MERRILL ROAD HOUSING CORPORATION
AGENDA OF THE BOARD OF DIRECTORS MEETING
February 26, 2025
Merrill Road Board of Directors Meeting will take place immediately following the Housing Authority of the County of Santa Cruz Board of Commissioners Meeting
HOUSING AUTHORITY OFFICES
2160 41st Avenue, Capitola, CA 95010

1. Roll Call

MERRILL ROAD BOARD OF DIRECTORS:

Chairperson Providence Martinez Alaniz	4 year term expires, February 10, 2027
Vice Chairperson Annette Melendrez	4 year term expires, September 29, 2027
Director Ligaya Eligio	2 year term expires, October 18, 2026
Director Carol Berg	4 year term expires, May 21, 2025
Director Annette Melendrez	4 year term expires, September 29, 2027
Director Silvia Morales	Expires September 1, 2027
Director Andy Schiffrin	4 year term expires, March 17, 2027
Director Richard Schmale	2 year term expires, May 12, 2025

2. Consideration of Late Additions and Changes to the Agenda

3. Consent Agenda

   A. Minutes of the August 28, 2024 Meeting

      Motion to Approve as submitted

   B. FY 2023-24 Tax Returns

      Receive FY 2023-24 Tax Returns

   C. Audited Financial Statements for Fiscal Year Ending June 30, 2024

      Motion to Approve the Audited Financial Statements for Fiscal Year Ending June 30, 2024 for Merrill Road Associates

4. Oral Communications (All oral communications must be directed to an item not listed on this agenda and must be within the jurisdiction of the Board. Presentations must not exceed three minutes in length. The Board will not take action or respond immediately to any Oral Communication presented, but may choose to follow up at a later time or schedule item for a subsequent agenda. The Board may limit the total amount of time allowed for oral communication). Anyone addressing the Board of Directors is asked to complete a card and leave it with the Board secretary so that their names may be accurately recorded in the Minutes.

5. Unfinished Business

6. New Business

7. Adjournment

*Merrill Road complies with the Americans with Disabilities Act. If you are a person with disabilities and you require special assistance in order to participate, please contact the Board secretary at 831-454-9455, ext. 201 at least 72 hours in advance of the meeting in order to make arrangements. Persons with disabilities may request a copy of the agenda in an alternative format. Spanish language translation is available on an as needed basis. Please make arrangements 72 hours in advance by contacting the Housing Authority at 831-454-9455, ext. 280.

MERRILL ROAD HOUSING CORPORATION MINUTES OF THE MEETING HELD AUGUST 28, 2024 AT THE HOUSING AUTHORITY OF THE COUNTY OF SANTA CRUZ, 2160 41ST AVENUE, CAPITOLA, CA 95010

AGENDA ITEM NO. 1 Roll Call

Chairperson Martinez Alaniz called the meeting to order at 12:31 p.m. Members present Chairperson Martinez Alaniz, Directors Berg, Eligio, Morales, Schiffrin and Schmale

Members Absent

Vice Chairperson Melendrez (excused)

Staff Present

Jennifer Panetta, Tom Graham and Courtney Byrd of the Housing Authority

AGENDA ITEM NO. Consideration of Late Additions or Changes to the Agenda

None

AGENDA ITEM NO. 3 Consent Agenda

Chairperson Martinez Alaniz asked for a motion to approve the Consent Agenda unless any Board of Directors or members of the public would like to pull an item from the agenda or have comments/questions on an item.

Director Schiffrin moved for the approval of the Consent Agenda; Director Morales seconded the motion and it as passed by the following vote:

AYES:	Directors Berg, Eligio, Martinez Alaniz, Morales, Schiffrin and Schmale
NOES:	None
ABSENT:	Director Melendrez
ABSTAIN:	None

Agenda Item 3A. Approved the Minutes of the June 26, 2024 Meeting

Agenda Item 3B. Approved: The Board of Directors of Merrill Road Housing Corporation elect the same Chairperson and Vice-Chairperson that was elected at the August 28, 2024 Annual Housing Authority of the County of Santa Cruz Board of Commissioners meeting.

AGENDA ITEM NO. 4 Oral Communications

No emails with comments were submitted and no public members joined the meeting.

AGENDA ITEM NO. 5 Unfinished Business

None.

AGENDA ITEM NO. 6 New Business

None.

AGENDA ITEM NO. 7 Adjournment

The Board of Directors meeting was adjourned at 12:32 p.m.

I hereby certify that these minutes were approved by the Merrill Road Board of Directors, on the Twenty Sixth Day of February , 2025.

____

Chairperson

ATTEST: ____________________

Secretary

AGENDA ITEM SUMMARY

MEETING DATE: February 26, 2025 **ITEM NUMBER:** 3B

FROM: Finance Director

SUBJECT: FY 2023-24 Tax Returns

RECOMMENDATION: Receive FY 2023-24 Tax Returns

BACKGROUND SUMMARY:

Merrill Road Housing Corporation and the Merrill Road Associates Partnership are tax exempt entities that are required to file state and federal tax returns for informational purposes. The following FY 2023-24 tax forms were prepared and filed by Novogradac & Company LLP:

- IRS Form 990-EZ for Merrill Road Housing Corporation
- California Franchise Tax Board Form 199 for Merrill Road Housing Corporation
- Registry of Charitable Trusts Form RRF-1 for Merrill Road Housing Corporation
- IRS Form 1065 with Schedule K-1 for Merrill Road Associates Partnership
- California Franchise Tax Board Form 565 for Merrill Road Associates Partnership

RECOMMENDATION:

Receive FY 2023-24 Tax Returns.

NOVOGRADAC & COMPANY LLP®

Merrill Road Housing Corporation

Federal and State Returns of Organization Exempt from Income Tax

For the year ended June 30, 2024

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2023

Name of filer: MERRILL ROAD HOUSING CORPORATION

EIN or SSN: 77-0411307

Name and title of officer or person subject to tax: JENNIFER PANETTA, SECRETARY

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	☐	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here	X	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	15,230.
3a	**Form 1120-POL** check here	☐	b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☐	b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	☐	b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☐	b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here	☐	b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	☐	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) ______, (EIN) ______ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize NOVOGRADAC & COMPANY, LLP (ERO firm name) to enter my PIN 54984 (Enter five numbers, but do not enter all zeros)

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax: [signature] Date 1/23/25

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 94681254984 (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature: [signature] Date February 3, 2025

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2023)

LHA 302521 01-05-24

Form **8868**
(Rev. January 2024)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
MERRILL ROAD HOUSING CORPORATION

Taxpayer identification number (TIN)
-*1307

Number, street, and room or suite no. If a P.O. box, see instructions.
2160 41ST AVENUE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
CAPITOLA, CA 95010

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name

Plan Number

Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of SANTA CRUZ CO HOUSING AUTHORITY
2160 41ST AVENUE - CAPITOLA, CA 95010

Telephone No. 831-454-9455 Fax No.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 ______ or
☒ tax year beginning JUL 1, 20 23, and ending JUN 30, 20 24

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

EXTENDED TO MAY 15, 2025

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 , and ending JUN 30, 2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: MERRILL ROAD HOUSING CORPORATION

Number and street (or P.O. box if mail is not delivered to street address): 2160 41ST AVENUE | Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: CAPITOLA, CA 95010

D Employer identification number **-***1307

E Telephone number 831-454-9455

F Group Exemption Number

G Accounting Method: ☐ Cash ☒ Accrual Other (specify)

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990).

I Website: WWW.HACOSANTACRUZ.ORG

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ..... $ 15,230.

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	12,000.
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events:				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ ______ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	c	Less: direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O) SEE SCHEDULE O			8	3,230.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	15,230.
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O			16	12,000.
	17	**Total expenses.** Add lines 10 through 16			17	12,000.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)			18	3,230.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	-53,987.
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	-50,757.

Product: **Exempt**
Name: **MERRILL ROAD HOUSING CORPORATION**
FEIN: *****1307**
Bank Info:
Fiscal Year Begin Date: **7/1/2023**
IRS Message:

Category:

Plan Number:

Fiscal Year End Date: **6/30/2024**

IRS Center: **Ogden**
e-Postmark: **2/4/2025 10:35 AM**

Notification:

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
02/04/2025	23X:MRH100:V1	Upload Started			Cavanaugh,Kerry	
02/04/2025	23X:MRH100:V1	Ready to Release by Customer				
02/04/2025	23X:MRH100:V1	Released for Transmission - Validation in Progress			Jolene Otte	
02/04/2025	23X:MRH100:V1	Ready to transmit - Validation Complete				
02/04/2025	23X:MRH100:V1	Transmitted to CA	94681220250350322n00			
02/04/2025	23X:MRH100:V1	Transmitted to FD	9468122025035033be16			
02/04/2025	23X:MRH100:V1	Accepted by FD on 2/4/2025				
02/04/2025	23X:MRH100:V1	Accepted by CA - on 2/4/2025				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		22	
23	Land and buildings		23	
24	Other assets (describe in Schedule O) SEE SCHEDULE O	12,000.	24	24,000.
25	**Total assets**	12,000.	25	24,000.
26	**Total liabilities** (describe in Schedule O) SEE SCHEDULE O	65,987.	26	74,757.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	-53,987.	27	-50,757.

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	TO PROVIDE AFFORDABLE HOUSING FOR LOW AND MODERATE INCOME HOUSEHOLDS THROUGH THE OPERATION OF A 15-UNIT HOUSING COMPLEX IN APTOS, CA (Grants $) If this amount includes foreign grants, check here [ ]	28a	12,000.
29	(Grants $) If this amount includes foreign grants, check here [ ]	29a	
30	(Grants $) If this amount includes foreign grants, check here [ ]	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here [ ]	31a	
32	**Total program service expenses** (add lines 28a through 31a)	32	12,000.

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV [ ]

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ANDY SCHIFFRIN COMMISSIONER	1.00	0.	0.	0.
PROVIDENCE MARTINEZ ALANIZ CHAIRPERSON	1.00	0.	0.	0.
LIGAYA ELIGIO COMMISSIONER	1.00	0.	0.	0.
CAROL BERG COMMISSIONER	1.00	0.	0.	0.
ANNETTE MELENDREZ VICE-CHAIRPERSON	1.00	0.	0.	0.
RICHARD SCHMALE COMMISSIONER	1.00	0.	0.	0.
SILVIA MORALES COMMISSIONER	1.00	0.	0.	0.

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

		Line	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions — 37a: 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved — 38b: N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 — 39a: N/A			
b	Gross receipts, included on line 9, for public use of club facilities — 39b: N/A			
40a	Section 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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 — 0.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization — 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed CA

42a The organization's books are in care of SANTA CRUZ CO HOUSING AUTHOR Telephone no. 831-454-9455

Located at: 2160 41ST AVENUE, CAPITOLA, CA ZIP + 4 95010

		Line	Yes	No
b	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)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here [ ]
and enter the amount of tax-exempt interest received or accrued during the tax year — 43: N/A

		Line	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☒ Yes ☐ No

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.

Sign Here

Signature of officer — Date

JENNIFER PANETTA, SECRETARY

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
RICHARD M LARSEN	APPROVED			P01233142
Firm's name NOVOGRADAC & COMPANY, LLP			Firm's EIN **-***8253	
Firm's address 1144 HOOPER AVENUE, SUITE 203 TOMS RIVER, NJ 08753			Phone no. (732) 503-4257	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

332174 12-21-23

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization: MERRILL ROAD HOUSING CORPORATION
Employer identification number: **-***1307

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ____
10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 [X] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [X] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 1

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
HOUSING AUTHORITY OF THE COUNTY OF SA	**-***9385	6		X	0.	0.
Total					0.	0.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2023.** 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 - 2022.** 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 - 2023.** 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 in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ☐

b **10% -facts-and-circumstances test - 2022.** 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 supported organization ..... ☐

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

		Line	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	X	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		X
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 lines 5b and 5c 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		X
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		X
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		X
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		X
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		X
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		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described on line 11a above?	11b		X
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	11c		X

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	X	

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

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

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b 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.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	3a		
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.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 Other distributions (*describe in* **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI.** See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.)

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: MERRILL ROAD HOUSING CORPORATION

Employer identification number: **-***1307

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
GAIN FROM MERRILL ROAD ASSOCIATES	3,230.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MANAGEMENT FEE EXPENSE	12,000.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
MANAGEMENT FEES RECEIVABLE	12,000.	24,000.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
MANAGEMENT FEES OWED TO THE HA OF THE CO OF SANTA CRUZ	12,000.	24,000.
INVESTMENT IN MERRILL ROAD ASSOCIATES, A CA LIMITED PARTNERSHIP	53,987.	50,757.
TOTAL TO FORM 990-EZ, LINE 26	65,987.	74,757.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - MERRILL ROAD HOUSING CORPORATION SERVES AS THE GENERAL PARTNER OF MERRILL ROAD ASSOCIATES, A CALIFORNIA LIMITED PARTNERSHIP. THE HOUSING AUTHORITY OF THE COUNTY OF SANTA CRUZ SERVES AS THE LIMITED PARTNER. THE PURPOSE OF THE PARTNERSHIP IS TO PROVIDE AFFORDABLE HOUSING TO LOW AND MODERATE INCOME HOUSEHOLDS IN THE COUNTY OF SANTA CRUZ. THE PARTNERSHIP OWNS A FIFTEEN

Name of the organization: MERRILL ROAD HOUSING CORPORATION

Employer identification number: **-***1307

UNIT AFFORDABLE HOUSING COMPLEX, LOCATED IN APTOS, CA

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

328941 12-26-23

TAXABLE YEAR **2023**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 07/01/2023 , and ending (mm/dd/yyyy) 06/30/2024 .

