.
d Mailings to members, legislators, or the public		X	0.
e Publications, or published or broadcast statements		X	0.
f Grants to other organizations for lobbying purposes		X	0.
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	0.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	0.
i Total lobbying expenditures (add lines **c** through **h**)			0.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	**51 a (i)**		X
(ii) Other assets	**a (ii)**		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b (i)**		X
(ii) Purchases of assets from a noncharitable exempt organization	**b (ii)**		X
(iii) Rental of facilities, equipment, or other assets	**b (iii)**		X
(iv) Reimbursement arrangements	**b (iv)**		X
(v) Loans or loan guarantees	**b (v)**		X
(vi) Performance of services or membership or fundraising solicitations	**b (vi)**		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ **Yes** ☒ **No**

b If 'Yes,' complete the following schedule:

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Form 990, Page 2, Part II, Line 43
Other Expenses Stmt

Other expenses (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Information Technology	19,058.	19,058.	0.	0.
Janitorial	48,628.	48,628.	0.	0.
Activities	315,513.	315,513.	0.	0.
Amortization	0.			
Total	383,199.	383,199.	0.	0.

Form 990, Page 3, Part IV, Lines 57a & 57b
Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Land & Improvements	703,929.	52,116.	651,813.
Buildings & Improvements	12,686,660.	6,889,807.	5,796,853.
Furniture & Equipment	2,101,465.	1,796,075.	305,390.
Vehicles	70,948.	63,859.	7,089.
Total	15,563,002.	8,801,857.	6,761,145.

Form 990, Page 3, Part IV, Line 58
Other Assets Statement

Line 58 - Other Assets:	**Beginning of Year**	**End of Year**
Tenant Security Deposits	98,232.	106,349.
Reserve for Replacement	397,785.	418,936.
Reserve: In Lieu of Taxes	32,552.	49,074.
Food Program/ Residents	-10,695.	6,344.
Reserves: Loaves & Fishes	28,800.	28,929.
Affiliated Organizations	59,102.	59,102.
Reserve / Flexible Subsidy		13,407.
Total	605,776.	682,141.

Form 990, Page 3, Part IV, Line 65
Other Liabilities Statement

Line 65 - Other Liabilities:	**Beginning of Year**	**End of Year**
Tenant Security Deposits	81,848.	91,443.
Resident Council Deposits	24,539.	26,286.
Reserves for Tax Payments	17,250.	17,250.
Reserves for Contingency	76,824.	72,055.

Form 990, Page 3, Part IV, Line 65 Continued
Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Restricted for Van		100.
Total	200,461.	207,134.

Form 990, Page 6, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	administrative office collects management fees.
93 g	In order to operate housing for low income elderly and
	handicapped people, rent subssidy is collected from the
	U.S. Dept of Housing and Urban Development.
95	Interest income is used to provide social services to tenants.
103 b	Laundry income and concessions help meet the costs of tenant
	activities
103c	Activities revenue meets the costs of activities.

Supporting Statement of:

Form 990 p 3/Line 64b, column (A)

Description	Amount
U S Dept of HOusing & Urban Development	10,836,997.
Bishop, Diocese of Memphis	125,228.
Affiliated Obligations	100,641.
U S Dept of HUD Flixible Subsidy Loan	194,000.
Congregate Housing Grant Liability	10,447.
Total	11,267,313.

Supporting Statement of:

Form 990 p 3/Line 60, column (B)

Description	Amount
Accounts Payable	216,387.
Accrued Payroll	33,171.
Accrued Interest	240,477.
Accrued Audit	10,792.
Accrued Utilities	36,810.
Total	537,637.

Supporting Statement of:

Form 990 p 3/Line 64b, column (B)

Description	Amount
U S Dept of Houing & Urban Development	10,592,559.
Bishop, Diocese of Memphis	165,228.
Affiliated Organizations	303,924.
Flexible Subsidy Loan	194,000.
Food Program Liability	10,447.
Total	11,266,158.

Supporting Statement of:

Sch. A, 990 p 3/Line 27b, Column 1

Description	Amount
U S Dept of Housing & Urban Development	1,547,129.
Total	1,547,129.

Supporting Statement of:

Sch. A, 990 p 3/Line 27b, Column 2

Description	Amount
U S Dept of Housing & Urban Development	1,512,564.
Total	1,512,564.

Supporting Statement of:

Sch. A, 990 p 3/Line 27b, Column 3

Description	Amount
U S Dept of Housing & Urban Development	1,554,027.
Total	1,554,027.

Supporting Statement of:

Sch. A, 990 p 3/Line 27b, Column 4

Description	Amount
U S Dept of Housing & Urban Development	1,560,457.
Total	1,560,457.