

FINAL FILING COPY

REZNICK GROUP P.C.
525 N. TRYON STREET, SUITE 1000
CHARLOTTE, NC 28202

MR. JAMES CARROLL
MERCY HOUSING, INC.
1999 BROADWAY SUITE 1000
DENVER, CO 80202

DEAR JAMES:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS
FOR THE PERIOD ENDED DECEMBER 31, 2009 FOR:

MERCY HOUSING INC AS FOLLOWS...

- 2009 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
- 2009 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
- 2009 SCHEDULE B - SCHEDULE OF CONTRIBUTORS
- 2009 SCHEDULE C - POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES
- 2009 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS
- 2009 SCHEDULE I - GRANTS & OTHER ASSIST. TO ORG/GOV/IND. IN THE U.S
- 2009 SCHEDULE J - COMPENSATION INFORMATION
- 2009 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990
- 2009 SCHEDULE R - RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS
- 2009 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
- 2009 CALIFORNIA FORM 199 - EXEMPT ORGANIZATION STATEMENT OF RETURN
- 2009 RRF-1 - REGISTRATION/RENEWAL FEE REPORT

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH
THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

THE ENCLOSED RETURNS WERE PREPARED PRIMARILY FROM DATA AND INFORMATION
WHICH YOU SUBMITTED. YOU SHOULD REVIEW THE RETURNS TO ENSURE THAT
THERE ARE NO OMISSIONS OR MISSTATEMENTS.

UPON AN AUDIT OF THE RETURN(S), REQUESTS MAY BE MADE FOR SUPPORTING
DOCUMENTATION. THEREFORE, WE RECOMMEND THAT YOU RETAIN ALL PERTINENT
RECORDS.

FINAL FILING COPY

FORM 990 MUST BE MADE AVAILABLE FOR PUBLIC INSPECTION FOR A PERIOD OF THREE YEARS, BEGINNING WITH THE DATE THE RETURN IS FILED. THE AVAILABLE DOCUMENT MUST BE AN EXACT COPY OF THE RETURN AND SCHEDULES (INCLUDING SCHEDULE B), AS FILED WITH THE IRS, EXCEPT THAT THE NAMES AND THE ADDRESSES OF THE CONTRIBUTORS MAY BE EXCLUDED. ANY ORGANIZATION THAT FAILS TO COMPLY WITH THIS PROVISION IS SUBJECT TO A PENALTY OF \$20 FOR EACH DAY THAT INSPECTION IS NOT PERMITTED, UP TO A MAXIMUM OF \$10,000. ANY ORGANIZATION THAT WILLFULLY FAILS TO COMPLY SHALL BE SUBJECT TO AN ADDITIONAL PENALTY OF \$5,000. YOU ARE ALSO REQUIRED TO PROVIDE COPIES OF THE RETURN IF YOU RECEIVE SUCH A REQUEST. SHOULD YOU RECEIVE A REQUEST FOR INSPECTION OR FOR COPIES OF YOUR RETURN, YOU MAY WANT TO CONTACT US FOR FURTHER DETAILS.

WE SINCERELY APPRECIATE THIS OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE QUESTIONS CONCERNING THE RETURNS OR IF WE MAY BE OF FURTHER ASSISTANCE.

SINCERELY,

ANTHONY V. PORTAL, CPA

FINAL FILING COPY

REZNICK GROUP P.C.

525 N. TRYON STREET, SUITE 1000
CHARLOTTE, NC 28202

INSTRUCTIONS FOR FILING
MERCY HOUSING INC

CALIFORNIA RRF-1 - REGISTRATION/RENEWAL FEE REPORT
FOR THE PERIOD ENDED DECEMBER 31, 2009

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY AN OFFICER OF
THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE AUGUST 16, 2010
WITH...

ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

AN ANNUAL FILING FEE OF \$ 150. MUST BE SUBMITTED WITH THE REPORT
PAYABLE TO THE ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.

FINAL FILING COPY

REZNICK GROUP P.C.
525 N. TRYON STREET, SUITE 1000
CHARLOTTE, NC 28202

INSTRUCTIONS FOR FILING
MERCY HOUSING INC
CA FORM 199
CALIFORNIA FORM 199 - EXEMPT ORGANIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2009

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY AN OFFICER OF
THE ORGANIZATION IF APPLICABLE.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE AUGUST 16, 2010
WITH...

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CALIFORNIA 94257-0700

FINAL FILING COPY

Cumulative e-File History 2009	
FED	
Locator:	OJ3181
Taxpayer Name:	MERCY HOUSING INC
Return Type:	990
Submitted Date:	08/16/2010 08:19:11
Acknowledgement Date:	08/16/2010 08:51:49
Status:	Accepted
Submission ID:	52081620102285000002

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2009, or fiscal year beginning _____, 2009, and ending _____, 20 _____

▶ **Do not send to the IRS. Keep for your records.**▶ **See instructions on back.****2009**

Name of exempt organization

MERCY HOUSING INC

Employer identification number

47-0646706

Name and title of officer

VINCE DODDS, VP/TREASURER**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>5,872,983.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize REZNICK GROUP to enter my PIN 5 4 7 0 6 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2009 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.

Officer's signature ▶ _____

Date ▶ 08/13/2010**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	2	0	8	1	6	5	2	1	0	8
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization 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 ▶ _____

Date ▶ 08/11/2010

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2009)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MERCY HOUSING INC		D Employer identification number 47-0646706
		Doing Business As		E Telephone number (303) 830-3300
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1999 BROADWAY SUITE 1000		G Gross receipts \$ 5,872,983.
		City or town, state or country, and ZIP + 4 DENVER, CO 80202		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: BRIAN SHUMAN 1999 BROADWAY SUITE 1000 DENVER, CO 80202		H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.MERCYHOUSING.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 1981 M State of legal domicile: NE				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO DEVELOP, OWN, AND OPERATE LOW-INCOME HOUSING AND PROVIDE SERVICES TO LOW-INCOME FAMILIES, ELDERLY, HANDICAPPED, HOMELESS, POTENTIALLY HOMELESS, OR OTHERWISE DISADVANTAGED PERSONS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	471
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,402,051.	3,379,443.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,072,647.	1,531,080.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,053,371.	962,460.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,528,069.	5,872,983.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,079,445.	3,673,564.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,252,562.	3,564,187.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)		0.
	b Total fundraising expenses, Part IX, column (D), line 25 ▶ 902,855.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,431,566.	3,337,753.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,763,573.	10,575,504.
19 Revenue less expenses. Subtract line 18 from line 12	1,764,496.	-4,702,521.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	52,478,930.	45,388,723.
	22 Net assets or fund balances. Subtract line 21 from line 20	40,622,850.	38,235,164.
		11,856,080.	7,153,559.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
Paid Preparer's Use Only	Preparer's signature ▶		Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ REZNICK GROUP P.C. 525 N. TRYON STREET, SUITE 1000 CHARLOTTE, NC 28202		Preparer's identifying number (see instructions)	EIN ▶ 52-1088612
			Phone no. ▶ 704-332-9100	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

Form **990** (2009)

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization MERCY HOUSING INC	Employer identification number 47-0646706
	Number, street, and room or suite no. If a P.O. box, see instructions. 1999 BROADWAY SUITE 1000	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DENVER, CO 80202	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **VINCE DODDS, VP/CONTROLLER MHI**

Telephone No. ▶ **303 830-6221** 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 EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☒ calendar year **2009** or
- ▶ ☐ tax year beginning _____, _____, and ending _____, _____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, 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, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,429,262. including grants of \$ 3,673,564.) (Revenue \$ 2,684,200.)