Corporation/Organization name: MERRILL ROAD HOUSING CORPORATION	California corporation number: 1941725
Additional information. See instructions.	FEIN: **-***1307
Street address (suite or room): 2160 41ST AVENUE	PMB no.
City: CAPITOLA	State: CA — ZIP code: 95010
Foreign country name / Foreign province/state/county	Foreign postal code

A First return .... [ ] Yes [X] No
B Amended return .... • [ ] Yes [X] No
C IRC Section 4947(a)(1) trust .... [ ] Yes [X] No
D Final information return?
• [ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized
Enter date: (mm/dd/yyyy) •
E Check accounting method: (1) [ ] Cash (2) [X] Accrual (3) [ ] Other
F Federal return filed? (1) • [ ] 990T (2) • [ ] 990PF (3) • [ ] Sch H (990)
(4) [X] Other 990 series
G Is this a group filing? See instructions .... • [ ] Yes [X] No
H Is this organization in a group exemption .... [ ] Yes [X] No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions .... • [ ] Yes [X] No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. .... • [ ] Yes [X] No
K Is the organization exempt under R&TC Section 23701g? • [ ] Yes [X] No
If "Yes," enter the gross receipts from nonmember sources $
L Is the organization a limited liability company? .... • [ ] Yes [X] No
M Did the organization file Form 100 or Form 109 to report taxable income? .... • [ ] Yes [X] No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? .... • [ ] Yes [X] No
O Is federal Form 1023/1024 pending? .... [ ] Yes [X] No
Date filed with IRS

Part I **Complete Part I unless not required to file this form. See General Information B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 •			1	15,230 00
	2	Gross dues and assessments from members and affiliates •			2	00
	3	Gross contributions, gifts, grants, and similar amounts received •			3	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B •			4	15,230 00
	5	Cost of goods sold •	5	00		
	6	Cost or other basis, and sales expenses of assets sold •	6	00		
	7	Total costs. Add line 5 and line 6			7	00
	8	Total gross income. Subtract line 7 from line 4 •			8	15,230 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 •			9	12,000 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 •			10	3,230 00
Payments	11	Total payments •			11	00
	12	Use tax. See General Information K •			12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 •			13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 •			14	00
	15	Penalties and interest. See General Information J			15	00
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result •			16	00

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ — Title: SECRETARY — Date — • Telephone: 813-454-9455

Paid Preparer's Use Only

Preparer's signature ▶ — Date — Check if self-employed ▶ [ ] — • PTIN: P01233142

Firm's name (or yours, if self-employed) and address ▶ NOVOGRADAC & COMPANY, LLP
1144 HOOPER AVENUE, SUITE 203
TOMS RIVER, NJ 08753

• Firm's FEIN: **-***8253
• Telephone: (732) 503-4257

May the FTB discuss this return with the preparer shown above? See instructions .... • [X] Yes [ ] No

Part II Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2		00
	3	Dividends	3		00
	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See instructions)	6		00
	7	Other income SEE STATEMENT 1	7	15,230	00
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	15,230	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9		00
	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 2	11	0	00
	12	Other salaries and wages	12		00
	13	Interest	13		00
	14	Taxes	14		00
	15	Rents	15		00
	16	Depreciation and depletion (See instructions)	16		00
	17	Other expenses and disbursements SEE STATEMENT 3	17	12,000	00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	12,000	00

Schedule L Balance Sheet

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash				
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets STMT 4		12,000		24,000
13 **Total assets**		12,000		24,000
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 5		65,987		74,757
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		-53,987		-50,757
22 **Total liabilities and net worth**		12,000		24,000

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books		7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax			
3 Excess of capital losses over capital gains		8 Deductions in this return not charged against book income this year. Attach schedule	
4 Income not recorded on books this year. Attach schedule			
5 Expenses recorded on books this year not deducted in this return. Attach schedule		9 Total. Add line 7 and line 8	
		10 Net income per return.	
6 Total. Add line 1 through line 5		Subtract line 9 from line 6	

CA 199	OTHER INCOME	STATEMENT 1

DESCRIPTION	AMOUNT
GAIN FROM MERRILL ROAD ASSOCIATES	3,230.
PROGRAM SERVICE REVENUE	12,000.
TOTAL TO FORM 199, PART II, LINE 7	15,230.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 2

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ANDY SCHIFFRIN	COMMISSIONER 1.00	0.
PROVIDENCE MARTINEZ ALANIZ	CHAIRPERSON 1.00	0.
LIGAYA ELIGIO	COMMISSIONER 1.00	0.
CAROL BERG	COMMISSIONER 1.00	0.
ANNETTE MELENDREZ	VICE-CHAIRPERSON 1.00	0.
RICHARD SCHMALE	COMMISSIONER 1.00	0.
SILVIA MORALES	COMMISSIONER 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199 OTHER EXPENSES STATEMENT 3

DESCRIPTION	AMOUNT
MANAGEMENT FEE EXPENSE	12,000.
TOTAL TO FORM 199, PART II, LINE 17	12,000.

CA 199 OTHER ASSETS STATEMENT 4

DESCRIPTION	BEG. OF YEAR	END OF YEAR
MANAGEMENT FEES RECEIVABLE	12,000.	24,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	12,000.	24,000.

CA 199 OTHER LIABILITIES STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
MANAGEMENT FEES OWED TO THE HA OF THE CO OF SANTA CRUZ	12,000.	24,000.
INVESTMENT IN MERRILL ROAD ASSOCIATES, A CA LIMITED PARTNERSHIP	53,987.	50,757.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	65,987.	74,757.

022

Date Accepted ______________________

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2023**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	Identifying number
MERRILL ROAD HOUSING CORPORATION	77-0411307

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	15,230
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	15,230
3	Total expenses and disbursements (Form 199, line 9)	3	12,000
4	Tax due (Form 109, line 23)	4	
5	Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023

6 Direct Deposit of refund (Form 109 only.)

7 Electronic funds withdrawal **7a** Amount **7b** Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

10 Routing number ______________________

11 Account number **12** Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here Signature of officer ______ Date 1/23/25 Title SECRETARY

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature | Date 2/3/2025 | Check if also paid preparer | Check if self-employed | ERO's PTIN

Firm's name (or yours if self-employed) and address: NOVOGRADAC & COMPANY, LLP, 1144 HOOPER AVENUE, SUITE 203, TOMS RIVER, NJ

Firm's FEIN 94-3108253

ZIP code 08753

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature | Date 2/3/2025 | Check if self-employed | Paid preparer's PTIN P01233142

Firm's name (or yours if self-employed) and address: NOVOGRADAC & COMPANY, LLP, 1144 HOOPER AVENUE, SUITE 203, TOMS RIVER, NJ

Firm's FEIN 94-3108253

ZIP code 08753

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

MERRILL ROAD HOUSING CORPORATION
Name of Organization

List all DBAs and names the organization uses or has used

2160 41ST AVENUE
Address (Number and Street)

CAPITOLA, CA 95010
City or Town, State, and ZIP Code

831-454-9455
Telephone Number

AARONP@HACOSANTACRUZ.ORG
E-mail Address

Check if:
- ☐ Change of address
- ☐ Amended report
- ☐ Organization requests email notifications

State Charity Registration Number 098876

Corporation or Organization No.

Federal Employer ID No. **-***1307

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than $50,000	$25	Between $250,001 and $1 million	$100	Between $20,000,001 and $100 million	$800
Between $50,000 and $100,000	$50	Between $1,000,001 and $5 million	$200	Between $100,000,001 and $500 million	$1,000
Between $100,001 and $250,000	$75	Between $5,000,001 and $20 million	$400	Greater than $500 million	$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2023 ending 06/30/2024) list:

Total Revenue (including noncash contributions) $ 15,230 Noncash Contributions $ 0 Total Assets $ 24,000

Program Expenses $ 12,000 Total Expenses $ 12,000

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4.	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5.	During this reporting period, did the organization receive any governmental funding?		X
6.	During this reporting period, did the organization hold a raffle for charitable purposes?		X
7.	Does the organization conduct a vehicle donation program?		X
8.	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9.	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Signature of Authorized Agent	Printed Name	Title	Date
[signature]	JENNIFER PANETTA	SECRETARY	2/12/25

NOVOGRADAC & COMPANY LLP®

Merrill Road Associates, LLC

Federal and State Partnership Returns of Income

For the year ended June 30, 2024

Form **8879-PE**

Department of the Treasury
Internal Revenue Service

E-file Authorization for Form 1065

(For return of partnership income or administrative adjustment request)

ERO must obtain and retain completed Form 8879-PE.
Go to www.irs.gov/Form8879PE for the latest information.

For calendar year 2023, or tax year beginning JUL 1 , 2023, ending JUN 30 ,20 24 .

OMB No. 1545-0123

2023

Name of partnership MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

Employer identification number **-***1399

Part I **Form 1065 Information** (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	
2	Gross profit (Form 1065, line 3)	2	
3	Ordinary business income (loss) (Form 1065, line 23)	3	
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	308,862.
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II **Declaration and Signature Authorization of Partner or Member or Partnership Representative**

I declare under penalties of perjury that:

1a. If the Form 1065 is being transmitted as part of a return of partnership income, I am a partner or member of the named partnership.
b. If the Form 1065 is being transmitted as part of an administrative adjustment request (AAR), I am the partnership representative (PR) of the named partnership.
2 I have examined a copy of the partnership's electronic Form 1065 (whether used as return or AAR) and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, it/they is/are true, correct, and complete.
3 I am fully authorized to sign the return or AAR on behalf of the partnership.
4 The amounts shown in Part I above are the amounts shown on the electronic copy of the partnership's Form 1065.
5 I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to transmit the partnership's return or AAR to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return or AAR.
6 I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income or AAR.

Partner's or Member or PR PIN: check one box only

[X] I authorize NOVOGRADAC & COMPANY LLP to enter my PIN 98149
ERO firm name **Don't enter all zeros**
as my signature on the partnership's 2023 electronically filed return of partnership income or AAR.

[ ] As a Partner or Member or PR of the partnership, I will enter my PIN as my signature on the partnership's 2023 electronically filed return of partnership income or AAR.

Partner or Member or PR signature:

Title: EXECUTIVE DIRECTOR Date: 1/17/25

Part III **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 94681283467
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return of partnership income or AAR for the partnership indicated above. I confirm that I am submitting this return or AAR in accordance with the requirements of **Pub. 3112**, IRS *e-file* Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature: Date: January 20, 2025

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Form **7004**
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

▶ File a separate application for each return.
▶ Go to www.irs.gov/Form7004 for instructions and the latest information.

OMB No. 1545-0233

Print or Type

Name: MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

Identifying number: **-***1399

Number, street, and room or suite no. (If P.O. box, see instructions.)
2160 41ST AVENUE

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)
CAPITOLA, CA 95010

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I **Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.

1 Enter the form code for the return listed below that this application is for 09

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II **All Filers Must Complete This Part**

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here .... ▶ ☐

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here .... ▶ ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here .... ▶ ☐

5a The application is for calendar year ____, or tax year beginning JUL 1 2023, and ending JUN 30 2024

b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation.)

6 Tentative total tax	6	0.
7 **Total** payments and credits. See instructions	7	
8 **Balance due.** Subtract line 7 from line 6. See instructions	8	

LHA **For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.** Form **7004** (Rev. 12-2018)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

EXTENSION GRANTED TO 03/17/25

Form **1065**

Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

For calendar year 2023, or tax year beginning JUL 1, 2023, ending JUN 30, 2024.

Go to www.irs.gov/Form1065 for instructions and the latest information.

OMB No. 1545-0123

2023

A Principal business activity: REAL ESTATE	Name of partnership: MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ	**D** Employer identification number: **-***1399
B Principal product or service: RENTAL	Type or Print — Number, street, and room or suite no. If a P.O. box, see instructions.: 2160 41ST AVENUE	**E** Date business started: 09/01/1996
C Business code number: 531110	City or town, state or province, country, and ZIP or foreign postal code: CAPITOLA CA 95010	**F** Total assets (see instr.): $ 2,565,485.

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

H Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify)

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: 2

J Check if Schedules C and M-3 are attached ☐

K Check if partnership: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 23 below. See instructions for more information.

Income	1a	Gross receipts or sales; **b** Less returns and allowances; **c** Balance	1c	
	2	Cost of goods sold (attach Form 1125-A)	2	
	3	Gross profit. Subtract line 2 from line 1c	3	
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4	
	5	Net farm profit (loss) (attach Schedule F (Form 1040))	5	
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
	7	Other income (loss) (attach statement)	7	
	8	**Total income (loss).** Combine lines 3 through 7	8	
Deductions (see instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)	9	
	10	Guaranteed payments to partners	10	
	11	Repairs and maintenance	11	
	12	Bad debts	12	
	13	Rent	13	
	14	Taxes and licenses	14	
	15	Interest (see instructions)	15	
	16a	Depreciation (if required, attach Form 4562) — 16a		
	b	Less depreciation reported on Form 1125-A and elsewhere on return — 16b	16c	
	17	Depletion **(Do not deduct oil and gas depletion.)**	17	
	18	Retirement plans, etc.	18	
	19	Employee benefit programs	19	
	20	Energy efficient commercial buildings deduction (attach Form 7205)	20	
	21	Other deductions (attach statement)	21	
	22	**Total deductions.** Add the amounts shown in the far right column for lines 9 through 21	22	
	23	**Ordinary business income (loss).** Subtract line 22 from line 8	23	0.
Tax and Payment	24	Interest due under the look-back method-completed long-term contracts (attach Form 8697)	24	
	25	Interest due under the look-back method-income forecast method (attach Form 8866)	25	
	26	BBA AAR imputed underpayment (see instructions)	26	
	27	Other taxes (see instructions)	27	
	28	**Total balance due.** Add lines 24 through 27	28	
	29	Elective payment election amount from Form 3800	29	
	30	Payment (see instructions)	30	
	31	**Amount owed.** If the sum of line 29 and line 30 is smaller than line 28, enter amount owed	31	
	32	**Overpayment.** If the sum of line 29 and line 30 is larger than line 28, enter overpayment	32	

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 partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member — Date

May the IRS discuss this return with the preparer shown below? See instr. ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RICHARD M. LARSEN	APPROVED			P00183253

Firm's name: NOVOGRADAC & COMPANY LLP — Firm's EIN: **-***8253

Firm's address: 1144 HOOPER AVE, SUITE 203 TOMS RIVER, NJ 08753 — Phone no. 732-503-4257

Product: **Partnership**
Name: **Merrill Road Associates c/o HSG Authority of the CO of Santa Cruz**
FEIN: *******1399**
Bank Info:
Fiscal Year Begin Date: **7/1/2023**
IRS Message:

Category:

Plan Number:

Fiscal Year End Date: **6/30/2024**

IRS Center: **Ogden**
e-Postmark: **1/21/2025 4:23 PM**

Notification:

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
01/21/2025	23P:MRA100:V1	Upload Started			Cavanaugh,Kerry	
01/21/2025	23P:MRA100:V1	Ready to Release by Customer				
01/21/2025	23P:MRA100:V1	Released for Transmission - Validation in Progress			Jolene Otte	
01/21/2025	23P:MRA100:V1	Ready to transmit - Validation Complete				
01/21/2025	23P:MRA100:V1	Transmitted to CA	9468122025021032cl02			
01/21/2025	23P:MRA100:V1	Transmitted to FD	9468122025021039bc01			
01/21/2025	23P:MRA100:V1	Accepted by CA - on 1/21/2025				
01/21/2025	23P:MRA100:V1	Accepted by FD on 1/21/2025				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID

Schedule B Other Information

		Yes	No
1	What type of entity is filing this return? Check the applicable box:		
a	☐ Domestic general partnership b ☒ Domestic limited partnership		
c	☐ Domestic limited liability company d ☐ Domestic limited liability partnership		
e	☐ Foreign partnership f ☐ Other		
2	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X	
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
3	At the end of the tax year, did the partnership:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

		Yes	No
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

		Yes	No
4	Does the partnership satisfy **all four** of the following conditions?		
a	The partnership's total receipts for the tax year were less than $250,000.		
b	The partnership's total assets at the end of the tax year were less than $ 1 million.		
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d	The partnership is not filing and is not required to file Schedule M-3		X
	If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		
5	Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?		X
6	During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
7	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
8	At any time during calendar year 2023, did the partnership 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)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country		X
9	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
10 a	Is the partnership making, or had it previously made (and not revoked), a section 754 election? If "Yes," enter the effective date of the election. See instructions for details regarding a section 754 election ____		X
b	For this tax year, did the partnership make an optional basis adjustment under section 743(b)? If "Yes," enter the total aggregate net positive amount $ ____ and the total aggregate net negative amount $ (____) of such section 743(b) adjustments for all partners made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions		X

Schedule B Other Information *(continued)*

		Yes	No
c	For this tax year, did the partnership make an optional basis adjustment under section 734(b)? If "Yes," enter the total aggregate net positive amount $ ______ and the total aggregate net negative amount $ (______) of such section 734(b) adjustments for all partnership property made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions		X
d	For this tax year, is the partnership required to adjust the basis of partnership property under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," enter the total aggregate amount of such section 743(b) adjustments and/or section 734(b) adjustments for all partners and/or partnership property made in the tax year $ ______. The partnership must also attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ☐		
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
14	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		X
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		
16 a	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions		X
b	If "Yes," did you or will you file required Form(s) 1099?		
17	Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return		
18	Enter the number of partners that are foreign governments under section 892		
19	During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22	During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions		X
	If "Yes," enter the total amount of the disallowed deductions $		
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24	Does the partnership satisfy one or more of the following? See instructions	X	
a	The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $29 million and the partnership has business interest expense.		
c	The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		
25	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 15 $		
26	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ______ Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
27	At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
28	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By vote By value		X
29	Is the partnership required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see instructions):		
a	Under the applicable foreign corporation rules?		X

Schedule B	Other Information *(continued)*	Yes	No
b	Under the covered surrogate foreign corporation rules? If "Yes" to either (a) or (b), complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for Form 7208.		X
30	At any time during this tax year, did the partnership (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or financial interest in a digital asset)? See instructions		X
31	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 If "No," complete Designation of Partnership Representative below.		X

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR MERRILL ROAD HOUSING CORPORATION

U.S. address of PR	2160 41ST AVENUE CAPITOLA, CA 95010	U.S. phone number of PR	831-454-9455

If the PR is an entity, name of the designated individual for the PR JENNIFER PANETTA

U.S. address of designated individual	2160 41ST AVENUE CAPITOLA, CA 95010	U.S. phone number of designated individual	831-454-9455

Schedule K Partners' Distributive Share Items

					Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 23)		1	0.
	2	Net rental real estate income (loss) (attach Form 8825) SEE STATEMENT 2		2	308,862.
	3a	Other gross rental income (loss)	3a		
	b	Expenses from other rental activities (attach statement)	3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a		3c	
	4	Guaranteed payments: a Services 4a; b Capital	4b		
	c	Total. Add lines 4a and 4b		4c	
	5	Interest income SEE STATEMENT 3		5	14,103.
	6	Dividends and dividend equivalents: a Ordinary dividends		6a	
		b Qualified dividends 6b; c Dividend equivalents	6c		
	7	Royalties		7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))		8	
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))		9a	
	b	Collectibles (28%) gain (loss)	9b		
	c	Unrecaptured section 1250 gain (attach statement)	9c		
	10	Net section 1231 gain (loss) (attach Form 4797)		10	
	11	Other income (loss) (see instructions) Type:		11	
Deductions	12	Section 179 deduction (attach Form 4562)		12	
	13a	Cash contributions		13a	
	b	Noncash contributions		13b	
	c	Investment interest expense		13c	
	d	Section 59(e)(2) expenditures: (1) Type: (2) Amount		13d(2)	
	e	Other deductions (see instructions) Type:		13e	
Self-Employment	14a	Net earnings (loss) from self-employment		14a	
	b	Gross farming or fishing income		14b	
	c	Gross nonfarm income		14c	
Credits	15a	Low-income housing credit (section 42(j)(5))		15a	
	b	Low-income housing credit (other)		15b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)		15c	
	d	Other rental real estate credits (see instructions) Type:		15d	
	e	Other rental credits (see instructions) Type:		15e	
	f	Other credits (see instructions) Type:		15f	
International	16	Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items-International, and check this box to indicate that you are reporting items of international tax relevance	X		
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment		17a	
	b	Adjusted gain or loss		17b	
	c	Depletion (other than oil and gas)		17c	
	d	Oil, gas, and geothermal properties - gross income		17d	
	e	Oil, gas, and geothermal properties - deductions		17e	
	f	Other AMT items (attach statement)		17f	
Other Information	18a	Tax-exempt interest income		18a	
	b	Other tax-exempt income		18b	
	c	Nondeductible expenses		18c	
	19a	Distributions of cash and marketable securities		19a	
	b	Distributions of other property		19b	
	20a	Investment income		20a	14,103.
	b	Investment expenses		20b	
	c	Other items and amounts (attach statement) STMT 4			
	21	Total foreign taxes paid or accrued		21	

Analysis of Net Income (Loss) per Return

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13e, and 21					1	322,965.
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a	General partners					3,230.	
b	Limited partners					319,735.	

Schedule L Balance Sheets per Books

Assets	Beginning of tax year (a)	(b)	End of tax year (c)	(d)
1 Cash		2,538.		402,642.
2a Trade notes and accounts receivable	11,784.		10,521.	
b Less allowance for bad debts	8,444.	3,340.	9,089.	1,432.
3 Inventories				
4 U.S. Government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)	STATEMENT 5	203,884.		216,791.
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets	2,856,130.		2,863,405.	
b Less accumulated depreciation	1,882,810.	973,320.	1,958,716.	904,689.
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)		1,039,931.		1,039,931.
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets		2,223,013.		2,565,485.
Liabilities and Capital				
15 Accounts payable		23,806.		5,004.
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)	STATEMENT 6	34,774.		54,246.
18 All nonrecourse loans		2,199,439.		2,199,439.
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)	STATEMENT 7	1,087,810.		1,131,248.
21 Partners' capital accounts		-1,122,816.		-824,452.
22 Total liabilities and capital		2,223,013.		2,565,485.

Schedule M-1 Reconciliation of Income (Loss) per Books With Analysis of Net Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest $	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13e, and 21, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13e, and 21 (itemize):		a Depreciation $	
a Depreciation $		8 Add lines 6 and 7	
b Travel and entertainment $		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	
5 Add lines 1 through 4			

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	-934,722.	6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) (see instructions)	322,965.		
4 Other increases (itemize):		8 Add lines 6 and 7	
5 Add lines 1 through 4	-611,757.	9 Balance at end of year. Subtract line 8 from line 5	-611,757.

SCHEDULE K-2
(Form 1065)

Department of the Treasury
Internal Revenue Service

Partners' Distributive Share Items - International

Attach to Form 1065.
Go to www.irs.gov/Form1065 for instructions and the latest information.

OMB No. 1545-0123

2023

Name of partnership: MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

Employer identification number (EIN): **-***1399

A Is the partnership a withholding foreign partnership? ☐ **Yes** ☒ **No** If "Yes," enter your WP-EIN

B Is the partnership (including the home office or any branch) a qualified derivatives dealer? ☐ **Yes** ☒ **No** If "Yes," enter your QI-EIN

C Check to indicate the parts of Schedule K-2 that apply.

			Yes	No
1	Does Part I apply? If "Yes," complete and attach Part I	1		X
2	Does Part II apply? If "Yes," complete and attach Part II	2	X	
3	Does Part III apply? If "Yes," complete and attach Part III	3	X	
4	Does Part IV apply? If "Yes," complete and attach Part IV	4	X	
5	Does Part V apply? If "Yes," complete and attach Part V	5		X
6	Does Part VI apply? If "Yes," complete and attach Part VI	6		X
7	Does Part VII apply? If "Yes," complete and attach Part VII	7		X
8	Does Part VIII apply? If "Yes," complete and attach Part VIII	8		X
9	Does Part IX apply? If "Yes," complete and attach Part IX	9	X	
10	Does Part X apply? If "Yes," complete and attach Part X	10	X	
11	Does Part XI apply? If "Yes," complete and attach Part XI	11		X
12	Reserved for future use	12		

Part I Partnership's Other Current Year International Information

Check box(es) for additional specified attachments. See instructions.

- ☐ 1. Gain on personal property sale
- ☐ 2. Foreign oil and gas taxes
- ☐ 3. Splitter arrangements
- ☐ 4. Foreign tax translation
- ☐ 5. High-taxed income
- ☐ 6. Section 267A disallowed deduction
- ☐ 7. Reserved for future use
- ☐ 8. Form 5471 information
- ☐ 9. Other forms
- ☐ 10. Partner loan transactions
- ☐ 11. Dual consolidated loss
- ☐ 12. Reserved for future use
- ☐ 13. Other international items (attach description and statement)

Part II Foreign Tax Credit Limitation

Section 1 - Gross Income

Description	(a) U.S. source	Foreign Source (b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)	(f) Sourced by partner	(g) Total
1 Sales							
A							
B							
C							
2 Gross income from performance of services							
A							
B							
C							
3 Gross rental real estate income							
A US	622,450.	0.	0.	0.	0.	0.	622,450.
B							
C							
4 Other gross rental income							
A							
B							
C							

Name of partnership
MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

EIN **-***1399

Part II Foreign Tax Credit Limitation *(continued)*

Section 1 - Gross Income *(continued)*

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)		
5 Guaranteed payments							
6 Interest income							
A US	14,103.	0.	0.	0.	0.	0.	14,103.
B							
C							
7 Ordinary dividends (exclude amount on line 8)							
A							
B							
C							
8 Qualified dividends							
A							
B							
C							
9 Reserved for future use							
10 Royalties and license fees							
A							
B							
C							
11 Net short-term capital gain							
A							
B							
C							
12 Net long-term capital gain							
A							
B							
C							
13 Collectibles (28%) gain							
A							
B							
C							
14 Unrecaptured section 1250 gain							
A							
B							
C							

324142 12-09-23

Name of partnership
MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

EIN
-*1399

Part II Foreign Tax Credit Limitation *(continued)*

Section 1 - Gross Income *(continued)*

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)		
15 Net section 1231 gain							
A							
B							
C							
16 Section 986(c) gain							
17 Section 987 gain							
18 Section 988 gain							
19 Section 951(a) inclusions							
A							
B							
C							
20 Other income (see instructions)							
A							
B							
C							
21 Reserved for future use							
A							
B							
C							
22 Reserved for future use							
A							
B							
C							
23 Reserved for future use							
A							
B							
C							
24 **Total gross income** (combine lines 1 through 23)	636,553.						636,553.
A US	636,553.	0.	0.	0.	0.	0.	636,553.
B							
C							

324143 12-09-23

Name of partnership: MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

EIN: **-***1399

Part II Foreign Tax Credit Limitation *(continued)*

Section 2 - Deductions

Description	(a) U.S. source	Foreign Source: (b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)	(f) Sourced by partner	(g) Total
25 Expenses allocable to sales income							
26 Expenses allocable to gross income from performance of services							
27 Net short-term capital loss							
28 Net long-term capital loss							
29 Collectibles loss							
30 Net section 1231 loss							
31 Other losses							
32 Research & experimental (R&E) expenses							
A SIC code:							
B SIC code:							
C SIC code:							
33 Allocable rental expenses - depreciation, depletion, and amortization	51,340.						51,340.
34 Allocable rental expenses - other than depreciation, depletion, and amortization	218,810.						218,810.
35 Allocable royalty and licensing expenses - depreciation, depletion, and amortization							
36 Allocable royalty and licensing expenses - other than depreciation, depletion, and amortization							
37 Depreciation not included on line 33 or line 35							
38 Charitable contributions							
39 Interest expense specifically allocable under Regulations section 1.861-10(e)							
40 Other interest expense specifically allocable under Regulations section 1.861-10T	43,438.						43,438.
41 Other interest expense - business							
42 Other interest expense - investment							
43 Other interest expense - passive activity							
44 Section 59(e)(2) expenditures, excluding R&E expenses on line 32							
45 Foreign taxes not creditable but deductible							

Name of partnership: MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

EIN: **-***1399

Part II Foreign Tax Credit Limitation (continued)

Section 2 - Deductions (continued)

Description	(a) U.S. source	Foreign Source: (b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)	(f) Sourced by partner	(g) Total
46 Section 986(c) loss							
47 Section 987 loss							
48 Section 988 loss							
49 Other allocable deductions (see instructions)							
50 Other apportioned share of deductions (see instructions)							
51 Reserved for future use							
52 Reserved for future use							
53 Reserved for future use							
54 **Total deductions** (combine lines 25 through 53)	313,588.						313,588.
55 **Net income (loss)** (subtract line 54 from line 24)	322,965.						322,965.

Part III Other Information for Preparation of Form 1116 or 1118

Section 1 - R&E Expenses Apportionment Factors

Description	(a) U.S. source	Foreign Source: (b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code) (country code)	(f) Sourced by partner	(g) Total
1 Gross receipts by SIC code							
A SIC code:							
B SIC code:							
C SIC code:							
E SIC code:							
E SIC code:							
F SIC code:							

2 Exclusive apportionment with respect to total R&E expenses entered on Part II, line 32. Enter the following.

A R&E expense with respect to activity performed in the United States

(i) SIC code:	2A(i)	
(ii) SIC code:	2A(ii)	
(iii) SIC code:	2A(iii)	

B R&E expense with respect to activity performed outside the United States

(i) SIC code:	2B(i)	
(ii) SIC code:	2B(ii)	
(iii) SIC code:	2B(iii)	

Name of partnership: MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

EIN: **-***1399

Part III Other Information for Preparation of Form 1116 or 1118 *(continued)*

Section 2 - Interest Expense Apportionment Factors

ASSETS TAX BOOK VALUE AMOUNTS

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code ____) (country code)		
1 Total average value of assets	1,838,569.						1,838,569.
2 Sections 734(b) and 743(b) adjustment to assets - average value							
3 Assets attracting directly allocable interest expense under Regulations section 1.861-10(e)							
4 Other assets attracting directly. allocable interest expense under Regulations section 1.861-10T	1,838,569.						1,838,569.
5 Assets excluded from apportionment formula							
6a Total assets used for apportionment (subtract the sum of lines 3, 4, and 5 from the sum of lines 1 and 2)							
b Assets attracting business interest expense							
c Assets attracting investment interest expense							
d Assets attracting passive activity interest expense							
7 Basis in stock of 10%-owned noncontrolled foreign corporations (see attachment)							
8 Basis in stock of CFCs (see attachment)							

Section 3 - Foreign-Derived Intangible Income (FDII) Deduction Apportionment Factors

Description	(a) U.S. source	Foreign Source			(e) Sourced by partner	(f) Total
		(b) Passive category income	(c) General category income	(d) Other (category code ____) (country code)		
1 Foreign-derived gross receipts						
2 Cost of goods sold (COGS)						
3 Partnership deductions allocable to foreign-derived gross receipts						
4 Other partnership deductions apportioned to foreign-derived gross receipts						

Name of partnership

EIN **-***1399

Part III Other Information for Preparation of Form 1116 or 1118 *(continued)*

Section 4 - Foreign Taxes

Description	**(a)** Type of tax	**(b)** Section 951A category income		**(c)** Foreign branch category income		
		U.S.	Foreign	U.S.	Foreign	Partner
1 Direct (section 901 or 903) foreign taxes: ☐ Paid ☐ Accrued						
A						
B						
C						
D						
E						
F						
2 Reduction of taxes (total)						
A Taxes on foreign mineral income						
B Reserved for future use						
C International boycott provisions						
D Failure-to-file penalties						
E Taxes with respect to splitter arrangements						
F Taxes on foreign corporate distributions						
G Other						
3 Foreign tax redeterminations						
A Related tax year Date tax paid Contested tax ☐						
B Related tax year Date tax paid Contested tax ☐						
C Related tax year Date tax paid Contested tax ☐						
4 Reserved for future use						
5 Reserved for future use						
6 Reserved for future use						

Name of partnership

EIN **-***1399

Part III Other Information for Preparation of Form 1116 or 1118 *(continued)*

Section 4 - Foreign Taxes *(continued)*

	(d) Passive category income			(e) General category income			(f) Other (category code)	(g) Total
	U.S.	Foreign	Partner	U.S.	Foreign	Partner		
1								
A								
B								
C								
D								
E								
F								
2								
A								
B								
C								
D								
E								
F								
G								
3								
A								
B								
C								
4								
5								
6								

Section 5 - Other Tax Information

Description	(a) U.S. source	Foreign Source					(g) Sourced by partner	(h) Total
		(b) Section 951A category income	(c) Foreign branch category income	(d) Passive category income	(e) General category income	(f) Other (category code) (country code)		
1 Section 743(b) positive income adjustment								
2 Section 743(b) negative income adjustment								
3 Reserved for future use								
4 Reserved for future use								

Name of partnership: MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

EIN: **-***1399

Part IV Information on Partners' Section 250 Deduction With Respect to Foreign-Derived Intangible Income (FDII)

Section 1 - Information To Determine Deduction Eligible Income (DEI) and Qualified Business Asset Investment (QBAI) on Form 8993

1	Net income (loss)	1	322,965.
2a	DEI gross receipts	2a	636,553.
b	DEI COGS	2b	
c	DEI properly allocated and apportioned deductions	2c	270,150.
3	Section 951(a) inclusions	3	
4	Controlled foreign corporation (CFC) dividends	4	
5	Financial services income	5	
6	Domestic oil and gas extraction income	6	
7	Foreign branch income	7	
8	Partnership QBAI	8	348,567.