MERCY HOUSING, INC.'S PROGRAM SUPPORTS AFFORDABLE HOUSING AND
RESIDENT SERVICES FOR LOW AND MODERATE INCOME PERSONS AND INCLUDES
ACTIVITIES OF ASSET MANAGEMENT, HOUSING DEVELOPMENT, CONSULTING
SERVICES, CONSTRUCTION MANAGEMENT AND FINANCIAL SERVICES
SPECIFICALLY RELATED TO DEVELOPMENT OF AFFORDABLE HOUSING.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 8,429,262.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input checked="" type="checkbox"/>	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<input checked="" type="checkbox"/>
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		<input checked="" type="checkbox"/>
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28 a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 118	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 471	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body	1a 15		
b Enter the number of voting members that are independent	1b 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X

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

		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X	
13 Does the organization have a written whistleblower policy?	13	X	
14 Does the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► ATTACHMENT 3**

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

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **► VINCE DODDS, VP/CONTROLLER MHI 1999 BROADWAY SUITE 1000 DENVER, CO 80202 303-830-6221**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY DALE VICE CHAIRMAN	1.00	X						0.		0.
MARK KORELL DIRECTOR	1.00	X						0.		0.
ROSLYN HAFERTEPE DIRECTOR	1.00	X						0.		0.
BARRY ZIGAS DIRECTOR	1.00	X						0.		0.
JACK DIEPENBROCK DIRECTOR	1.00	X						0.		0.
PAT MCDERMOTT DIRECTOR	1.00	X						0.		0.
MICHAEL ZOELLNER DIRECTOR	1.00	X						0.		0.
ROGER PASTORE DIRECTOR	1.00	X						0.		0.
BRAD JAMES CHAIRMAN	1.00	X						0.		0.
JACK MANNING DIRECTOR	1.00	X						0.		0.
RICH STATUTO DIRECTOR	1.00	X						0.		0.
LESLIE WITTMANN DIRECTOR	1.00	X						0.		0.
SR ROSEMARIE JASINSKI DIRECTOR	1.00	X						0.		0.
SR NORITA COONEY DIRECTOR	1.00	X						0.		0.
SR. LINDA WERTHMAN DIRECTOR	1.00	X						0.		0.
JULIA GOULD SR VICE PRESIDENT	1.00			X				190,251.	0.	9,192.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LILLIAN MURPHY CEO	1.00			X				0.	0.	0.
CINDY HOLLER VICE PRESIDENT	1.00			X				170,650.	0.	10,761.
JANE GRAF SR VICE PRESIDENT	1.00			X				190,489.	0.	9,287.
JENNIFER ERIXON VICE PRESIDENT	1.00			X				132,462.	0.	15,576.
TRACY GARGARO VP/TREASURER	1.00			X				104,740.	0.	8,844.
MARK HOLMES VICE PRESIDENT	1.00			X				122,118.	0.	8,706.
CHRISTOPHER SHOTT VICE PRESIDENT	1.00			X				94,417.	0.	8,746.
BRIAN SHUMAN PRESIDENT/COO	1.00			X				318,787.	0.	20,609.
JEFFREY TRUAX VICE PRESIDENT	1.00			X				108,781.	0.	14,888.
CHERYLL O'BRYAN VICE PRESIDENT	1.00			X				0.	217,657.	15,260.
CYNTHIA PARKER VICE PRESIDENT	1.00			X				137,131.	0.	11,695.
VINCE DODDS SR. VP/CFO	1.00			X				163,181.	0.	14,530.
GARY TRUITT SR VICE PRESIDENT	1.00			X				225,851.	0.	753.
1b Total CONTINUED AT SCHEDULE J-2								3,625,606.	217,657.	263,606.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **21**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **13**

Part VIII Statement of Revenue

47-0646706

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	3,379,443.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		3,379,443.			
Program Service Revenue				Business Code			
	2a	SERVICE FEES	531390	369,509.	369,509.		
	b	CONSULTING FEES	531390	1,057,332.	1,057,332.		
	c	MISC REVENUE	531390	104,239.	104,239.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,531,080.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 5		962,460.			962,460.
	4	Income from investment of tax-exempt bond proceeds . . .		0.			
	5	Royalties		0.			
			(i) Real (ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0.			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
c	Net income or (loss) from gaming activities		0.				
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue			Business Code				
11a	OTHER REVENUE						
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0.				
12	Total Revenue. See instructions		5,872,983.	1,531,080.		962,460.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	3,673,564.	3,673,564.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,073,161.	1,845,161.	1,121,638.	106,362.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	54,053.	32,392.	2,394.	19,267.
9 Other employee benefits	233,124.	151,169.	12,677.	69,278.
10 Payroll taxes	203,849.	131,076.	8,629.	64,144.
11 Fees for services (non-employees):				
a Management	277,525.	179,691.	3,982.	93,852.
b Legal	66,449.	63,259.	3,190.	
c Accounting	7,204.		7,204.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	214,024.	14,662.	377.	198,985.
12 Advertising and promotion	164,306.	648.	1,299.	162,359.
13 Office expenses	99,634.	43,982.	19,638.	36,014.
14 Information technology	44,055.	22,032.	9,622.	12,401.
15 Royalties	0.			
16 Occupancy	73,897.	50,431.	21,951.	1,515.
17 Travel	202,360.	134,490.	3,733.	64,137.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	27,262.	6,318.	473.	20,471.
20 Interest	203,149.	203,149.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	14,393.		14,393.	
23 Insurance	4,327.	3,963.	364.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>BAD DEBTS</u>	826,841.	826,841.		
b <u>RESERVE FOR IMPAIRED ASSETS</u>	434,806.	434,806.		
c <u>RESERVE FOR LOAN LOSSES</u>	358,090.	358,090.		
d <u>PARTNERSHIP INVMNT-(GAIN)/LO</u>	231,926.	231,926.		
e <u>MISCELLANEOUS ADMIN</u>	23,543.	4,049.	1,151.	18,343.
f All other expenses	63,962.	17,563.	10,672.	35,727.
25 Total functional expenses. Add lines 1 through 24f	10,575,504.	8,429,262.	1,243,387.	902,855.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	19,579,068.	2	15,657,814.
	3 Pledges and grants receivable, net	3,792,263.	3	2,552,510.
	4 Accounts receivable, net	475,489.	4	419,182.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,146,842.	7	256,149.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	183,906.	9	208,658.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,433,628.		
	b Less: accumulated depreciation	10b 2,948,509.	10c	1,485,119.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	5,044,486.	13	7,135,806.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	20,562,967.	15	17,673,485.
16 Total assets. Add lines 1 through 15 (must equal line 34)	52,478,930.	16	45,388,723.	
Liabilities	17 Accounts payable and accrued expenses	4,381,759.	17	3,893,642.
	18 Grants payable		18	
	19 Deferred revenue	1,463,562.	19	856,680.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	26,536,753.	23	28,840,917.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	8,240,776.	25	4,643,925.
	26 Total liabilities. Add lines 17 through 25	40,622,850.	26	38,235,164.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,161,307.	27	1,897,854.
	28 Temporarily restricted net assets	4,939,773.	28	4,500,705.
	29 Permanently restricted net assets	755,000.	29	755,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	11,856,080.	33	7,153,559.
	34 Total liabilities and net assets/fund balances	52,478,930.	34	45,388,723.