Section 2 - Information To Determine Foreign-Derived Deduction Eligible Income (FDDEI) on Form 8993 (see instructions)

	Description	(a) Foreign-derived income from all sales of general property	(b) Foreign-derived income from all sales of intangible property	(c) Foreign-derived income from all services	(d) Total (add columns (a) through (c))
9	Gross receipts				
10	COGS				
11	Allocable deductions				
12	Other apportioned deductions			12	

Section 3 - Other Information for Preparation of Form 8993

	Description	(a) DEI	(b) FDDEI	(c) Total
13	Interest deductions			
A	A Interest expense specifically allocable under Regulations section 1.861-10(e)			
B	Other interest expense specifically allocable under Regulations section 1.861-10T	43,438.		43,438.
C	Other interest expense			
14	Interest expense apportionment factors			
A	Total average value of assets	1,838,569.		1,838,569.
B	Sections 734(b) and 743(b) adjustment to assets - average value			
C	Assets attracting directly allocable interest expense under Regulations section 1.861-10(e)			
D	Other assets attracting directly allocable interest expense under Regulations section 1.861-10T	1,838,569.		1,838,569.
E	Assets excluded from apportionment formula			
F	Total assets used for apportionment (the sum of lines 14C, 14D, and 14E subtracted from the sum of lines 14A and 14B)			
15	R&E expenses apportionment factors			
	Gross receipts by SIC code			
A	SIC code:			
B	SIC code:			
C	SIC code:			

16	R&E expenses by SIC code		
A	SIC code:	16A	
B	SIC code:	16B	
C	SIC code:	16C	

Name of partnership
MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

EIN
-*1399

Part VIII Partnership's Interest in Foreign Corporation Income (Section 960)

A Enter EIN or reference ID number of CFC:

B Separate category (enter code - see instructions):

C If PAS was entered on line B, enter the applicable grouping under Regulations section 1.904-4(c). See instructions

D Check the box and attach a statement if there is more than one source country for a line. See instructions ☐

E If U.S. source, check the box and complete a separate Part VIII ☐

F If foreign oil related income or foreign oil and gas extraction income, check the box and attach a separate Part VIII ☐

G Enter functional currency of foreign corporation:

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	**(i)** Country code	**(ii)** Partnership's share of foreign corporation's net income (functional currency)	**(iii)** Foreign corporation's total net income (functional currency) (see instructions)	**(iv)** Foreign corporation's current year foreign taxes for which credit allowed (U.S. dollars) (see instructions)
1 Subpart F income groups				
a Dividends, interest, rents, royalties, and annuities (total)				
(1) Unit:				
(2) Unit:				
b Net gain from certain property transactions (total)				
(1) Unit:				
(2) Unit:				
c Net gain from commodities transactions (total)				
(1) Unit:				
(2) Unit:				
d Net foreign currency gain (total)				
(1) Unit:				
(2) Unit:				
e Income equivalent to interest (total)				
(1) Unit:				
(2) Unit:				
f Other foreign personal holding company income (total)				
(1) Unit:				
(2) Unit:				
g Foreign base company sales income (total)				
(1) Unit:				
(2) Unit:				
h Foreign base company services income (total)				
(1) Unit:				
(2) Unit:				
i Full inclusion foreign base company income (total)				
(1) Unit:				
(2) Unit:				
j Insurance income (total)				
(1) Unit:				
(2) Unit:				
k International boycott income (total)				
l Bribes, kickbacks, and other payments (total)				
m Section 901(j) (total)				

Name of partnership: MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

EIN: **-***1399

Part VIII Partnership's Interest in Foreign Corporation Income (Section 960) *(continued)*

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country code	(ii) Partnership's share of foreign corporation's net income (functional currency)	(iii) Foreign corporation's total net income (functional currency) (see instructions)	(iv) Foreign corporation's current year foreign taxes for which credit allowed (U.S. dollars) (see instructions)
2 Recaptured subpart F income				
3 Tested income group (total)				
(1) Unit:				
(2) Unit:				
4 Residual income group (total)				
(1) Unit:				
(2) Unit:				
5 Total				

Part IX Partners' Information for Base Erosion and Anti-Abuse Tax (Section 59A)

Section 1 - Applicable Taxpayer (see instructions for more information and definition of terms)

Description	(a) Total	(b) Total ECI gross receipts	(c) Total non-ECI gross receipts
1 Gross receipts for section 59A(e)	636,553.	636,553.	
2 Gross receipts for the first preceding year	183,272.	183,272.	
3 Gross receipts for the second preceding year	187,955.	187,955.	
4 Gross receipts for the third preceding year	187,741.	187,741.	
5 Amounts included in the denominator of the base erosion percentage as described in Regulations section 1.59A-2(e)(3)			

Section 2 - Base Erosion Payments and Base Erosion Tax Benefits (see instructions)

Description	(a) Total	(b) Total base erosion payments	(c) Total base erosion tax benefits
6 Reserved for future use			
7 Reserved for future use			
8 Purchase or creations of property rights for intangibles (patents, trademarks, etc.)			
9 Rents, royalties, and license fees			
10 a Compensation/consideration paid for services **not** excepted by section 59A(d)(5)			
b Compensation/consideration paid for services excepted by section 59A(d)(5)			
11 Interest expense	43,438.		
12 Payments for the purchase of tangible personal property			
13 Premiums and/or other considerations paid or accrued for insurance and reinsurance as covered by sections 59A(d)(3) and 59A(c)(2)(A)(iii)			
14 a Nonqualified derivative payments			
b Qualified derivative payments excepted by section 59A(h)			
15 Payments reducing gross receipts made to surrogate foreign corporation			
16 Other payments-specify:			
17 Base erosion tax benefits related to payments reported on lines 6 through 16, on which tax is imposed by section 871 or 881, with respect to which tax has been withheld under section 1441 or 1442 at the 30% (0.30) statutory withholding tax rate			

Name of partnership
MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

EIN **-***1399

Part IX Partners' Information for Base Erosion and Anti-Abuse Tax (Section 59A) *(continued)*

Section 2 - Base Erosion Payments and Base Erosion Tax Benefits (see instructions) *(continued)*

	Description	(a) Total	(b) Total base erosion payments	(c) Total base erosion tax benefits
18	Portion of base erosion tax benefits reported on lines 6 through 16, on which tax is imposed by section 871 or 881, with respect to which tax has been withheld under section 1441 or 1442 at reduced withholding rate pursuant to income tax treaty. Multiply ratio of percentage withheld divided by 30% (0.30) times tax benefit. See instructions			
19	**Total base erosion tax benefits** (subtract the sum of lines 17 and 18 from the sum of lines 8 through 16)			
20	Reserved for future use			
21	Reserved for future use			
22	Reserved for future use			

Part X Foreign Partners' Character and Source of Income and Deductions

Section 1 - Gross Income

	Description	(a) Total	(b) Partner determination	Partnership Determination: ECI (c) U.S. source	ECI (d) Foreign source	Non-ECI (e) U.S. source (FDAP)	Non-ECI (f) U.S. source (other)	Non-ECI (g) Foreign source
1	Ordinary business income (gross)							
2	Gross rental real estate income	622,450.		622,450.				
3	Other gross rental income							
4	Guaranteed payments for services							
5	Guaranteed payments for use of capital							
6	Interest income	14,103.		14,103.				
7	Dividends							
8	Dividend equivalents							
9	Royalties and license fees							
10	Net short-term capital gain							
11	Net long-term capital gain							
12	Collectibles (28%) gain							
13	Unrecaptured section 1250 gain							
14	Net section 1231 gain							
15	Reserved for future use							
16	Reserved for future use							
17	Reserved for future use							
18	Reserved for future use							
19	Reserved for future use							
20	Other income (loss) not included on lines 1 through 19							
21	**Gross income** (sum of lines 1 through 20)	636,553.		636,553.				

Name of partnership: MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

EIN: **-***1399

Part X Foreign Partners' Character and Source of Income and Deductions *(continued)*

Section 2 - Deductions, Losses, and Net Income

Description	(a) Total	(b) Partner determination	Partnership Determination: ECI (c) U.S. source	ECI (d) Foreign source	Non-ECI (e) U.S. source (FDAP)	Non-ECI (f) U.S. source (other)	Non-ECI (g) Foreign source
1 Expenses related to ordinary business income (gross)							
2 R&E expenses							
3 Expenses from rental real estate	270,150.		270,150.				
4 Expenses from other rental activities							
5 Royalty and licensing expenses							
6 Section 179 deduction							
7 Interest expense on U.S.-booked liabilities							
8 Interest expense directly allocable under Regulations sections 1.882-5(a)(1)(ii)(B) and 1.861-10T	43,438.		43,438.				
9 Other interest expense							
10 Section 59(e)(2) expenditures							
11 Net short-term capital loss							
12 Net long-term capital loss							
13 Collectibles loss							
14 Net section 1231 loss							
15 Other losses							
(1)							
(2)							
16 Charitable contributions							
17 Other:							
18 Other:							
19 Reserved for future use							
20 Reserved for future use							
21 Reserved for future use							
22 Reserved for future use							
23 Reserved for future use							
24 **Total** (sum of lines 1 through 23)	313,588.		313,588.				
25 **Net income (loss)** (line 21 (Section 1) minus line 24 (Section 2))	322,965.						

324157 12-09-23

Name of partnership: MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

EIN: **-***1399

Part X Foreign Partners' Character and Source of Income and Deductions *(continued)*

Section 3 - Allocation and Apportionment Methods for Deductions

1	Gross income	
a	Gross ECI	636,553.
b	Worldwide gross income	636,553.
2	Assets	
a	Average U.S. assets (inside basis)	1,838,569.
b	Worldwide assets	1,838,569.
3	Liabilities	
a	U.S.-booked liabilities of partnership	3,389,891.
b	Directly allocated partnership indebtedness	3,030,687.
4	Personnel	
a	Personnel of U.S. trade or business	
b	Worldwide personnel	

5 Gross receipts from sales or services by SIC code

	(i) SIC code	(ii) ECI	(ii) Worldwide
a			
b			

6 Reserved for future use

	(i)	(ii)	(ii
a			
b			

7 Other allocation and apportionment key

	(i) Key/Factor	(ii) Allocation
a		
b		

8 Other allocation and apportionment key

	(i) Key/Factor	(ii) Allocation
a		
b		

Section 4 - Reserved for Future Use

	Reserved	(a) Reserved	(b) Reserved	(c) Reserved
1	Reserved for future use			
2	Reserved for future use			
3	Reserved for future use			
4	Reserved for future use			
5	Reserved for future use			
6	Reserved for future use			
7	Reserved for future use			
8	Reserved for future use			
9	Reserved for future use			
10	Reserved for future use			

Form **8825** (Rev. November 2018) Department of the Treasury Internal Revenue Service

Rental Real Estate Income and Expenses of a Partnership or an S Corporation

▶ Attach to Form 1065 or Form 1120S.
▶ Go to www.irs.gov/Form8825 for the latest information.

OMB No. 1545-0123

Name: MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

Employer identification number: ** ***1399

1 Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.

	Physical address of each property - street, city, state, ZIP code	Type - Enter code 1-8; see page 2 for list	Fair Rental Days	Personal Use Days
A	3201 MERRILL ROAD APTOS, CA 95003	2	365	0
B				
C				
D				

		Properties A	B	C	D
Rental Real Estate Income					
2 Gross rents	2	622,450.			
Rental Real Estate Expenses					
3 Advertising	3				
4 Auto and travel	4	569.			
5 Cleaning and maintenance	5	29,996.			
6 Commissions	6				
7 Insurance	7	12,965.			
8 Legal and other professional fees	8	11,500.			
9 Interest	9	43,438.			
10 Repairs	10	42,714.			
11 Taxes	11	1,149.			
12 Utilities	12	25,603.			
13 Wages and salaries	13	63,533.			
14 Depreciation (see instructions)	14	51,340.			
15 Other (list) ▶ STMT 9	15	30,781.			
16 Total expenses for each property. Add lines 3 through 15	16	313,588.			
17 Income or (Loss) from each property. Subtract line 16 from line 2	17	308,862.			

18a Total gross rents. Add gross rents from line 2, columns A through H	18a	622,450.
b Total expenses. Add total expenses from line 16, columns A through H	18b	(313,588.)
19 Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities	19	
20a Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)	20a	

b Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:

(1) Name (2) Employer identification number

21 Net rental real estate income (loss). Combine lines 18a through 20a. Enter the result here and on: • **Form 1065 or 1120S**: Schedule K, line 2	21	308,862.

1 Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.

	Physical address of each property - street, city, state, ZIP code	Type - Enter code 1-8; see below for list	Fair Rental Days	Personal Use Days
E				
F				
G				
H				

		Properties			
		E	F	G	H
Rental Real Estate Income					
2 Gross rents	2				
Rental Real Estate Expenses					
3 Advertising	3				
4 Auto and travel	4				
5 Cleaning and maintenance	5				
6 Commissions	6				
7 Insurance	7				
8 Legal and other professional fees	8				
9 Interest	9				
10 Repairs	10				
11 Taxes	11				
12 Utilities	12				
13 Wages and salaries	13				
14 Depreciation (see instructions)	14				
15 Other (list) ▶	15				
16 Total expenses for each property. Add lines 3 through 15	16				
17 Income or (Loss) from each property. Subtract line 16 from line 2	17				

Allowable Codes for Type of Property

1 - Single Family Residence
2 - Multi-Family Residence
3 - Vacation or Short-Term Rental
4 - Commercial
5 - Land
6 - Royalties
7 - Self-Rental
8 - Other (include description with the code on Form 8825 or on a separate statement)

320142
04-01-23

SCHEDULE B-1 (Form 1065)
(Rev. August 2019)
Department of the Treasury
Internal Revenue Service

Information on Partners Owning 50% or More of the Partnership

▶ Attach to Form 1065.
▶ Go to www.irs.gov/Form1065 for the latest information.

OMB No. 1545-0123

Name of partnership: MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

Employer identification number: **-***1399

Part I Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
HOUSING AUTHORITY OF THE CO OF SANTA CRUZ	**-***9385	TAX-EXEMPT	UNITED STATES	99.00

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

SCHEDULE M-3 (Form 1065)
(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

Net Income (Loss) Reconciliation for Certain Partnerships

▶ Attach to Form 1065.
▶ Go to www.irs.gov/Form1065 for instructions and the latest information.

OMB No. 1545-0123

Name of partnership	Employer identification number
MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ	**-***1399

This Schedule M-3 is being filed because (check all that apply):

A ☐ The amount of the partnership's total assets at the end of the tax year is equal to $10 million or more.
B ☐ The amount of the partnership's adjusted total assets for the tax year is equal to $10 million or more. If box B is checked, enter the amount of adjusted total assets for the tax year ________ .
C ☐ The amount of total receipts for the tax year is equal to $35 million or more. If box C is checked, enter the total receipts for the tax year ________ .
D ☐ An entity that is a reportable entity partner with respect to the partnership owns or is deemed to own an interest of 50% or more in the partnership's capital, profit, or loss on any day during the tax year of the partnership.

Name of Reportable Entity Partner	Identifying Number	Maximum Percentage Owned or Deemed Owned
HOUSING AUTHORITY OF CO OF SANTA CRU	**-***9385	99.0000%

E ☒ Voluntary filer.

Part I Financial Information and Net Income (Loss) Reconciliation

1a Did the partnership file SEC Form 10-K for its income statement period ending with or within this tax year?
☐ **Yes.** Skip lines 1b and 1c and complete lines 2 through 11 with respect to that SEC Form 10-K.
☒ **No.** Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared.

b Did the partnership prepare a certified audited non-tax-basis income statement for that period?
☐ **Yes.** Skip line 1c and complete lines 2 through 11 with respect to that income statement.
☒ **No.** Go to line 1c.

c Did the partnership prepare a non-tax-basis income statement for that period?
☒ **Yes.** Complete lines 2 through 11 with respect to that income statement.
☐ **No.** Skip lines 2 through 3b and enter the partnership's net income (loss) per its books and records on line 4a.

2 Enter the income statement period: Beginning 07/01/2023 Ending 06/30/2024

3a Has the partnership's income statement been restated for the income statement period on line 2?
☐ **Yes.** (If "Yes," attach a statement and the amount of each item restated.)
☒ **No.**

b Has the partnership's income statement been restated for any of the 5 income statement periods immediately preceding the period on line 2?
☐ **Yes.** (If "Yes," attach a statement and the amount of each item restated.)
☒ **No.**

4a	Worldwide consolidated net income (loss) from income statement source identified on Part I, line 1	4a	298,364.
b	Indicate accounting standard used for line 4a. See instructions. 1 ☒ GAAP 2 ☐ IFRS 3 ☐ Section 704(b) 4 ☐ Tax-basis 5 ☐ Other (specify) ▶		
5a	Net income from nonincludible foreign entities (attach statement)	5a	( )
b	Net loss from nonincludible foreign entities (attach statement and enter as a positive amount)	5b	
6a	Net income from nonincludible U.S. entities (attach statement)	6a	( )
b	Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount)	6b	
7a	Net income (loss) of other foreign disregarded entities (attach statement)	7a	
b	Net income (loss) of other U.S. disregarded entities (attach statement)	7b	
8	Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach stmt.)	8	
9	Adjustment to reconcile income statement period to tax year (attach statement)	9	
10	Other adjustments to reconcile to amount on line 11 (attach statement)	10	
11	**Net income (loss) per income statement of the partnership.** Combine lines 4a through 10	11	298,364.

Note: Part I, line 11, must equal Part II, line 26, column (a); or Form 1065, Schedule M-1, line 1. See instructions.

12 Enter the total amount (not just the partnership's share) of the assets and liabilities of all entities included or removed on the following lines.

	Total Assets	Total Liabilities
a Included on Part I, line 4	2,565,485.	3,389,937.
b Removed on Part I, line 5		
c Removed on Part I, line 6		
d Included on Part I, line 7		

Name of partnership MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

Employer identification number **-***1399

Part II Reconciliation of Net Income (Loss) per Income Statement of Partnership With Income (Loss) per Return

	Income (Loss) Items	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
	Attach statements for lines 1 through 10.				
1	Income (loss) from equity method foreign corporations				
2	Gross foreign dividends not previously taxed				
3	Subpart F, QEF, and similar income inclusions				
4	Gross foreign distributions previously taxed				
5	Income (loss) from equity method U.S. corporations				
6	U.S. dividends				
7	Income (loss) from U.S. partnerships				
8	Income (loss) from foreign partnerships				
9	Income (loss) from other pass-through entities				
10	Items relating to reportable transactions				
11	Interest income (see instructions)	14,103.			14,103.
12	Total accrual to cash adjustment				
13	Hedging transactions				
14	Mark-to-market income (loss)				
15	Cost of goods sold (see instructions)	( )			( )
16	Sale versus lease (for sellers and/or lessors)				
17	Section 481(a) adjustments				
18	Unearned/deferred revenue				
19	Income recognition from long-term contracts				
20	Original issue discount and other imputed interest				
21a	Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities				
b	Gross capital gains from Schedule D, excluding amounts from pass-through entities				
c	Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
d	Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
e	Abandonment losses				
f	Worthless stock losses (attach statement)				
g	Other gain/loss on disposition of assets other than inventory				
22	Other income (loss) items with differences (attach statement) STMT 11	622,415.	35.		622,450.
23	**Total income (loss) items.** Combine lines 1 through 22	636,518.	35.		636,553.
24	**Total expense/deduction items.** (From Part III, line 31) (see instructions)	-119,344.	24,566.		-94,778.
25	Other items with no differences STMT 12	-218,810.			-218,810.
26	**Reconciliation totals.** Combine lines 23 through 25	298,364.	24,601.		322,965.

Note: Line 26, column (a), must equal Part I, line 11, and column (d) must equal Form 1065, Analysis of Net Income (Loss), line 1.

310992 04-01-23

Name of partnership MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

Employer identification number **-***1399

Part III Reconciliation of Net Income (Loss) per Income Statement of Partnership With Income (Loss) per Return - Expense/Deduction Items

	Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1	State and local current income tax expense				
2	State and local deferred income tax expense				
3	Foreign current income tax expense (other than foreign withholding taxes)				
4	Foreign deferred income tax expense				
5	Equity-based compensation				
6	Meals and entertainment				
7	Fines and penalties				
8	Judgments, damages, awards, and similar costs				
9	Guaranteed payments				
10	Pension and profit-sharing				
11	Other post-retirement benefits				
12	Deferred compensation				
13	Charitable contribution of cash and tangible property				
14	Charitable contribution of intangible property				
15	Organizational expenses as per Regulations section 1.709-2(a)				
16	Syndication expenses as per Regulations section 1.709-2(b)				
17	Current year acquisition/reorganization investment banking fees				
18	Current year acquisition/reorganization legal and accounting fees				
19	Amortization/impairment of goodwill				
20	Amortization of acquisition, reorganization, and start-up costs				
21	Other amortization or impairment write-offs				
22	Reserved for future use				
23a	Depletion - oil & gas				
b	Depletion - other than oil & gas				
24	Intangible drilling and development costs (IDC)				
25	Depreciation	75,906.	-24,566.		51,340.
26	Bad debt expense				
27	Interest expense (see instructions)	43,438.			43,438.
28	Purchase versus lease (for purchasers and/or lessees)				
29	Research and development costs				
30	Other expense/deduction items with differences (attach statement)				
31	**Total expense/deduction items.** Combine lines 1 through 30. Enter here and on Part II, line 24, reporting positive amounts as negative and negative amounts as positive	119,344.	-24,566.		94,778.

310993 04-01-23

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property) R- 1

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ	MERRILL ROAD ASSOCIATES	**-***1399

Part I **Election To Expense Certain Property Under Section 179** **Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation (Don't** include listed property.**)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,964.

Part III **MACRS Depreciation (Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	48,122.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	7 /23	7,275.	27.5 yrs.	MM	S/L	254.
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	51,340.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles. **)**

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year:					
43 Amortization of costs that began before your 2023 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

2023 DEPRECIATION AND AMORTIZATION REPORT

MERRILL ROAD ASSOCIATES R- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	08/31/96	L				1,039,931.				1,039,931.			0.	
2	SITE IMPROVEMENTS	10/01/11	SL	20.00		16	47,853.				47,853.	28,117.		2,393.	30,510.
3	SITE IMPROVEMENTS	10/01/11	SL	27.50		16	10,742.				10,742.	4,594.		391.	4,985.
4	SITE IMPROVEMENTS	10/01/11	SL	27.50		16	4,949.				4,949.	2,115.		180.	2,295.
5	BUILDING	10/01/11	SL	27.50	MM	17	522,692.				522,692.	222,540.		19,007.	241,547.
6	BUILDING	10/01/11	SL	27.50	MM	17	723,537.				723,537.	308,046.		26,310.	334,356.
8	SITE IMPROVEMENTS	12/01/21	SL	27.50	MM	17	6,325.				6,325.	355.		230.	585.
9	SITE IMPROVEMENTS	12/20/22	SL	27.50	MM	17	7,210.				7,210.	142.		262.	404.
10	SITE IMPROVEMENTS	04/02/23	SL	27.50	MM	17	6,750.				6,750.	51.		245.	296.
11	SITE IMPROVEMENTS	04/05/23	SL	27.50	MM	17	6,750.				6,750.	51.		245.	296.
12	SITE IMPROVEMENTS	03/02/23	SL	27.50	MM	17	6,750.				6,750.	71.		245.	316.
13	SITE IMPROVEMENTS	04/19/23	SL	27.50	MM	17	7,800.				7,800.	59.		284.	343.
14	SITE IMPROVEMENTS	04/19/23	SL	27.50	MM	17	6,750.				6,750.	51.		245.	296.
15	SITE IMPROVEMENTS	05/02/23	SL	27.50	MM	17	6,750.				6,750.	31.		245.	276.
16	SITE IMPROVEMENTS	05/19/23	SL	27.50	MM	17	6,750.				6,750.	31.		245.	276.
17	SITE IMPROVEMENTS	05/02/23	SL	27.50	MM	17	15,386.				15,386.	70.		559.	629.
18	SITE IMPROVEMENTS	07/29/23	SL	27.50	MM	19H	7,275.				7,275.			254.	254.
	* TOTAL RENTAL DEPRECIATION						2,434,200.				2,434,200.	566,324.		51,340.	617,664.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

MERRILL ROAD ASSOCIATES R- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,426,925.		0.	0.	2,426,925.	566,324.			617,410.
	ACQUISITIONS						7,275.		0.	0.	7,275.	0.			254.
	DISPOSITIONS/RETIRED						0.		0.	0.	0.	0.			0.
	ENDING BALANCE						2,434,200.		0.	0.	2,434,200.	566,324.			617,664.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **8916-A** (Rev. November 2019)
Department of the Treasury Internal Revenue Service

Supplemental Attachment to Schedule M-3

▶ Attach to Schedule M-3 for Form 1065, 1120, 1120-L, 1120-PC, or 1120-S.
▶ Go to www.irs.gov/Form1120 for the latest information.

OMB No. 1545-0123

Name of common parent: MERRILL ROAD ASSOCIATES C/O HSG AUTHORIT
Employer identification number: **-***1399

Name of subsidiary:
Employer identification number:

Part I Cost of Goods Sold

Cost of Goods Sold Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 Amounts attributable to cost flow assumptions				
2 Amounts attributable to:				
a Stock option expense				
b Other equity-based compensation				
c Meals and entertainment				
d Parachute payments				
e Compensation with section 162(m) limitation				
f Pension and profit sharing				
g Other post-retirement benefits				
h Deferred compensation				
i Reserved				
j Amortization				
k Depletion				
l Depreciation				
m Corporate-owned life insurance premiums				
n Other section 263A costs				
3 Inventory shrinkage accruals				
4 Excess inventory and obsolescence reserves				
5 Lower of cost or market write-downs				
6 Other items with differences (attach statement)				
7 Other items with no differences				
8 **Total cost of goods sold.** Add lines 1 through 7 in columns a, b, c, and d. Enter totals on the applicable Schedule M-3. See instructions				

LHA **For Paperwork Reduction Act Notice, see instructions.**

313315
04-01-23

Part II Interest Income

	Interest Income Item	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1	Tax-exempt interest income				
2	Interest income from hybrid securities				
3	Sale/lease interest income				
4a	Intercompany interest income - From outside tax affiliated group				
4b	Intercompany interest income - From tax affiliated group				
5	Other interest income STMT 14	14,103.			14,103.
6	Total interest income. Add lines 1 through 5 in columns a, b, c, and d. Enter total on the applicable Schedule M-3. See instructions.	14,103.			14,103.

Part III Interest Expense

	Interest Expense Item	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1	Interest expense from hybrid securities				
2	Lease/purchase interest expense				
3a	Intercompany interest expense - Paid to outside tax affiliated group				
3b	Intercompany interest expense - Paid to tax affiliated group				
4	Other interest expense STMT 15	43,438.			43,438.
5	Total interest expense. Add lines 1 through 4 in columns a, b, c, and d. Enter total on the applicable Schedule M-3. See instructions.	43,438.			43,438.

Form **8990** (Rev. December 2022) Department of the Treasury Internal Revenue Service

Limitation on Business Interest Expense Under Section 163(j)

Attach to your tax return.

Go to www.irs.gov/Form8990 for instructions and the latest information.

OMB No. 1545-0123

Taxpayer name(s) shown on tax return: MERRILL ROAD ASSOCIATES C/O HSG AUTHORIT

Identification number **-***1399

A If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:

Name of foreign entity

Employer identification number, if any

Reference ID number

B Is the foreign entity a CFC group member? See instructions ☐ Yes ☐ No

C Is this Form 8990 filed by the specified group parent for an entire CFC group? See instructions ☐ Yes ☐ No

D Has a CFC or a CFC group made a safe harbor election? If yes, see instructions for which lines of Form 8990 to complete ☐ Yes ☐ No

Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

Section I - Business Interest Expense

1	Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	1	43,438.		
2	Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2			
3	Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3			
4	Floor plan financing interest expense. See instructions	4			
5	**Total business interest expense.** Add lines 1 through 4			5	43,438.

Section II - Adjusted Taxable Income

Tentative Taxable Income

6	**Tentative taxable income.** See instructions			6	322,965.

Additions (adjustments to be made if amounts are taken into account on line 6)

7	Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions	7			
8	Any business interest expense not from a pass-through entity. See instr.	8	43,438.		
9	Amount of any net operating loss deduction under section 172	9			
10	Amount of any qualified business income deduction allowed under section 199A	10			
11	Reserved for future use	11			
12	Amount of any loss or deduction items from a pass-through entity. See instructions	12			
13	Other additions. See instructions	13			
14	Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14			
15	Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15			
16	**Total.** Add lines 7 through 15			16	43,438.

Reductions (adjustments to be made if amounts are taken into account on line 6)

17	Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions	17	( )		
18	Any business interest income not from a pass-through entity. See instructions	18	(14,103.)		
19	Amount of any income or gain items from a pass-through entity. See instructions	19	( )		
20	Other reductions. See instructions	20	( )		
21	**Total.** Combine lines 17 through 20			21	(14,103.)
22	**Adjusted taxable income.** Combine lines 6, 16, and 21. See instructions			22	352,300.