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Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2009. 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 <input type="checkbox"/>		
b 33 1/3 % support test - 2008. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,478,523.	1,926,686.	2,696,662.	13,402,051.	3,379,443.	23,883,365.
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	4,626,224.	1,604,131.	3,312,490.	3,072,647.	1,531,080.	14,146,572.
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	7,104,747.	3,530,817.	6,009,152.	16,474,698.	4,910,523.	38,029,937.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	383,118.	1,835,075.	3,746,556.	3,155,048.	1,668,500.	10,788,297.
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	840,121.	534,233.	127,661.	53,913.	489,664.	2,045,592.
c Add lines 7a and 7b	1,223,239.	2,369,308.	3,874,217.	3,208,961.	2,158,164.	12,833,889.
8 Public support. (Subtract line 7c from line 6.)						25,196,048.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	7,104,747.	3,530,817.	6,009,152.	16,474,698.	4,910,523.	38,029,937.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,209,775.	612,413.	2,660,418.	2,053,371.	962,460.	7,498,437.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,209,775.	612,413.	2,660,418.	2,053,371.	962,460.	7,498,437.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	8,314,522.	4,143,230.	8,669,570.	18,528,069.	5,872,983.	45,528,374.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	55.34 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	58.24 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	16.47 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	13.78 %

- 19a 33 1/3 % support tests - 2009.** 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 - 2008.** 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule B

(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization MERCY HOUSING INC

Employer identification number

47-0646706

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>MICHAEL ZOELLNER</u> <u>5555 E. 17TH AVE.</u> <u>DENVER, CO 80220</u>	\$ <u>15,000.</u>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
2	<u>MICHAEL BLASZYK</u> <u>6257 VIRGO ROAD</u> <u>OAKLAND, CA 94611</u>	\$ <u>30,000.</u>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
3	<u>ROGER PASTORE</u> <u>1080 COUNTRY CLUB ESTATES DRIVE</u> <u>CASTLE PINES VILLAGE, CO 80108</u>	\$ <u>15,000.</u>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
4	<u>HELEN DUNLAP</u> <u>104 EAST 32ND STREET</u> <u>CHICAGO, IL 60616</u>	\$ <u>7,500.</u>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
5	<u>CATHOLIC HEALTHCARE WEST</u> <u>185 BERRY STREET, SUITE 300</u> <u>SAN FRANCISCO, CA 94107</u>	\$ <u>200,000.</u>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
6	<u>ENTERPRISE COMMUNITY PARTNERS</u> <u>899 LOGAN STREET, SUITE 300</u> <u>DENVER, CO 80203</u>	\$ <u>16,478.</u>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>

Name of organization MERCY HOUSING INC

Employer identification number

47-0646706

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	CATHOLIC HEALTHCARE INITIATIVES 1999 BROADWAY, SUITE 2600 DENVER, CO 80202	\$ 99,215.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> (Complete Part II if there is a noncash contribution.)
8	CITI FOUNDATION 425 PARK AVENUE, 2ND FLOOR NEW YORK, NY 10022	\$ 250,000.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> (Complete Part II if there is a noncash contribution.)
9	FANNIE MAE 3900 WISCONSIN AVENUE, NW WASHINGTON, DC 20016	\$ 400,000.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> (Complete Part II if there is a noncash contribution.)
10	PNC FOUNDATION 110 BROADWAY CAMDEN, NJ 08102	\$ 15,000.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> (Complete Part II if there is a noncash contribution.)
11	MACARTHUR FOUNDATION 140 SOUTH DEARBORN STREET, SUITE 1200 CHICAGO, IL 60603	\$ 33,750.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> (Complete Part II if there is a noncash contribution.)
12	SISTERS OF MERCY OF THE AMERICAS, INC. 1262 MERCY ROAD OMAHA, NE 98124.	\$ 5,000.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> (Complete Part II if there is a noncash contribution.)

Name of organization MERCY HOUSING INC

Employer identification number

47-0646706

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	<u>BON SECOURS HEALTH SYSTEM</u> <u>1505 MARIOTTSTVILLE ROAD</u> <u>MARIOTTSTVILLE, MD 21104</u>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<u>CATHOLIC HEALTH EAST</u> <u>14 CAMPUS BOULEVARD, SUITE 300</u> <u>NEWTOWN SQUARE, PA 19073</u>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<u>RIDGEVIEW</u> <u>920 NE RIDGEVIEW DRIVE, #A</u> <u>LEES SUMMIT, MO 64086</u>	\$ <u>484,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<u>BARRY ZIGAS</u> <u>3335 QUESADA STREET, NW</u> <u>WASHINGTON, DC 20015</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<u>BRADLEY JAMES</u> <u>4599 S. DASA DRIVE</u> <u>ENGLEWOOD, CO 56124</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	<u>JOHN MANNING</u> <u>1 BOSTON PLACE, SUITE 2100</u> <u>BOSTON, MA 02108</u>	\$ <u>36,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MERCY HOUSING INC

Employer identification number

47-0646706

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	<u>RICHARD BANKS</u> <u>27505 LOST TRAIL DRIVE</u> <u>LAGUNA HILLS, CA 92653</u>	\$ <u>5,000.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	<u>JOHN FULLER, SR.</u> <u>1551 LARIMER STREET #3101</u> <u>DENVER, CO 80108</u>	\$ <u>5,000.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	<u>LIVING CITIES</u> <u>55 WEST 125TH STREET, 11TH FLOOR</u> <u>NEW YORK, NY 10027</u>	\$ <u>500,000.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	<u>THE HOME DEPOT FOUNDATION</u> <u>2455 PACES FERRY ROAD</u> <u>ATLANTA, GA 30339</u>	\$ <u>100,000.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	<u>THE NATIONAL CHRISTIAN FOUNDATION</u> <u>11625 RAINWATER DRIVE, SUITE 500</u> <u>ALPARETTA, GA 30009</u>	\$ <u>10,000.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	<u>THE WALMART FOUNDATION</u> <u>702 SW 8TH STREET</u> <u>BENTONVILLE, AR 72716</u>	\$ <u>376,750.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MERCY HOUSING INC**

Employer identification number

47-0646706

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	ENTERPRISE FOUNDATION 34 PEACHTREE STREET, SUITE 600 ATLANTA, GA 30303	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	FIRST AMERICAN HOMEOWNERSHIP FOUNDATION 1 FIRST AMERICAN WAY SANTA ANA, CA 92707	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	WILLIAM S. ABELL FOUNDATION 8401 CONNECTICUT AVENUE, SUITE 1204 CHEVY CHASE, MD 20815	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities**
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service▶ **Complete if the organization is described below.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **See separate instructions****If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2** Political expenditures ▶ \$ _____
- 3** Volunteer hours ▶ _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a** Was a correction made? ☐ Yes ☐ No
- b** If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4** Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2009

JSA
9E1264 2.000

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2009**Open to Public
Inspection**

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs
b ☐ Scholarly research e ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.	855,000.		855,000.
b Buildings				
c Leasehold improvements	0.	71,748.	29,323.	42,425.
d Equipment	0.	2,970,636.	2,451,281.	519,355.
e Other	0.	536,244.	467,905.	68,339.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,485,119.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DUE FROM AFFILIATES	1,583,372.
PREDEVELOPMENT PROJECT COSTS	0.
LOAN FROM AFFILIATES	16,090,113.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	17,673,485.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
Federal income taxes		
DUE TO AFFILIATES	4,509,098.	
ACCRUED INTEREST	134,827.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,643,925.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,872,983.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,575,504.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-4,702,521.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-4,702,521.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,912,719.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	39,736.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	39,736.
3	Subtract line 2e from line 1	3	5,872,983.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,872,983.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,615,240.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	39,736.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	39,736.
3	Subtract line 2e from line 1	3	10,575,504.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,575,504.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

PART X

INCOME TAX PROVISION

MERCY HOUSING, INC. (MHI) AND ITS CONSOLIDATED NONPROFIT CORPORATIONS ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND COMPARABLE STATE STATUTES AND DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2009. DUE TO THEIR TAX EXEMPT STATUS, MHI AND THE CONSOLIDATED NONPROFIT CORPORATIONS ARE NOT SUBJECT TO INCOME TAXES. MHI AND THE CONSOLIDATED NONPROFIT CORPORATIONS ARE REQUIRED TO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THERE ARE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE.