Section III - Business Interest Income

23	Current year business interest income. See instructions	23	14,103.	
24	Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	24		
25	**Total.** Add lines 23 and 24		25	14,103.

Section IV - Section 163(j) Limitation Calculations

Limitation on Business Interest Expense

26	Multiply the adjusted taxable income from line 22 by the applicable percentage. See instructions	26	105,690.	
27	Business interest income (line 25)	27	14,103.	
28	Floor plan financing interest expense (line 4)	28		
29	**Total.** Add lines 26, 27, and 28		29	119,793.

Allowable Business Interest Expense

30	**Total current year business interest expense deduction.** See instructions	30	43,438.

Carryforward

31	**Disallowed business interest expense.** Subtract line 29 from line 5. (If zero or less, enter -0-.)	31	

Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

32	**Excess business interest expense.** Enter amount from line 31	32	

Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	33	29,335.
34	Subtract line 33 from line 26. (If zero or less, enter -0-.)	34	76,355.
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	35	.7224
36	**Excess taxable income.** Multiply line 35 by line 22	36	254,517.

Excess Business Interest Income

37	**Excess business interest income.** Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	37	

Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	38	
39	Subtract line 38 from line 26. (If zero or less, enter -0-.)	39	
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	40	
41	**Excess taxable income.** Multiply line 40 by line 22	41	

Excess Business Interest Income

42	**Excess business interest income.** Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	42	

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Merrill Road Associates c/o HSG
Authority of the CO of Santa Cruz
2160 41st Avenue
Capitola, CA 95010

Employer Identification Number: **-***1399

For the Year Ending June 30, 2024

Merrill Road Associates c/o HSG Authority of the CO of Santa Cruz is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

Section 1.263(a)-3(n) Election

Merrill Road Associates c/o HSG
Authority of the CO of Santa Cruz
2160 41st Avenue
Capitola, CA 95010

Employer Identification Number: **-***1399

For the Year Ending June 30, 2024

Merrill Road Associates c/o HSG Authority of the CO of Santa Cruz is electing to capitalize repair and maintenance costs under Reg. Sec. 1.263(a)-3(n).

FOOTNOTES	STATEMENT 1

SCHEDULE B-1 STATEMENT

TAXPAYER HAS PROVIDED THE INFORMATION REQUIRED IN FORM 1065, SCHEDULE B-1, BASED ON ALL INFORMATION AVAILABLE TO THE TAXPAYER AT THE TIME THE RETURN WAS FILED. TAXPAYER HAS MADE ITS BEST EFFORTS IN OBTAINING ALL REQUIRED INFORMATION FOR SCHEDULE B AS REQUIRED BY APPLICABLE IRS REGULATIONS AND THE INSTRUCTIONS TO THE FORM.

RECONCILIATION OF TOTAL LIABILITIES:	
TOTAL LIABILITIES PER SCHEDULE L	3,389,937.
PREPAID RENT	-46.
	3,389,891.
TOTAL LIABILITIES PER SCHEDULE K-1	

SCHEDULE K	NET INCOME (LOSS) FROM RENTAL REAL ESTATE	STATEMENT 2

DESCRIPTION	AMOUNT
MULTI-FAMILY RESIDENCE - MERRILL ROAD ASSOCIATES	308,862.
TOTAL TO SCHEDULE K, LINE 2	308,862.

SCHEDULE K	INTEREST INCOME	STATEMENT 3

DESCRIPTION	U.S. BONDS	OTHER
INTEREST INCOME		14,103.
TOTAL TO SCHEDULE K, LINE 5		14,103.

SCHEDULE K | OTHER ITEMS | STATEMENT 4

DESCRIPTION	AMOUNT
EXCESS TAXABLE INCOME	254,517.
SECTION 199A - RENTAL INCOME (LOSS)	308,862.
SECTION 199A W-2 WAGES	63,533.
SECTION 199A UNADJUSTED BASIS OF ASSETS	1,394,269.
BUSINESS INTEREST EXPENSE	43,438.

SCHEDULE L | OTHER CURRENT ASSETS | STATEMENT 5

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSES	5,761.	7,205.
RESTRICTED CASH	183,779.	190,705.
TENANT SECURITY DEPOSITS	14,344.	18,881.
TOTAL TO SCHEDULE L, LINE 6	203,884.	216,791.

SCHEDULE L | OTHER CURRENT LIABILITIES | STATEMENT 6

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED EXPENSES	8,419.	11,319.
DUE TO RELATED PARTIES	12,000.	24,000.
PREPAID RENT	11.	46.
TENANT SECURITY DEPOSIT LIABILITY	14,344.	18,881.
TOTAL TO SCHEDULE L, LINE 17	34,774.	54,246.

SCHEDULE L | OTHER LIABILITIES | STATEMENT 7

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED INTEREST	1,087,810.	1,131,248.
TOTAL TO SCHEDULE L, LINE 20	1,087,810.	1,131,248.

FORM 1065 PARTNERS' CAPITAL ACCOUNT SUMMARY STATEMENT 8

PARTNER NUMBER	BEGINNING CAPITAL	CAPITAL CONTRIBUTED	SCHEDULE M-2 LNS 3, 4 & 7	WITH-DRAWALS	ENDING CAPITAL
1	139,671.		3,230.		142,901.
2	-1,074,393.		319,735.		-754,658.
TOTAL	-934,722.		322,965.		-611,757.

OTHER RENTAL EXPENSES STATEMENT 9

MULTI-FAMILY RESIDENCE
PROPERTY: MERRILL ROAD ASSOCIATES
LOCATION: 3201 MERRILL ROAD, APTOS, CA 95003

DESCRIPTION	AMOUNT
GENERAL AND ADMINISTRATIVE	3,400.
MANAGEMENT FEE	14,580.
PARTNERSHIP MANAGEMENT FEE	12,000.
BAD DEBT - TENANT RENTS	645.
OTHER ADMIN	156.
TOTAL TO RENTAL SCHEDULE, LINE 15	30,781.

GROSS RENTAL INCOME STATEMENT 10

MULTI-FAMILY RESIDENCE
PROPERTY: MERRILL ROAD ASSOCIATES
LOCATION: 3201 MERRILL ROAD, APTOS, CA 95003

DESCRIPTION	AMOUNT
GROSS RENTAL INCOME	622,324.
OTHER	126.
TOTAL TO RENTAL SCHEDULE, LINE 2	622,450.

SCHEDULE M-3 OTHER INCOME (LOSS) ITEMS WITH DIFFERENCES STATEMENT 11

DESCRIPTION	INCOME (LOSS) PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	INCOME (LOSS) PER TAX RETURN
RENTAL INCOME FROM MERRILL ROAD ASSOCIATES	622,415.	35.	0.	622,450.
TOTAL TO M-3, PART II, LINE 22	622,415.	35.	0.	622,450.

SCHEDULE M-3 OTHER INCOME (LOSS) AND EXPENSE / DEDUCTION ITEMS WITH NO DIFFERENCES STATEMENT 12

DESCRIPTION	PER INCOME STATEMENT	PER TAX RETURN
OTHER EXPENSE / DEDUCTION - SEE STATEMENT	-218,810.	-218,810.
TOTAL TO SCHEDULE M-3, PART II, LINE 25	-218,810.	-218,810.

SCHEDULE M-3 OTHER EXPENSE/DEDUCTION ITEMS WITH NO DIFFERENCES STATEMENT 13

DESCRIPTION	EXPENSE/ DEDUCTION PER INCOME STATEMENT	EXPENSE/ DEDUCTION PER TAX RETURN
RENTAL EXPENSES FROM MERRILL ROAD ASSOCIATES	218,810.	218,810.
TOTAL TO SCHEDULE M-3, PART II, LINE 25	218,810.	218,810.

FORM 8916-A OTHER INTEREST INCOME STATEMENT 14

DESCRIPTION	PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	PER TAX RETURN
INTEREST INCOME	14,103.	0.	0.	14,103.
TOTAL TO PART II, LINE 5	14,103.	0.	0.	14,103.

FORM 8916-A OTHER INTEREST EXPENSE STATEMENT 15

DESCRIPTION	PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	PER TAX RETURN
INTEREST EXPENSE FROM RENTS AND ROYALTIES	43,438.	0.	0.	43,438.
TOTAL TO PART III, LINE 4	43,438.	0.	0.	43,438.

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	083196	L			1039931.			1039931.			0.
2	SITE IMPROVEMENTS	100111	SL	20.00	16	47,853.			47,853.	28,117.		2,393.
3	SITE IMPROVEMENTS	100111	SL	27.50	16	10,742.			10,742.	4,594.		391.
4	SITE IMPROVEMENTS	100111	SL	27.50	16	4,949.			4,949.	2,115.		180.
5	BUILDING	100111	SL	27.50	17	522,692.			522,692.	222,540.		19,007.
6	BUILDING	100111	SL	27.50	17	723,537.			723,537.	308,046.		26,310.
8	SITE IMPROVEMENTS	120121	SL	27.50	17	6,325.			6,325.	355.		230.
9	SITE IMPROVEMENTS	122022	SL	27.50	17	7,210.			7,210.	142.		262.
10	SITE IMPROVEMENTS	040223	SL	27.50	17	6,750.			6,750.	51.		245.
11	SITE IMPROVEMENTS	040523	SL	27.50	17	6,750.			6,750.	51.		245.
12	SITE IMPROVEMENTS	030223	SL	27.50	17	6,750.			6,750.	71.		245.
13	SITE IMPROVEMENTS	041923	SL	27.50	17	7,800.			7,800.	59.		284.
14	SITE IMPROVEMENTS	041923	SL	27.50	17	6,750.			6,750.	51.		245.
15	SITE IMPROVEMENTS	050223	SL	27.50	17	6,750.			6,750.	31.		245.
16	SITE IMPROVEMENTS	051923	SL	27.50	17	6,750.			6,750.	31.		245.
17	SITE IMPROVEMENTS	050223	SL	27.50	17	15,386.			15,386.	70.		559.
18	SITE IMPROVEMENTS	072923	SL	27.50	19H	7,275.			7,275.			254.
	* TOTAL RENTAL DEPRECIATION					2434200.			2434200.	566,324.		51,340.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					2426925.		0.	2426925.	566,324.		
	ACQUISITIONS					7,275.		0.	7,275.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					2434200.		0.	2434200.	566,324.		

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

651123

Schedule K-1 (Form 1065)
Department of the Treasury
Internal Revenue Service

2023

For calendar year 2023, or tax year beginning 07/01/2023 ending 06/30/2024

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
-*1399

B Partnership's name, address, city, state, and ZIP code
MERRILL ROAD ASSOCIATES C/O HSG
AUTHORITY OF THE CO OF SANTA CRUZ
2160 41ST AVENUE
CAPITOLA, CA 95010

C IRS center where partnership filed return:
E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
-*1307

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

MERRILL ROAD HOUSING CORPORATION
2160 41ST AVENUE
CAPITOLA, CA 95010

G [X] General partner or LLC member-manager ☐ Limited partner or other LLC member

H1 [X] Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's: TIN ____ Name ____

I1 What type of entity is this partner? EXEMPT ORGANIZATION

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	1.0000000 %	1.0000000 %
Loss	1.0000000 %	1.0000000 %
Capital	1.0000000 %	1.0000000 %

Check if decrease is due to:
☐ Sale or ☐ Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	$	$ 3,000.
Qualified nonrecourse financing	$ 32,872.	$ 30,307.
Recourse	$ 58,569.	$ 59,204.

K2 Check this box if Item K-1 includes liability amounts from lower-tier partnerships ☐

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐

L **Partner's Capital Account Analysis**

Beginning capital account	$ 139,671.
Capital contributed during the year	$
Current year net income (loss)	$ 3,230.
Other increase (decrease) (attach explanation)	$
Withdrawals and distributions	$( )
Ending capital account	$ 142,901.

M Did the partner contribute property with a built-in gain (loss)?
☐ **Yes** [X] **No** If "Yes," attach statement. See instructions.

N **Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**
Beginning $
Ending $

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)		0.
2	Net rental real estate income (loss)		3,089.
3	Other net rental income (loss)		
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		141.
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)		
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)		
12	Section 179 deduction		
13	Other deductions		
14	Self-employment earnings (loss)		
15	Credits		
16	Schedule K-3 is attached if checked		[X]
17	Alternative min tax (AMT) items		
18	Tax-exempt income and nondeductible expenses		
19	Distributions		
20	Other information	A	141.
		N	* 434.
		Z	* STMT
		AE	* 2,545.
21	Foreign taxes paid or accrued		

22 ☐ More than one activity for at-risk purposes*
23 ☐ More than one activity for passive activity purposes*
*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1 BUSINESS INTEREST EXPENSE, BOX 20, CODE N

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE - (INCLUDED IN RENTAL REAL ESTATE INCOME (LOSS))	SEE PARTNERS INSTRUCTIONS	434.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		434.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z

DESCRIPTION	AMOUNT
RENT - MERRILL ROAD ASSOCIATES	
RENTAL INCOME (LOSS)	3,089.
W-2 WAGES	635.
UNADJUSTED BASIS OF ASSETS	13,943.

SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 EXCESS TAXABLE INCOME, BOX 20, CODE AE

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
EXCESS TAXABLE INCOME	SEE IRS SCH. K-1 INSTRUCTIONS	2,545.
TOTAL TO SCHEDULE K-1, LINE 20 AE		2,545.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND OTHER INCREASES(DECREASES)

DESCRIPTION	AMOUNT	TOTALS
RENTAL REAL ESTATE INCOME (LOSS)	3,089.	
INTEREST INCOME	141.	
SCHEDULE K-1 INCOME SUBTOTAL		3,230.
NET INCOME (LOSS) PER SCHEDULE K-1		3,230.

☐ Final K-3 ☐ Amended K-3

Schedule K-3 (Form 1065)

Department of the Treasury
Internal Revenue Service

Partner's Share of Income, Deductions, Credits, etc.-International

For calendar year 2023, or tax year beginning 07/01/2023 , ending 06/30/2024

See separate instructions.

OMB No. 1545-0123

2023

Information About the Partnership	Information About the Partner
A Partnership's employer identification number (EIN) **-***1399	**C** Partner's social security number (SSN) or taxpayer identification number (TIN) (Do not use TIN of a disregarded entity. See instructions.) **-***1307
B Partnership's name, address, city, state, and ZIP code MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ 2160 41ST AVENUE CAPITOLA, CA 95010	**D** Name, address, city, state, and ZIP code for partner entered in C. See instr. MERRILL ROAD HOUSING CORPORATION 2160 41ST AVENUE CAPITOLA, CA 95010

E Check to indicate the parts of Schedule K-3 that apply.

			Yes	No
1	Does Part I apply? If "Yes," complete and attach Part I	1		X
2	Does Part II apply? If "Yes," complete and attach Part II	2	X	
3	Does Part III apply? If "Yes," complete and attach Part III	3	X	
4	Does Part IV apply? If "Yes," complete and attach Part IV	4	X	
5	Does Part V apply? If "Yes," complete and attach Part V	5		X
6	Does Part VI apply? If "Yes," complete and attach Part VI	6		X
7	Does Part VII apply? If "Yes," complete and attach Part VII	7		X
8	Does Part VIII apply? If "Yes," complete and attach Part VIII	8		X
9	Does Part IX apply? If "Yes," complete and attach Part IX	9	X	
10	Does Part X apply? If "Yes," complete and attach Part X	10	X	
11	Does Part XI apply? If "Yes," complete and attach Part XI	11		X
12	Reserved for future use	12		
13	Does Part XIII apply? If "Yes," complete and attach Part XIII	13		X

For IRS Use Only

324171 01-02-24

LHA

Name of partnership	EIN	Name of partner	SSN or TIN
MERRILL ROAD ASSOCIATES C/O HSG A	**-***1399	MERRILL ROAD HOUSING CORPORATION	**-***1307

Part I Partner's Share of Partnership's Other Current Year International Information

Check box(es) for additional specified attachments. See instructions.

- ☐ 1. Gain on personal property sale
- ☐ 2. Foreign oil and gas taxes
- ☐ 3. Splitter arrangements
- ☐ 4. Foreign tax translation
- ☐ 5. High-taxed income
- ☐ 6. Section 267A disallowed deduction
- ☐ 7. Reserved for future use
- ☐ 8. Form 5471 information
- ☐ 9. Other forms
- ☐ 10. Partner loan transactions
- ☐ 11. Dual consolidated loss
- ☐ 12. Form 8865 information
- ☐ 13. Other international items (attach description and statement)

Part II Foreign Tax Credit Limitation

Section 1 - Gross Income

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)		
1 Sales							
A							
B							
C							
2 Gross income from performance of services							
A							
B							
C							
3 Gross rental real estate income							
A US	6,225.	0.	0.	0.	0.	0.	6,225.
B							
C							
4 Other gross rental income							
A							
B							
C							
5 Guaranteed payments							
6 Interest income							
A US	141.	0.	0.	0.	0.	0.	141.
B							
C							
7 Ordinary dividends (exclude amount on line 8)							
A							
B							
C							

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Name of partnership	EIN	Name of partner	SSN or TIN
MERRILL ROAD ASSOCIATES C/O HSG A	**-***1399	MERRILL ROAD HOUSING CORPORATION	**-***1307

Part II Foreign Tax Credit Limitation *(continued)*

Section 1 - Gross Income *(continued)*

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)		
8 Qualified dividends							
A							
B							
C							
9 Reserved for future use							
10 Royalties and license fees							
A							
B							
C							
11 Net short-term capital gain							
A							
B							
C							
12 Net long-term capital gain							
A							
B							
C							
13 Collectibles (28%) gain							
A							
B							
C							
14 Unrecaptured section 1250 gain							
A							
B							
C							
15 Net section 1231 gain							
A							
B							
C							

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Name of partnership	EIN	Name of partner	SSN or TIN
MERRILL ROAD ASSOCIATES C/O HSG A	**-***1399	MERRILL ROAD HOUSING CORPORATION	**-***1307

Part II Foreign Tax Credit Limitation *(continued)*

Section 1 - Gross Income *(continued)*

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)		
16 Section 986(c) gain							
17 Section 987 gain							
18 Section 988 gain							
19 Section 951(a) inclusions							
A							
B							
C							
20 Other income (see instructions)							
A							
B							
C							
21 Reserved for future use							
A							
B							
C							
22 Reserved for future use							
A							
B							
C							
23 Reserved for future use							
A							
B							
C							
24 **Total gross income** (combine lines 1 through 23)	6,366.						6,366.
A US	6,366.	0.	0.	0.	0.	0.	6,366.
B							
C							

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Name of partnership	EIN	Name of partner	SSN or TIN
MERRILL ROAD ASSOCIATES C/O HSG A	**-***1399	MERRILL ROAD HOUSING CORPORATION	**-***1307

Part II Foreign Tax Credit Limitation *(continued)*

Section 2 - Deductions

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)		
25 Expenses allocable to sales income							
26 Expenses allocable to gross income from performance of services							
27 Net short-term capital loss							
28 Net long-term capital loss							
29 Collectibles loss							
30 Net section 1231 loss							
31 Other losses							
32 Research & experimental (R&E) expenses A SIC code:							
B SIC code:							
C SIC code:							
33 Allocable rental expenses - depreciation, depletion, and amortization	514.						514.
34 Allocable rental expenses - other than depreciation, depletion, and amortization	2,188.						2,188.
35 Allocable royalty and licensing expenses - depreciation, depletion, and amortization							
36 Allocable royalty and licensing expenses - other than depreciation, depletion, and amortization							
37 Depreciation not included on line 33 or line 35							
38 Charitable contributions							
39 Interest expense specifically allocable under Regulations section 1.861-10(e)							
40 Other interest expense specifically allocable under Regulations section 1.861-10T	434.						434.
41 Other interest expense - business							
42 Other interest expense - investment							
43 Other interest expense - passive activity							
44 Section 59(e)(2) expenditures, excluding R&E expenses on line 32							
45 Foreign taxes not creditable but deductible							

Name of partnership	EIN	Name of partner	SSN or TIN
MERRILL ROAD ASSOCIATES C/O HSG A	**-***1399	MERRILL ROAD HOUSING CORPORATION	**-***1307

Part II Foreign Tax Credit Limitation *(continued)*

Section 2 - Deductions *(continued)*

Description	(a) U.S. source	Foreign Source: (b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)	(f) Sourced by partner	(g) Total
46 Section 986(c) loss							
47 Section 987 loss							
48 Section 988 loss							
49 Other allocable deductions (see instructions)							
50 Other apportioned share of deductions (see instructions)							
51 Reserved for future use							
52 Reserved for future use							
53 Reserved for future use							
54 **Total deductions** (combine lines 25 through 53)	3,136.						3,136.
55 **Net income (loss)** (subtract line 54 from line 24)	3,230.						3,230.

Part III Other Information for Preparation of Form 1116 or 1118

Section 1 - R&E Expenses Apportionment Factors

Description	(a) U.S. source	Foreign Source: (b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code) (country code)	(f) Sourced by partner	(g) Total
1 Gross receipts by SIC code							
A SIC code:							
B SIC code:							
C SIC code:							
E SIC code:							
E SIC code:							
F SIC code:							

2 Exclusive apportionment with respect to total R&E expenses entered on Part II, line 32.

A R&E expense with respect to activity performed in the United States

(i) SIC code:	2A(i)	
(ii) SIC code:	2A(ii)	
(iii) SIC code:	2A(iii)	

B R&E expense with respect to activity performed outside the United States

(i) SIC code:	2B(i)	
(ii) SIC code:	2B(ii)	
(iii) SIC code:	2B(iii)	

Name of partnership	EIN	Name of partner	SSN or TIN
MERRILL ROAD ASSOCIATES C/O HSG A	**-***1399	MERRILL ROAD HOUSING CORPORATION	**-***1307

Part III Other Information for Preparation of Form 1116 or 1118 *(continued)*

Section 2 - Interest Expense Apportionment Factors

ASSETS TAX BOOK VALUE AMOUNTS

	Description	(a) U.S. source	Foreign Source (b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code ____) (country code)	(f) Sourced by partner	(g) Total
1	Total average value of assets	18,386.						18,386.
2	Sections 734(b) and 743(b) adjustment to assets - average value							
3	Assets attracting directly allocable interest expense under Regulations section 1.861-10(e)							
4	Other assets attracting directly allocable interest expense under Regulations section 1.861-10T	18,386.						18,386.
5	Assets excluded from apportionment formula							
6a	Total assets used for apportionment (subtract the sum of lines 3, 4, and 5 from the sum of lines 1 and 2)							
b	Assets attracting business interest expense							
c	Assets attracting investment interest expense							
d	Assets attracting passive activity interest expense							
7	Basis in stock of 10%-owned noncontrolled foreign corporations (see attachment)							
8	Basis in stock of CFCs (see attachment)							

Section 3 - Foreign-Derived Intangible Income (FDII) Deduction Apportionment Factors

	Description	(a) U.S. source	Foreign Source (b) Passive category income	(c) General category income	(d) Other (category code ____) (country code)	(e) Sourced by partner	(f) Total
1	Foreign-derived gross receipts						
2	Cost of goods sold (COGS)						
3	Partnership deductions allocable to foreign-derived gross receipts						
4	Other partnership deductions apportioned to foreign-derived gross receipts						

Name of partnership	EIN	Name of partner	SSN or TIN
MERRILL ROAD ASSOCIATES C/O HSG A	**-***1399	MERRILL ROAD HOUSING CORPORATION	**-***1307

Part III Other Information for Preparation of Form 1116 or 1118 (continued)

Section 4 - Foreign Taxes

Description	(a) Type of tax	(b) Section 951A category income		(c) Foreign branch category income		
		U.S.	Foreign	U.S.	Foreign	Partner
1 Direct (section 901 or 903) foreign taxes: ☐ Paid ☐ Accrued						
A						
B						
C						
D						
E						
F						
2 Reduction of taxes (total)						
A Taxes on foreign mineral income						
B Reserved for future use						
C International boycott provisions						
D Failure-to-file penalties						
E Taxes with respect to splitter arrangements						
F Taxes on foreign corporate distributions						
G Other						
3 Foreign tax redeterminations						
A Related tax year Date tax paid Contested tax ☐						
B Related tax year Date tax paid Contested tax ☐						
C Related tax year Date tax paid Contested tax ☐						
4 Reserved for future use						
5 Reserved for future use						
6 Reserved for future use						

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Name of partnership	EIN	Name of partner	SSN or TIN
MERRILL ROAD ASSOCIATES C/O HSG A	**-***1399	MERRILL ROAD HOUSING CORPORATION	**-***1307

Part III Other Information for Preparation of Form 1116 or 1118 (continued)

Section 4 - Foreign Taxes (continued)

	(d) Passive category income			(e) General category income			(f) Other (category code ____)	(g) Total
	U.S.	Foreign	Partner	U.S.	Foreign	Partner		
1								
A								
B								
C								
D								
E								
F								
2								
A								
B								
C								
D								
E								
F								
G								
3								
A								
B								
C								
4								
5								
6								

Section 5 - Other Tax Information

Description	(a) U.S. source	Foreign Source					(g) Sourced by partner	(h) Total
		(b) Section 951A category income	(c) Foreign branch category income	(d) Passive category income	(e) General category income	(f) Other (category code ____) (country code)		
1 Section 743(b) positive income adjustment								
2 Section 743(b) negative income adjustment								
3 Reserved for future use								
4 Reserved for future use								

Name of partnership	EIN	Name of partner	SSN or TIN
MERRILL ROAD ASSOCIATES C/O HSG A	**-***1399	MERRILL ROAD HOUSING CORPORATION	**-***1307

Part IV Information on Partner's Section 250 Deduction With Respect to Foreign-Derived Intangible Income (FDII)

Section 1 - Information To Determine Deduction Eligible Income (DEI) and Qualified Business Asset Investment (QBAI) on Form 8993

1	Net income (loss)	1	3,230.
2a	DEI gross receipts	2a	6,366.
b	DEI COGS	2b	
c	DEI properly allocated and apportioned deductions	2c	2,702.
3	Section 951(a) inclusions	3	
4	Controlled foreign corporation (CFC) dividends	4	
5	Financial services income	5	
6	Domestic oil and gas extraction income	6	
7	Foreign branch income	7	
8	Partnership QBAI	8	3,486.

Section 2 - Information To Determine Foreign-Derived Deduction Eligible Income (FDDEI) on Form 8993 (see instructions)

	Description	(a) Foreign-derived income from all sales of general property	(b) Foreign-derived income from all sales of intangible property	(c) Foreign-derived income from all services	(d) Total (add columns (a) through (c))
9	Gross receipts				
10	COGS				
11	Allocable deductions				
12	Other apportioned deductions			12	

Section 3 - Other Information for Preparation of Form 8993

	Description	(a) DEI	(b) FDDEI	(c) Total
13	Interest deductions			
A	A Interest expense specifically allocable under Regulations section 1.861-10(e)			
B	Other interest expense specifically allocable under Regulations section 1. 861-10T	434.		434.
C	Other interest expense			
14	Interest expense apportionment factors			
A	Total average value of assets	18,386.		18,386.
B	Sections 734(b) and 743(b) adjustment to assets - average value			
C	Assets attracting directly allocable interest expense under Regulations section 1.861-10(e)			
D	Other assets attracting directly allocable interest expense under Regulations section 1.861-10T	18,386.		18,386.
E	Assets excluded from apportionment formula			
F	Total assets used for apportionment (the sum of lines 14C, 14D, and 14E subtracted from the sum of lines 14A and 14B)			
	R&E expenses apportionment factors			
15	Gross receipts by SIC code			
A	SIC code:			
B	SIC code:			
C	SIC code:			

16	R&E expenses by SIC code		
A	SIC code:	16A	
B	SIC code:	16B	
C	SIC code:	16C	

Name of partnership	EIN	Name of partner	SSN or TIN
MERRILL ROAD ASSOCIATES C/O HSG A	**-***1399	MERRILL ROAD HOUSING CORPORATION	**-***1307

Part VIII Partner's Interest in Foreign Corporation Income (Section 960)

A EIN or reference ID number of CFC

B Separate category. See instructions

C If PAS was entered on line B, applicable grouping under Regulations section 1.904-4(c). See instructions

D Box is checked if there is more than one source country for a line. See attachment and instructions ☐

E Box is checked if U.S. source income ☐

F Box is checked if foreign oil related income or foreign oil and gas extraction income ☐

G Functional currency of foreign corporation

Amounts are in functional currency unless otherwise noted. See instructions.	(i) Country code	(ii) Partner's share of foreign corporation's net income (functional currency)	(iii) Foreign corporation's total net income (functional currency) (see instructions)	(iv) Foreign corporation's current year foreign taxes for which credit allowed (U.S. dollars) (see instructions)
1 Subpart F income groups				
a Dividends, interest, rents, royalties, and annuities (total)				
(1) Unit:				
(2) Unit:				
b Net gain from certain property transactions (total)				
(1) Unit:				
(2) Unit:				
c Net gain from commodities transactions (total)				
(1) Unit:				
(2) Unit:				
d Net foreign currency gain (total)				
(1) Unit:				
(2) Unit:				
e Income equivalent to interest (total)				
(1) Unit:				
(2) Unit:				
f Other foreign personal holding company income (total)				
(1) Unit:				
(2) Unit:				
g Foreign base company sales income (total)				
(1) Unit:				
(2) Unit:				
h Foreign base company services income (total)				
(1) Unit:				
(2) Unit:				
i Full inclusion foreign base company income (total)				
(1) Unit:				
(2) Unit:				
j Insurance income (total)				
(1) Unit:				
(2) Unit:				
k International boycott income (total)				
l Bribes, kickbacks, and other payments (total)				
m Section 901(j) (total)				

Name of partnership	EIN	Name of partner	SSN or TIN
MERRILL ROAD ASSOCIATES C/O HSG A	**-***1399	MERRILL ROAD HOUSING CORPORATION	**-***1307

Part VIII Partner's Interest in Foreign Corporation Income (Section 960) *(continued)*

Amounts are in functional currency unless otherwise noted. See instructions.	**(i)** Country code	**(ii)** Partner's share of foreign corporation's net income (functional currency)	**(iii)** Foreign corporation's total net income (functional currency) (see instructions)	**(iv)** Foreign corporation's current year foreign taxes for which credit allowed (U.S. dollars) (see instructions)
2 Recaptured subpart F income				
3 Tested income group (total)				
(1) Unit:				
(2) Unit:				
4 Residual income group (total)				
(1) Unit:				
(2) Unit:				
5 **Total**				