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY HOUSING INC

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009**Open to Public
Inspection**

Employer identification number

47-0646706

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	MERCY HOUSING SOUTHWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	86-0743192	501 (C) (3)	90,000.				LOW-INCOME HOUSING
	MERCY HOUSING LAKEFRONT 1999 BROADWAY, SUITE 1000 DNEVER, CO 80202	36-3453183	501 (C) (3)	290,000.				LOW-INCOME HOUSING
	INTERCOMMUNITY MERCY HOUSING 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	91-1546525	501 (C) (3)	100,000.				LOW-INCOME HOUSING
	MERCY HOUSING COLORADO 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	20-1583332	501 (C) (3)	595,658.				LOW-INCOME HOUSING
	MERCY HOUSING CALIFORNIA 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	94-3081666	501 (C) (3)	474,314.				LOW-INCOME HOUSING
	MERCY HOUSING SOUTHEAST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	56-1993872	501 (C) (3)	100,000.				LOW-INCOME HOUSING
	NATIONAL LOW INCOME HOUSING COALITION 727 15TH ST. NW, 6TH FLOOR	52-1089824	501 (C) (3)	10,000.				CHARITABLE CONTRIBUT
	NATIONAL HOUSING TRUST 1101 30TH STREET NW, SUITE 400	52-1477599	501 (C) (3)	10,000.				CHARITABLE CONTRIBUT
	MERCY PORTFOLIO SERVICES 247 S. STATE STREET, SUITE 810	26-4002114	501 (C) (3)	700,000.				CHARITABLE CONTRIBUT
	MERCY NORTHGLEN 3205 PORTIA STREET LINCOLN, NE 68521	47-0779681	501 (C) (3)	23,059.				CHARITABLE CONTRIBUT
	TIMBERCREEK 6816 SOUTH 137TH PLAZA OMAHA, NE 68137	84-1602190	501 (C) (3)	36,958.				CHARITABLE CONTRIBUT
	MERCY LOAN FUND 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	84-1559406	501 (C) (3)	1,000,000.				LOW-INCOME HOUSING

2 Enter total number of section 501(c)(3) and government organizations 14

3 Enter total number of other organizations 1

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

Schedule I (Form 990) 2009

JSA

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Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I

PART I # 2

THE MAJORITY OF GRANTS EXPENSE REPRESENTS CONTRIBUTIONS TO AFFILIATED ORGANIZATION. DONORS CONTRIBUTE TO THE ORGANIZATION FOR SPECIFIC CAPITAL PROJECTS OR OTHER RESTRICTED OPERATING AND PROGRAM ACTIVITIES AND THE ORGANIZATION PASSES THE CONTRIBUTION TO A RELATED ENTITY IN ACCORDANCE WITH THE DONOR RESTRICTION.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009**Open to Public
Inspection**

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JULIA GOULD	(i)	190,251.	0.	0.	0.	0.	190,251.	0.
	(ii)	0.	0.	0.	3,231.	5,961.	9,192.	0.
CINDY HOLLER	(i)	170,650.	0.	0.	0.	0.	170,650.	0.
	(ii)	0.	0.	0.	4,800.	5,961.	10,761.	0.
JANE GRAF	(i)	190,489.	0.	0.	0.	0.	190,489.	0.
	(ii)	0.	0.	0.	8,534.	753.	9,287.	0.
BRIAN SHUMAN	(i)	318,787.	0.	0.	0.	0.	318,787.	0.
	(ii)	0.	0.	0.	6,887.	13,722.	20,609.	0.
CHERYLL O'BRYAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	217,657.	0.	0.	4,680.	10,580.	232,917.	0.
VINCE DODDS	(i)	163,181.	0.	0.	0.	0.	163,181.	0.
	(ii)	0.	0.	0.	808.	13,722.	14,530.	0.
GARY TRUITT	(i)	225,851.	0.	0.	0.	0.	225,851.	0.
	(ii)	0.	0.	0.	0.	753.	753.	0.
WILLIAM GOLDSMITH	(i)	210,558.	0.	0.	0.	0.	210,558.	0.
	(ii)	0.	0.	0.	692.	13,722.	14,414.	0.
EUGENE WALKER	(i)	166,615.	0.	0.	0.	0.	166,615.	0.
	(ii)	0.	0.	0.	0.	475.	475.	0.
RICHARD BANKS	(i)	221,405.	0.	0.	0.	0.	221,405.	0.
	(ii)	0.	0.	0.	487.	13,247.	13,734.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I

PART I 6A & 6B

THE ORGANIZATION OFFERS A BONUS PLAN TO ALL ELIGIBLE EMPLOYEES BASED UPON

THE PERFORMANCE OF NET MODIFIED CASH EARNINGS OF MERCY HOUSING, INC., AND

ITS RELATED CORPORATE OPERATING COMPANIES (INCLUDING THE ORGANIZATION).

THE PLAN IS STRUCTURED TO PAY OUT 4% OF BASE WAGES IF THE CONSOLIDATED

NET MODIFIED CASH EARNINGS ARE 90% OR GREATER OF BUDGET, AN ADDITIONAL 1%

OF BASE WAGES IF THE CONSOLIDATED NET MODIFIED CASH EARNINGS ARE 100% OF

BUDGET, AND UP TO AN ADDITIONAL 5% OF BASE WAGES FOR CONSOLIDATED NET

MODIFIED CASH EARNINGS GREATER THAN 100% OF BUDGET. CONSOLIDATED NET

MODIFIED CASH EARNINGS GREATER THAN 100% OF BUDGET ARE DISTRIBUTED 2/3 TO

THE MERCY HOUSING, INC. AND RELATED CORPORATE OPERATING COMPANIES AND 1/3

TO EMPLOYEES. THE ORGANIZATION ACCRUED AN AMOUNT UNDER THE PLAN IN 2008

WHICH WAS PAID TO ELIGIBLE EMPLOYEES IN 2009.

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No. 1545-0047

2009**Open to Public
Inspection**

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

ATTACHMENT 1

PART VI SECTION A

PART VI SECTION A # 6 AND #7 A&B

#6: MERCY HOUSING, INC., IS CO-SPONSORED BY NINE CONGREGATIONS OF WOMEN
RELIGIOUS ORDERS.

#7 A & B: MERCY HOUSING, INC. IS CO-SPONSORED BY NINE CONGREGATIONS OF
WOMEN RELIGIOUS WHO APPOINT MEMBERS TO THE SPONSOR COUNCIL. THE SPONSOR
COUNCIL APPOINTS THE CORPORATE MEMBERS. THE RESERVED RIGHTS HELD BY THE
CORPORATE MEMBERS, WHICH MAY BE FURTHER DELEGATED TO MERCY HOUSING, INC.
BOARD OF TRUSTEES INCLUDE APPROVAL OF THE FOLLOWING ACTIVITIES: CERTAIN
REVISIONS TO ARTICLES AND BYLAWS; MERGERS AND ACQUISITIONS; PLEDGING,
MORTGAGING OR DISPOSING OF ALL OR SUBSTANTIALLY ALL ASSETS; APPOINTMENT
OR REMOVAL OF GOVERNING BOARD MEMBERS AND OFFICERS.

PART VI SECTION B

PART VI SECTION B #11A, 12C AND 15B

11A: FORM 990 IS PRESENTED TO ALL BOARD MEMBERS AND COMMENTS AND
QUESTIONS ARE ADDRESSED PRIOR TO THE FORM 990 BEING FILED.

12C: THE AUDIT COMMITTEE OF MERCY HOUSING, INC. REVIEWS ANNUALLY THE
CONFLICT OF INTEREST DISCLOSURES AND DETERMINES WHETHER ANY ACTION IS
REQUIRED.

15B: PERIODICALLY THE HUMAN RESOURCES COMMITTEE WITHIN THE MERCY HOUSING,

Name of the organization	Employer identification number
MERCY HOUSING INC	47-0646706

ATTACHMENT 1 (CONT'D)

INC. BOARD OF TRUSTEES WILL REVIEW EXECUTIVE SALARIES TO ENSURE
COMPETITIVENESS WITH EXTERNAL MARKETS AND FOR INTERNAL EQUITY IN RELATION
TO GENERAL EMPLOYEE WAGES AND BENEFITS, INDIVIDUAL AND ORGANIZATIONAL
PERFORMANCE, AND THE FINANCIAL RESOURCES OF THE ORGANIZATION.

PART VI SECTION C

PART VI SECTION C # 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XI

PART XI #2B, #2C & #3

2B: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED IN ACCORDANCE
WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THE AUDITED FINANCIAL
STATEMENTS ARE REPORTED WITHIN THE CONSOLIDATED FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION OF MERCY HOUSING, INC.

2C: RESPONSIBILITY FOR SELECTION OF AN INDEPENDENT ACCOUNTANT AND
OVERSIGHT OF THE ANNUAL AUDIT IS RESERVED BY THE MERCY HOUSING, INC.
BOARD OF TRUSTEES.

3: THE ORGANIZATION RECEIVED FEDERAL LOANS OR AWARDS AND ACCORDINGLY WAS
INCLUDED IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT AS REPORTED
WITHIN THE CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
OF MERCY HOUSING, INC.

PART VII

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

ATTACHMENT 1 (CONT'D)

PART VII SECTION A

SISTER LILLIAN MURPHY, RSM, SERVES AS THE CHIEF EXECUTIVE OFFICER OF MERCY HOUSING, INC. THE SISTERS OF MERCY OF THE AMERICAS WEST MIDWEST HAVE ENTERED INTO A CONTRACT WHEREBY SISTER MURPHY HAS BEEN ASSIGNED TO MERCY HOUSING, INC. TO PERFORM SERVICES AND PROVIDE EXECUTIVE LEADERSHIP FOR MERCY HOUSING, INC. AND ITS SUBSIDIARIES. SISTER MURPHY IS A MEMBER OF A RELIGIOUS COMMUNITY AND HAS TAKEN A VOW OF POVERTY AND THEREFORE DOES NOT RECEIVE ANY PERSONAL INCOME. SISTER MURPHY IS NOT AN EMPLOYEE OF MERCY HOUSING, INC. MERCY HOUSING, INC. MAKES PAYMENTS DIRECTLY TO THE SISTERS OF MERCY OF THE AMERICAS WEST MIDWEST FOR MONTHLY STIPEND PAYMENTS AND BENEFITS RELATING TO THE SERVICES PERFORMED BY SISTER MURPHY. THE SISTERS OF MERCY OF THE AMERICAS WEST MIDWEST ARE RESPONSIBLE FOR PROVIDING THE LIVING EXPENSES OF SISTER MURPHY. FOR 2009 MERCY HOUSING, INC. PAID \$390,180 FOR THE ANNUAL STIPEND FEE AND BENEFITS EQUIVALENT.

PART VII

PART VII SECTION A

DURING 2009 BARRY ZIGAS, BOARD MEMBER, PROVIDED CONSULTING SERVICES TO MERCY HOUSING, INC. THROUGH ZIGAS AND ASSOCIATES.

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION AND CHARITABLE PURPOSE OF MERCY HOUSING, INC. IS TO MANAGE OR DIRECT ENTITIES WHICH ARE ORGANIZED FOR THE PURPOSE OF

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Schedule O (Form 990) 2009

Page **2**

Name of the organization	Employer identification number
MERCY HOUSING INC	47-0646706

ATTACHMENT 2 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CREATING STABLE, VIBRANT AND HEALTHY COMMUNITIES BY DEVELOPING, FINANCING, AND OPERATING AFFORDABLE, PROGRAM-ENRICHED HOUSING FOR FAMILIES, SENIORS, AND PEOPLE WITH SPECIAL NEEDS WHO LACK THE ECONOMIC RESOURCES TO ACCESS QUALITY, SAFE HOUSING OPPORTUNITIES. MERCY HOUSING, INC., EITHER DIRECTLY OR INDIRECTLY, WILL SUPPORT OR FOSTER THE DEVELOPMENT, ACQUISITION, FINANCING, OPERATION AND MANAGEMENT OF QUALITY, AFFORDABLE PROGRAM-ENRICHED HOUSING FOR LOW AND MODERATE INCOME PERSONS.

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,
DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV,

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CGLIC-PHOENIX EASC (CIGNA) 5476 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0054	INSURANCE	1,840,060.
REZNICK GROUP 525 N. TRYON STREET, SUITE 1000 CHARLOTTE, NC 28202	ACCOUNTING	2,186,014.
KYGY GROUP, INC 17922 FITCH IRVINE, CA 92614	ARCHITECTURE	294,119.

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Schedule O (Form 990) 2009

Page **2**

Name of the organization MERCY HOUSING INC	Employer identification number 47-0646706
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ATTACHMENT 4 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
REZNICK GROUP 2002 SUMMIT BLVD, SUITE 1000 ATLANTA, GA 30319-1470	ACCOUNTING	686,460.
KAISER PERMANENTE PO BOX 60000 FILE 73030 SAN FRANCISCO, CA 94160-3030	INSURANCE	306,748.
TOTAL COMPENSATION		<u>5,313,401.</u>

ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	962,460.			962,460.
TOTALS	<u>962,460.</u>			<u>962,460.</u>

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.**▶ **Attach to Form 990.**▶ **See separate instructions.**

OMB No. 1545-0047

2009**Open to Public
Inspection****Name of the organization**

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MERCY PORTFOLIO SERVICES 26-4002114 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	11C	N/A
MERCY HOUSING PROPERTIES, INC. 84-1262403 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	11A	N/A
BROOK OAKS SENIOR RESIDENCES 20-4295604 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	TX	501 (C) (3)	7	N/A
MERCY COMMERCIAL FINANCE PROPERTIES 84-1164880 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	11A	N/A
MERCY HOUSING SOUTHWEST 86-0743192 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A
AVONDALE SENIOR VILLAGE 86-0980810 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11C	N/A
CAMELOT CASITAS 86-0980809 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11C	N/A

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

Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
JUNIPERO SERRA, LP 65-1308082 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MONSIGNOR LYNE, LP 65-1308080 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
ST. ANDREW COMMUNITY, LP 65-13 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
VILLA COLUMBA MERCY RIVERSIDE, 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XL 26 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXXVI 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
365 FULTON LP (PARCEL G) 26-15 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SOUTH LOOP APARTMENTS CORPORATION _____ 36-4027475 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
WINTHROP APARTMENTS CORPORATION _____ 36-3855355 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
NEAR NORTH APARTMENTS CORP. NF _____ 36-4570431 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
MCHG PARTNERS, INC. (MCHG) _____ 20-8824753 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP			
MERCY LITHONIA PARK VIEW, INC. (MLITHPV) _____ 20-8829364 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP			
MALDEN ARMS CORPORATION _____ 36-3815990 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
MALDEN ARMS CORP II NFP _____ 36-3815990 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP			

Schedule R (Form 990) 2009

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a X	
b Gift, grant, or capital contribution to other organization(s)	1b X	
c Gift, grant, or capital contribution from other organization(s)	1c X	
d Loans or loan guarantees to or for other organization(s)	1d X	
e Loans or loan guarantees by other organization(s)	1e X	
f Sale of assets to other organization(s)	1f	X
g Purchase of assets from other organization(s)	1g	X
h Exchange of assets	1h	X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k X	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n Sharing of paid employees	1n	X
o Reimbursement paid to other organization for expenses	1o	X
p Reimbursement paid by other organization for expenses	1p	X
q Other transfer of cash or property to other organization(s)	1q	X
r Other transfer of cash or property from other organization(s)	1r	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1) NORTHSIDE NAMPA	(A)	70,768.
(2) PADRE PALOU	(A)	64,224.
(3) MERCY PROPERTIES CALIFORNIA	(A)	185,000.
(4) DRIFTWOOD ESTATES	(A)	69,950.
(5) NORTHERN HEIGHTS	(A)	54,791.
(6) MERCY HOUSING CALIFORNIA	(A)	75,936.

Schedule R (Form 990) 2009

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

[illegible]

Schedule R (Form 990) 2009

SCHEDULE R-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

► **Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.**

► See instructions for Schedule R (Form 990).