Part IX Partner's Information for Base Erosion and Anti-Abuse Tax (Section 59A)

Section 1 - Applicable Taxpayer (see instructions for more information and definitions of terms)

	Description	(a) Total	(b) Total ECI gross receipts	(c) Total non-ECI gross receipts
1	Gross receipts for section 59A(e)	6,366.	6,366.	
2	Gross receipts for the first preceding year	1,833.	1,833.	
3	Gross receipts for the second preceding year	1,880.	1,880.	
4	Gross receipts for the third preceding year	1,877.	1,877.	
5	Amounts included in the denominator of the base erosion percentage as described in Regulations section 1.59A-2(e)(3)			

Section 2 - Base Erosion Payments and Base Erosion Tax Benefits (see instructions)

	Description	(a) Total	(b) Total base erosion payments	(c) Total base erosion tax benefits
6	Reserved for future use			
7	Reserved for future use			
8	Purchase or creations of property rights for intangibles (patents, trademarks, etc.)			
9	Rents, royalties, and license fees			
10 a	Compensation/consideration paid for services **not** excepted by section 59A(d)(5)			
b	Compensation/consideration paid for services excepted by section 59A(d)(5)			
11	Interest expense	434.		
12	Payments for the purchase of tangible personal property			
13	Premiums and/or other considerations paid or accrued for insurance and reinsurance as covered by sections 59A(d)(3) and 59A(c)(2)(A)(iii)			
14 a	Nonqualified derivative payments			
b	Qualified derivative payments excepted by section 59A(h)			
15	Payments reducing gross receipts made to surrogate foreign corporation			
16	Other payments-specify:			
17	Base erosion tax benefits related to payments reported on lines 6 through 16, on which tax is imposed by section 871 or 881, with respect to which tax has been withheld under section 1441 or 1442 at the 30% (0.30) statutory withholding tax rate			

Name of partnership	EIN	Name of partner	SSN or TIN
MERRILL ROAD ASSOCIATES C/O HSG A	**-***1399	MERRILL ROAD HOUSING CORPORATION	**-***1307

Part IX Partner's Information for Base Erosion and Anti-Abuse Tax (Section 59A) *(continued)*

Section 2 - Base Erosion Payments and Base Erosion Tax Benefits (see instructions) *(continued)*

	Description	(a) Total	(b) Total base erosion payments	(c) Total base erosion tax benefits
18	Portion of base erosion tax benefits reported on lines 6 through 16, on which tax is imposed by section 871 or 881, with respect to which tax has been withheld under section 1441 or 1442 at reduced withholding rate pursuant to income tax treaty. Multiply ratio of percentage withheld divided by 30% (0.30) times tax benefit. See instructions			
19	**Total base erosion tax benefits** (subtract the sum of lines 17 and 18 from the sum of lines 8 through 16)			
20	Reserved for future use			
21	Reserved for future use			
22	Reserved for future use			

Part X Foreign Partner's Character and Source of Income and Deductions

Section 1 - Gross Income

			Partnership Determination				
			ECI		Non-ECI		
Description	(a) Total	(b) Partner determination	(c) U.S. source	(d) Foreign source	(e) U.S. source (FDAP)	(f) U.S. source (other)	(g) Foreign source
1 Ordinary business income (gross)							
2 Gross rental real estate income	6,225.		6,225.				
3 Other gross rental income							
4 Guaranteed payments for services							
5 Guaranteed payments for use of capital							
6 Interest income	141.		141.				
7 Dividends							
8 Dividend equivalents							
9 Royalties and license fees							
10 Net short-term capital gain							
11 Net long-term capital gain							
12 Collectibles (28%) gain							
13 Unrecaptured section 1250 gain							
14 Net section 1231 gain							
15 Reserved for future use							
16 Reserved for future use							
17 Reserved for future use							
18 Reserved for future use							
19 Reserved for future use							
20 Other income (loss) not included on lines 1 through 19							
21 **Gross income** (sum of lines 1 through 20)	6,366.		6,366.				

Name of partnership	EIN	Name of partner	SSN or TIN
MERRILL ROAD ASSOCIATES C/O HSG A	**-***1399	MERRILL ROAD HOUSING CORPORATION	**-***1307

Part X Foreign Partner's Character and Source of Income and Deductions *(continued)*

Section 2 - Deductions, Losses, and Net Income

Description	(a) Total	(b) Partner determination	Partnership Determination				
			ECI		Non-ECI		
			(c) U.S source	(d) Foreign source	(e) U.S. source (FDAP)	(f) U.S. source (other)	(g) Foreign source
1 Expenses related to ordinary business income (gross)							
2 R&E expenses							
3 Expenses from rental real estate	2,702.		2,702.				
4 Expenses from other rental activities							
5 Royalty and licensing expenses							
6 Section 179 deduction							
7 Interest expense on U.S.-booked liabilities							
8 Interest expense directly allocable under Regulations sections 1.882-5(a)(1)(ii)(B) and 1.861-10T	434.		434.				
9 Other interest expense							
10 Section 59(e)(2) expenditures							
11 Net short-term capital loss							
12 Net long-term capital loss							
13 Collectibles loss							
14 Net section 1231 loss							
15 Other losses							
(1)							
(2)							
16 Charitable contributions							
17 Other:							
18 Other:							
19 Reserved for future use							
20 Reserved for future use							
21 Reserved for future use							
22 Reserved for future use							
23 Reserved for future use							
24 **Total** (sum of lines 1 through 23)	3,136.		3,136.				
25 **Net income (loss)** (line 21 (Section 1) minus line 24 (Section 2))	3,230.						

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Name of partnership	EIN	Name of partner	SSN or TIN
MERRILL ROAD ASSOCIATES C/O HSG A	**-***1399	MERRILL ROAD HOUSING CORPORATION	**-***1307

Part X Foreign Partner's Character and Source of Income and Deductions *(continued)*

Section 3 - Allocation and Apportionment Methods for Deductions

1	Gross income	
a	Gross ECI	6,366.
b	Worldwide gross income	6,366.
2	Assets	
a	Average U.S. assets (inside basis)	18,386.
b	Worldwide assets	18,386.
3	Liabilities	
a	U.S.-booked liabilities of partnership	92,511.
b	Directly allocated partnership indebtedness	30,307.
4	Personnel	
a	Personnel of U.S. trade or business	
b	Worldwide personnel	

5 Gross receipts from sales or services by SIC code

	(i) SIC code	(ii) ECI	(iii) Worldwide
a			
b			

6 Reserved for future use

	(i)	(ii)	(iii)
a			
b			

7 Other allocation and apportionment key

	(i) Key/Factor	(ii) Allocation
a		
b		

8 Other allocation and apportionment key

	(i) Key/Factor	(ii) Allocation
a		
b		

Section 4 - Reserved for Future Use

	Reserved	(a) Reserved	(b) Reserved	(c) Reserved
1	Reserved for future use			
2	Reserved for future use			
3	Reserved for future use			
4	Reserved for future use			
5	Reserved for future use			
6	Reserved for future use			
7	Reserved for future use			
8	Reserved for future use			
9	Reserved for future use			
10	Reserved for future use			

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Schedule K-1 (Form 1065) Department of the Treasury Internal Revenue Service

2023

For calendar year 2023, or tax year beginning 07/01/2023 ending 06/30/2024

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
-*1399

B Partnership's name, address, city, state, and ZIP code
MERRILL ROAD ASSOCIATES C/O HSG
AUTHORITY OF THE CO OF SANTA CRUZ
2160 41ST AVENUE
CAPITOLA, CA 95010

C IRS center where partnership filed return:
E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
-*9385

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
HOUSING AUTHORITY OF THE COUNTY OF
SANTA CRUZ
2160 41ST AVENUE
CAPITOLA, CA 95010

G ☐ General partner or LLC member-manager [X] Limited partner or other LLC member

H1 [X] Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's:
TIN ____ Name ____

I1 What type of entity is this partner? EXEMPT ORGANIZATION

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	99.0000000 %	99.0000000 %
Loss	99.0000000 %	99.0000000 %
Capital	99.0000000 %	99.0000000 %

Check if decrease is due to: ☐ Sale or ☐ Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	$	$ 297,000.
Qualified nonrecourse financing	$ 3,254,377.	$ 3,000,380.
Recourse	$ 0.	$ 0.

K2 Check this box if Item K-1 includes liability amounts from lower-tier partnerships ☐

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐

L **Partner's Capital Account Analysis**

Beginning capital account	$ -1,074,393.
Capital contributed during the year	$
Current year net income (loss)	$ 319,735.
Other increase (decrease) (attach explanation)	$
Withdrawals and distributions	$( )
Ending capital account	$ -754,658.

M Did the partner contribute property with a built-in gain (loss)?
☐ **Yes** [X] **No** If "Yes," attach statement. See instructions.

N **Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**
Beginning $
Ending $

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	0.
2	Net rental real estate income (loss)	305,773.
3	Other net rental income (loss)	
4a	Guaranteed payments for services	
4b	Guaranteed payments for capital	
4c	Total guaranteed payments	
5	Interest income	13,962.
6a	Ordinary dividends	
6b	Qualified dividends	
6c	Dividend equivalents	
7	Royalties	
8	Net short-term capital gain (loss)	
9a	Net long-term capital gain (loss)	
9b	Collectibles (28%) gain (loss)	
9c	Unrecaptured section 1250 gain	
10	Net section 1231 gain (loss)	
11	Other income (loss)	
12	Section 179 deduction	
13	Other deductions	
14	Self-employment earnings (loss)	
15	Credits	
16	Schedule K-3 is attached if checked	[X]
17	Alternative min tax (AMT) items	
18	Tax-exempt income and nondeductible expenses	
19	Distributions	
20	Other information	
	A	13,962.
	N	* 43,004.
	Z	* STMT
	AE	* 251,972.
21	Foreign taxes paid or accrued	

22 ☐ More than one activity for at-risk purposes*
23 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1 BUSINESS INTEREST EXPENSE, BOX 20, CODE N

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE - (INCLUDED IN RENTAL REAL ESTATE INCOME (LOSS))	SEE PARTNERS INSTRUCTIONS	43,004.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		43,004.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z

DESCRIPTION	AMOUNT
RENT - MERRILL ROAD ASSOCIATES	
RENTAL INCOME (LOSS)	305,773.
W-2 WAGES	62,898.
UNADJUSTED BASIS OF ASSETS	1,380,326.

SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 EXCESS TAXABLE INCOME, BOX 20, CODE AE

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
EXCESS TAXABLE INCOME	SEE IRS SCH. K-1 INSTRUCTIONS	251,972.
TOTAL TO SCHEDULE K-1, LINE 20 AE		251,972.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND OTHER INCREASES(DECREASES)

DESCRIPTION	AMOUNT	TOTALS
RENTAL REAL ESTATE INCOME (LOSS)	305,773.	
INTEREST INCOME	13,962.	
SCHEDULE K-1 INCOME SUBTOTAL		319,735.
NET INCOME (LOSS) PER SCHEDULE K-1		319,735.

☐ Final K-3 ☐ Amended K-3

Schedule K-3 (Form 1065)

Department of the Treasury
Internal Revenue Service

Partner's Share of Income, Deductions, Credits, etc.-International

For calendar year 2023, or tax year beginning 07/01/2023 , ending 06/30/2024

See separate instructions.

OMB No. 1545-0123

2023

Information About the Partnership	Information About the Partner
A Partnership's employer identification number (EIN) **-***1399	**C** Partner's social security number (SSN) or taxpayer identification number (TIN) (Do not use TIN of a disregarded entity. See instructions.) **-***9385
B Partnership's name, address, city, state, and ZIP code MERRILL ROAD ASSOCIATES C/O HSG AUTHORITY OF THE CO OF SANTA CRUZ 2160 41ST AVENUE CAPITOLA, CA 95010	**D** Name, address, city, state, and ZIP code for partner entered in C. See instr. HOUSING AUTHORITY OF THE COUNTY OF SANTA CRUZ 2160 41ST AVENUE CAPITOLA, CA 95010

E Check to indicate the parts of Schedule K-3 that apply.

			Yes	No
1	Does Part I apply? If "Yes," complete and attach Part I	1		X
2	Does Part II apply? If "Yes," complete and attach Part II	2	X	
3	Does Part III apply? If "Yes," complete and attach Part III	3	X	
4	Does Part IV apply? If "Yes," complete and attach Part IV	4	X	
5	Does Part V apply? If "Yes," complete and attach Part V	5		X
6	Does Part VI apply? If "Yes," complete and attach Part VI	6		X
7	Does Part VII apply? If "Yes," complete and attach Part VII	7		X
8	Does Part VIII apply? If "Yes," complete and attach Part VIII	8		X
9	Does Part IX apply? If "Yes," complete and attach Part IX	9	X	
10	Does Part X apply? If "Yes," complete and attach Part X	10	X	
11	Does Part XI apply? If "Yes," complete and attach Part XI	11		X
12	Reserved for future use	12		
13	Does Part XIII apply? If "Yes," complete and attach Part XIII	13		X

For IRS Use Only

Name of partnership	EIN	Name of partner	SSN or TIN
MERRILL ROAD ASSOCIATES C/O HSG A	**-***1399	HOUSING AUTHORITY OF THE COUNTY O	**-***9385

Part I Partner's Share of Partnership's Other Current Year International Information

Check box(es) for additional specified attachments. See instructions.

- ☐ 1. Gain on personal property sale
- ☐ 2. Foreign oil and gas taxes
- ☐ 3. Splitter arrangements
- ☐ 4. Foreign tax translation
- ☐ 5. High-taxed income
- ☐ 6. Section 267A disallowed deduction
- ☐ 7. Reserved for future use
- ☐ 8. Form 5471 information
- ☐ 9. Other forms
- ☐ 10. Partner loan transactions
- ☐ 11. Dual consolidated loss
- ☐ 12. Form 8865 information
- ☐ 13. Other international items (attach description and statement)

Part II Foreign Tax Credit Limitation

Section 1 - Gross Income

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)		
1 Sales							
A							
B							
C							
2 Gross income from performance of services							
A							
B							
C							
3 Gross rental real estate income							
A US	616,225.	0.	0.	0.	0.	0.	616,225.
B							
C							
4 Other gross rental income							
A							
B							
C							
5 Guaranteed payments							
6 Interest income							
A US	13,962.	0.	0.	0.	0.	0.	13,962.
B							
C							
7 Ordinary dividends (exclude amount on line 8)							
A							
B							
C							

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Name of partnership	EIN	Name of partner	SSN or TIN
MERRILL ROAD ASSOCIATES C/O HSG A	**-***1399	HOUSING AUTHORITY OF THE COUNTY O	**-***9385

Part II Foreign Tax Credit Limitation *(continued)*

Section 1 - Gross Income *(continued)*

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)		
8 Qualified dividends							
A							
B							
C							
9 Reserved for future use							
10 Royalties and license fees							
A							
B							
C							
11 Net short-term capital gain							
A							
B							
C							
12 Net long-term capital gain							
A							
B							
C							
13 Collectibles (28%) gain							
A							
B							
C							
14 Unrecaptured section 1250 gain							
A							
B							
C							
15 Net section 1231 gain							
A							
B							
C							

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