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of filing organization

MERCY HOUSING INC

Employer identification number

47-0646706

Part I Continuation of Identification of Disregarded Entities

[illegible]

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

Schedule R-1 (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CASA DE MERCED 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0808941	LOW-INC HSNG	AZ	501 (C) (3)	11C	N/A
CASA DE SHANTI 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0728526	LOW-INC HSNG	AZ	501 (C) (3)	11C	N/A
EL MIRAGE SENIOR 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0847975	LOW-INC HSNG	AZ	501 (C) (3)	11C	N/A
MESA SENIOR MEADOWS 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0897708	LOW-INC HSNG	AZ	501 (C) (3)	11C	N/A
GUADALUPE SENIOR VILLAGE 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0897709	LOW-INC HSNG	AZ	501 (C) (3)	11C	N/A
PEORIA PLACE 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0980811	LOW-INC HSNG	AZ	501 (C) (3)	11C	N/A
PLAZAS DE MERCED 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0758961	LOW-INC HSNG	AZ	501 (C) (3)	11C	N/A
VISTA ALEGRE 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0947230	LOW-INC HSNG	AZ	501 (C) (3)	11C	N/A
DECATUR PLACE 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 84-1062097	LOW-INC HSNG	CO	501 (C) (3)	11C	N/A
HOLLY PARK EAST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 84-1347445	LOW-INC HSNG	CO	501 (C) (3)	11C	N/A
WILLOW STREET APARTMENTS 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 84-1334167	LOW-INC HSNG	CO	501 (C) (3)	11C	N/A
MERCY PROPERTIES ARIZONA 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0772987	LOW-INC HSNG	AR	501 (C) (3)	11A	N/A
LOS ARCOS 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0772987	LOW-INC HSNG	AZ	501 (C) (3)	11C	N/A
MERCY COURT 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0772987	LOW-INC HSNG	AZ	501 (C) (3)	11C	N/A
MERCY HOUSING COLORADO 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 20-1583332	LOW-INC HSNG	CO	501 (C) (3)	11A	N/A

Schedule R-1 (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
HOLLY PARK COMMUNITY CENTER LLC 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 38-3715668	LOW-INC HSNG	CO	501 (C) (3)	11C	N/A
HOMES FOR GREELEY 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 84-1349918	LOW-INC HSNG	CO	501 (C) (3)	11C	N/A
MERCY HOUSING CALIFORNIA 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-3081666	LOW-INC HSNG	CA	501 (C) (3)	9	N/A
ALL HALLOWS COMMUNITY 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-2722870	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
FAIRFAX NONPROFIT HOUSING DEVELOP CORP 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-2772546	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
MARIN HOMES FOR INDEPENDENT LIVING 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-2787430	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
CANTEBRIA SENIOR HOMES 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-3361794	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
MERCY SENIOR HOUSING OXNARD 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-3224446	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
MACLEAV NONPROFIT HOUSING DEVELOP CORP 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-2762529	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
EH/CC HOUSING CORP. (EDEN HOUSE) 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-3234538	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
FRANCIS OF ASSISI COMMUNITY 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-2366315	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
GAULT STREET SENIOR 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 75-2983979	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
JOHN W. KING SENIOR COMMUNITY 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-3282891	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
MERCY HOUSING CALWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-2963228	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
MARIA B. FREITAS SENIOR HOUSING CORP. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-3190261	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A

Schedule R-1 (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MARIN HOUSING CORP. 94-1358291 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
MERCY GARDENS 33-0809069 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
MOST HOLY REDEEMER SENIOR HOUSING 94-3044873 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
NOTRE DAME SENIOR HOUSING CORP. 94-3209503 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
OCEANA SENIOR HOUSING CORP. 94-3167825 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
PRESENTATION SENIOR COMMUNITY 94-3264209 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
MERCY RIVERSIDE MANOR, INC. 68-0002157 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
RUSSELL MANOR 93-1189914 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
ST. ANDREW SENIOR HOUSING CORP. 94-3088260 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
TIERRA DEL SOL, INC. 75-3004763 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A
ST. ELIZABETH HOUSING CORP. 94-2705149 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
GARDEN PARK APT COMMUNITY 68-0484147 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A
MERCY OAKS VILLAGE 75-3134134 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	7	N/A
MERCY PROPERTIES CALIFORNIA 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A
FOSTER YOUTH 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A

Schedule R-1 (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
THE HAVEN 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
POWER INN 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
LELAND HOUSE 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
OSOCALES (MCINTOSH MOBILE HOMES) 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
RICHMOND HILLS 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
SYCAMORE CENTER (RED BLUFF) 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
WHERRY HOUSING 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
SURREAL ESTATES 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
SIERRA VISTA 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
MAGNOLIA VILLAGE, LLC 32-0139519 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501 (C) (3)	11C	N/A
MERCY OAK FOREST, LLC 32-0139517 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501 (C) (3)	11C	N/A
MERCY HOUSING IDAHO, INC. 82-0458396 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11A	N/A
EAGLE SENIOR VILLAGE 03-0410639 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11C	N/A
MERCY SOUTHEAST IDAHO, INC. 84-1284293 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A
MERCY MOSCOW, INC. (HAWTHORNE) 82-0475388 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11C	N/A

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
INDEPENDENCE HILL 72-1545927 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11C	N/A
MERCY TWIN FALLS, INC. (WILLSWOOD) 82-0492940 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11C	N/A
MERCY HOUSING OHIO, INC. 20-2373936 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	11C	N/A
MERCY PROPERTIES, INC. (MPI) 84-1173689 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
MERCY PROPERTIES II, INC. 82-0485862 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11C	N/A
NEARY LAGOON, INC. 77-0214799 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
SAN JUAN HOUSING CORP. 68-0378676 1999 BROADWAY, SUITE 1000 DENVER, CA 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
MERCY HOUSING MIDWEST 47-0772351 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	11A	N/A
MERCY CRESTVIEW VILLAGE 47-0785351 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	11C	N/A
HEARTLAND HOUSING INITIATIVE (HARP) 42-1359133 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A
MERCY HOUSE 37-1068780 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	11C	N/A
MERCY NORTHGLEN 47-0779681 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	11C	N/A
MERCY OAKWOOD GARDENS 84-1344220 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	9	N/A
MERCY MIDWEST PROPERTIES (RIDGEVIEW) 43-1584918 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	MO	501 (C) (3)	11C	N/A
MERCY WESTERN MANOR 47-0785349 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	11C	N/A

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MERCY VILLAGE JOPLIN 37-1459692 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	MO	501 (C) (3)	11C	N/A
MERCY HOUSING SOUTHEAST 56-1993872 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NC	501 (C) (3)	9	N/A
MERCY PLACE BELMONT, INC. 80-0034784 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NC	501 (C) (3)	11C	N/A
MERCY HOUSING PEMBROKE, INC. 13-4224803 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501 (C) (3)	11C	N/A
RENDU TERRACE WEST, INC. 20-0707382 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AL	501 (C) (3)	11A	N/A
MERCY HOUSING GEORGIA HOLDINGS, LLC 20-1233986 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501 (C) (3)	11C	N/A
MARSHSIDE VILLAGE, INC. 20-1910771 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	SC	501 (C) (3)	11A	N/A
ALLEGRE POINT SENIOR RESIDENCES 20-4295472 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	11A	N/A
MERCY PROPERTIES GEORGIA, INC. (MPGI) 58-2425127 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501 (C) (3)	11C	N/A
INTERCOMMUNITY PROPERTIES (APPIAN WAY) 91-1708437 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501 (C) (3)	11C	N/A
INTERCOMMUNITY HOUSING FERNDAL 91-1667138 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501 (C) (3)	11C	N/A
STERLING SENIOR HOUSING 14-1866405 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501 (C) (3)	11A	N/A
VILLA CARIDAD 68-0387620 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A
PARK VILLAGE APTS 68-0292975 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
MERCY HOUSING, 2904 N 45TH ST, OMAHA 37-1068780 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	11C	N/A

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HARRINGTON HOMES PROGRAM 47-0716140 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	11C	N/A
MERCY COMMUNITY HOUSING NORTH CAROLINA 56-2155324 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NC	501 (C) (3)	11C	N/A
MERCY WEST I 68-0254564 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
FLORIN HOUSING CORP. 68-0336533 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
FRANCISCAN HOMES III, INC. 31-1394513 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	11C	N/A
MERCY HOUSING CALWEST 94-2963228 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
MERCY BOND PROPERTIES AZ III 77-0342735 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A
MERCY BOND PROPERTIES NEBRASKA I 68-0378674 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	9	N/A
MERCY BOND PROPERTIES COLORADO I 94-3286321 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	9	N/A
HOMES AGAIN PROGRAM 84-1164880 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	11C	N/A
WALNUT GROVE 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
SANTA MONICA 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
ACACIA MEADOWS 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11C	N/A
SOUTH OF MARKET MERCY 94-3199902 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A
FHD HOLDINGS, LLC 20-1356271 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	9	N/A

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47-0646706

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?	
							Yes	No		Yes	No
MERCY HOUSING CALIFORNIA XLII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XLIV 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XLIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY COMMUNITY HOUSING GEORGIA 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A				X			X
MERCY HOUSING GEORGIA I 58-246 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A				X			X
MERCY HOUSING GEORGIA IV 56-23 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A				X			X
MERCY HOUSING GEORGIA V, LP 90 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A				X			X
MERCY HOUSING GEORGIA VI, LP 2 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A				X			X
ACQUISITION PROPERTIES GEORGIA 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A				X			X
MERCY HOUSING GEORGIA VIII LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A				X			X
ACQUISITION PROPERTIES GEORGIA 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A				X			X
MERCY PROPERTIES WASHINGTON 91 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
INTERCOMMUNITY MERCY WASHINGTON 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
INTERCOMMUNITY MERCY WASHINGTON 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
MERCY HOUSING WASHINGTON VIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
MERCY HOUSING WASHINGTON VI 84 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
MERCY HOUSING WASHINGTON V 84 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	OR	N/A	N/A				X			X

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							Yes	No		Yes	No
MERCY HOUSING WASHINGTON VII 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
MERCY HOUSING WASHINGTON IX, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
MERCY HOUSING WASHINGTON X, LL 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
MERCY PROPERTIES WASHINGTON II 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
PILCHUCK 77-0601463 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
WOODLAKE MANOR II 77-0601463 ____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
WOODLAKE MANOR 77-0601463 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
VILLA KATHLEEN 77-0601463 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
SKAGIT VILLAGE 77-0601463 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
OAK HARBOR 77-0601463 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
OLYMPIC 77-0601463 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
MONROE VILLA 77-0601463 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
LAKE VILLAGE EAST 77-0601463 ____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
LAKE STEVENS 77-0601463 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
FIRCREST 77-0601463 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
FERNDAL VILLA 77-0601463 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
EVERGREEN MANOR 77-0601463 ____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X

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							Yes	No		Yes	No
CEDARWOOD I 77-0601463 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
CEDARWOOD IV 77-0601463 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
CASCADE APARTMENTS 77-0601463 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
BOUNDARY VILLAGE 77-0601463 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
MERCY PROPERTIES WASHINGTON II _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
MERCY PROPERTIES WASHINGTON I, _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
BAYSHORE COURT 20-1031378 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
CAMBRIDGE APARTMENTS 20-103137 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
CASCADE VILLAGE 20-1031378 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
CHENEY GARDENS 20-1031378 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
MABTON GARDENS 20-1031378 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
MOSES LAKE ESTATES 20-1031378 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
PINE ROAD VILLAGE 20-1031378 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
ROCK CREEK TERRACE 20-1031378 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
SANDSTONE 20-1031378 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
SILVERCREST 20-1031378 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
WAPATO GARDENS 20-1031378 _____ 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X

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							Yes	No		Yes	No
WASHINGTON SQUARE 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
PADRE APARTMENTS COMMUNITY 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
ROSELAND LIMITED PARTNERSHIP 3 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A				X			X
111 JONES STREET ASSOC. (111 J 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
BRITTON STREET ASSOC. (BRITTON 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING NEBRASKA I 84-14 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	NE	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA VII 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
SOMERSET SENIOR HSG. 74-276556 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	TX	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA II 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING COLORADO VIII 93 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A				X			X
MERCY HOUSING COLORADO-I, LTD 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XI 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MARLETON AFFORDABLE HSG. ASSOC 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MASON APARTMENTS (MASON SCHOOL 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA V 94- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
PARK TERRACE APTS. (PARK TERRA 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
QUINN COTTAGES, L.P. (QUINN CO 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X

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							Yes	No		Yes	No
MERCY HOUSING CALIFORNIA X (TH 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
SAN FELIPE HOMES (SAN FELIPE H 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
2220 10TH AVENUE ASSOC. (SANTA 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA VIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING IOWA II L.P. 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA I 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING ARIZONA I 86-079 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	AZ	N/A	N/A				X			X
MERCY HOUSING GEORGIA II 58-26 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A				X			X
MERCY HOUSING COLORADO-IX 87-0 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A				X			X
MERCY HOUSING ARIZONA II (PAGE 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	AZ	N/A	N/A				X			X
COLUMBUS PARK PROPERTIES LLC 3 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A				X			X
PARKSIDE TERRACE APT LLC 36-39 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A				X			X
PARKSIDE TERRACE LP 36-3914505 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A				X			X
MULBERRY COURT LLC 20-8008017 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A				X			X
MERCY HOUSING SOUTH CAROLINA I 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	SC	N/A	N/A				X			X
MERCY HOUSING GEORGIA III 43-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A				X			X
MERCY HOUSING SOUTH DAKOTA I, 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	SD	N/A	N/A				X			X

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?	
							Yes	No		Yes	No
MERCY HOUSING SOUTH DAKOTA II, 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	SD	N/A	N/A				X			X
MERCY HOUSING COLORADO XI, LLC 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A				X			X
COMMONS ON MAIN LP 20-8033896 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	OH	N/A	N/A				X			X
AROMOR MERCY LLC (AROMOR APART 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A				X			X
GALEWOOD SLF ASSOCIATES, LP 20 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A				X			X
MERCY ALSTON LAKE LLC 20-29488 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	SC	N/A	N/A				X			X
FRANCISCAN HOMES III, LP 31-13 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	OH	N/A	N/A				X			X
FRANCISCAN HOMES IV, LP 31-146 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	OH	N/A	N/A				X			X
MERCY HOUSING UTAH I 02-056455 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	UT	N/A	N/A				X			X
MERCY HOUSING IDAHO IV 82-0487 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	ID	N/A	N/A				X			X
MERCY HOUSING IDAHO V (SISTERS 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	ID	N/A	N/A				X			X
2101 TELEGRAPH AVENUE, INC. 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
2101 TELEGRAPH AVENUE ASSOC. 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
BISHOPS BLOCK (BISHOPS BLOCK) 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IA	N/A	N/A				X			X
1028 HOWARD ST. ASSOCIATES 94- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
1101 HOWARD ST. ASSOCIATES 94- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA VI 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?	
							Yes	No		Yes	No
1475 167TH AVENUE ASSOC. 94-321 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
CENTRO PARTNERS 77-0295344 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
LA PLAYA RESIDENTIAL 77-027861 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
WEST 28TH STREET 95-4550003 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
16TH & CHURCH STREET ASSOC. 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA III 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA IX 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA IV 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
VISITACION VALLEY AFFORDABLE H 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
VISITACION VALLEY FAM. HSG. AS 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
NEAR LAGOON PARTNERS 77-025631 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XIV 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XV 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XVII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXIV 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XVIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?	
							Yes	No		Yes	No
MERCY HOUSING CALIFORNIA XX 36 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XVI 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XII 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
VILLAGE PARK HOUSING ASSOCIATE 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXI 4 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XIX 0 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXV 8 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
PINEWOOD COURT APARTMENTS 68-0 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXVI 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XLI 2 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XIV 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXVII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXVII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY TERRACE, LLC 68-0254564 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXIX 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X

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

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							Yes	No		Yes	No
MERCY HOUSING CALIFORNIA XXX 6 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
NEW DANA STRAND TOWNHOMES 51-0 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXXII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXXVI 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXXI 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXXV 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXXII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXXVI 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
COLONIA SAN MARTIN ASSOCIATES, 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING CALIFORNIA XXXIX 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
KENNEDY ESTATES HSG. ASSOC. 68 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
TAHOE VALLEY TOWNHOMES ASSOC. 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
FLORIN WOOD ASSOC. 68-0318012 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MERCY HOUSING IDAHO II 84-1212 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	ID	N/A	N/A				X			X
MERCY HOUSING COLORADO VII 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A				X			X
MERCY HOUSING COLORADO-II, LTD 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A				X			X
MERCY HOUSING IOWA I (84-1178 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IA	N/A	N/A				X			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?	
							Yes	No		Yes	No
MERCY HOUSING WASHINGTON IV 91 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	MO	N/A	N/A				X			X
MERCY HOUSING MISSOURI-I, L.P. 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	MO	N/A	N/A				X			X
MERCY HOUSING COLORADO VI 84-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A				X			X
MERCY HOUSING IDAHO III 84-125 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	ID	N/A	N/A				X			X
MERCY HOUSING IDAHO I 84-12120 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	ID	N/A	N/A				X			X
MERCY HOUSING COLORADO V 84-13 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A				X			X
MERCY HOUSING MISSOURI II 84-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	MO	N/A	N/A				X			X
MERCY HOUSING COLORADO III 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A				X			X
MERCY HOUSING WASHINGTON III 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A				X			X
MERCY HOUSING COLORADO IV 84-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A				X			X
MARLTON AFFORDABLE HOUSING COR 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
BRENTWOOD GREEN VALLEY APTS 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
NEW DANA STRAND PARTNERS I, LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
MAGNOLIA LIMITED PARTNERSHIP 3 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A				X			X
RED DOOR LIMITED PARTNERSHIP 3 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A				X			X
4707 MALDEN LTD PARTNERSHIP 36 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A				X			X
MALDEN LIMITED PARTNERSHIP II 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A				X			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?	
							Yes	No		Yes	No
MPI_HIGHLAND_PLACE_APARTMENTS, 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A				X			X
ARLINGTON_HOTEL_26-1398920_--- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
2220_TENTH_AVE_94-3140163_--- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
SOUTH_LOOP_APARTMENTS_36-40274 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A				X			X
5042_WINTHROP_APARTMENTS_LP_36 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A				X			X
NEAR_NORTH_PARTNERSHIP_32-0143 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A				X			X
MERCY_HOUSING_UTAH_02-0564555_-- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	UT	N/A	N/A				X			X
MERCY_HOUSING_S._CAROLINA_59-3 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	SC	N/A	N/A				X			X
MERCY_TERRACE_68-0254564_----- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A				X			X
WENTWORTH_COMMONS_30-0082553_-- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A				X			X
MALDEN_ARMS_APARTMENTS_36-3679 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A				X			X
901_WEST_63RD_LP_(ENGLEWOOD_AP 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A				X			X
MERCY_HOUSING_GEORGIA_IX,_LP_2 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A				X			X

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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MERCY GALEWOOD SLF, INC. 20-5825081 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
MCDERMOTT PLACE 47-0779682 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IA	N/A	C CORP			
MERCY AFFORDABLE HOUSING, IN 82-0489878 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	ID	N/A	C CORP			
AFFORDABLE HOUSING CORP 84-1173690 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP			
AFFORDABLE HOUSING INITIATIV 94-3096988 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP			
ENGLEWOOD APARTMENTS NFP 26-1233523 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
MERCY SCOTSDALE OAK FOREST, 20-8825042 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP			
MERCY PARK VIEW PARTNERS, IN 20-8829242 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP			
MERCY HOUSING WOODLAND QUART 20-8827867 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP			
111TH & WENTWORTH APARTMENTS 38-3648994 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
MERCY COMMERCIAL CALIFORNIA 94-3382154 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	N/A	C CORP			
COMMERCIAL - 10TH AND MISSIO 94-3382155 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	N/A	C CORP			
COMMERCIAL - DEREK SILVA 94-3382156 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	N/A	C CORP			
COMMERCIAL - POLK ST 94-3382157 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	N/A	C CORP			
COMMERCIAL - DUDLEY 94-3382158 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	N/A	C CORP			
SAVANNAH ROSE OF SHARON, LLC 20-3591948 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP			
COMMERCIAL - POLK ST 94-3382157 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	N/A	C CORP			
COMMERCIAL - DUDLEY 94-3382158 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	N/A	C CORP			

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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust[illegible]

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) INTERCOMMUNITY MERCY HOUSING	(B)	100,000.
(8) MERCY HOUSING COLORADO	(B)	595,658.
(9) MERCY PORTFOLIO SERVICES	(B)	700,000.
(10) MERCY HOUSING LAKEFRONT	(B)	290,000.
(11) MERCY HOUSING CALIFORNIA	(B)	474,314.
(12) MERCY HOUSING MIDWEST	(B)	231,535.
(13) MERCY HOUSING SOUTHEAST	(B)	100,000.
(14) MERCY HOUSING SOUTHWEST	(B)	90,000.
(15) MERCY LOAN FUND	(B)	1,000,000.
(16) RIDGEVIEW	(C)	484,750.
(17) MERCY HOUSING LAKEFRONT	(D)	275,000.
(18) NORTHGLEN	(D)	127,888.
(19) CRESTVIEW VILLAGE	(D)	174,972.
(20) WESTERN MANOR	(D)	136,405.
(21) MERCY LOAN FUND	(D)	1,741,441.
(22) INTERCOMMUNITY MERCY HOUSING PREDEVELOPMENT	(D)	411,843.
(23) MERCY HOUSING COLORADO PREDEVELOPMENT	(D)	172,883.
(24) MERCY HOUSING OHIO PREDEVELOPMENT LOCS	(D)	176,562.

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) MERCY HOUSING LAKEFRONT PREDEVELOPMENT	(D)	773,612.
(8) MERCY HOUSING CALIFORNIA PREDEVELOPMENT	(D)	2,900,194.
(9) MERCY HOUSING IDADO PREDEVELOPMENT	(D)	86,001.
(10) MERCY HOUSING SOUTHEAST PREDEVELOPMENT	(D)	1,458,096.
(11) MERCY HOUSING SOUTHWEST PREDEVELOPMENT	(D)	83,287.
(12) ATLANTIC CITY CONSTRUCTION LOC	(D)	1,585,345.
(13) MERCY HOUSING CALIFORNIA	(D)	464,136.
(14) MERCY PROPERTIES CALIFORNIA	(D)	3,700,000.
(15) VALLE DE MERCED	(D)	497,050.
(16) EVERGREEN VISTA	(D)	436,950.
(17) FAMILY TREE	(D)	436,950.
(18) GRACE APTS	(D)	1,030,000.
(19) HOLLY PARK WEST	(D)	69,089.
(20) HOMES FOR GREELEY	(D)	28,542.
(21) MERCED DE LAS ANIMAS	(D)	91,709.
(22) NEW HOPE APTS	(D)	73,694.
(23) NORTHSIDE NAMPA	(D)	314,787.
(24) PADRE PALOU	(D)	487,614.

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) PLAZA ON PLATTE	(D)	177,834.
(8) SPRINGFIELD COURT	(D)	324,000.
(9) DRIFTWOOD ESTATES	(D)	1,271,688.
(10) NORTHERN HEIGHTS	(D)	992,247.
(11) APPIAN WAY MERCY	(D)	300,000.
(12) MERCY SERVICES CORPORATION OPERATING LOC	(D)	7,485,495.
(13) MERCY HOUSING SOUTHEAST OPERATING LOC	(D)	3,292,531.
(14) MERCY HOUSING OHIO OPERATING LOC	(D)	471,101.
(15) MERCY HOUSING COLORADO OPERATING LOC	(D)	5,229,375.
(16) MERCY HOUSING IDAHO OPERATING LOC	(D)	662,044.
(17) MERCY LOAN FUND	(E)	3,000,000.
(18) MERCY HOUSING IDAHO	(E)	750,000.
(19) MERCY COURT	(E)	430,000.
(20) MERCY PORTFOLIO SERVICES	(K)	85,221.
(21)		
(22)		
(23)		
(24)		

Schedule R-1 (Form 990) 2009

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

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 as defined in Government Code Section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <u>CT18472</u> MERCY HOUSING INC <small>Name of Organization</small> <u>1999 BROADWAY SUITE 1000</u> <small>Address (Number and Street)</small> <u>DENVER, CO 80202</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1847229</u> Federal Employer I.D. No. <u>47-0646706</u>
--	--

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between 1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2009 ending 12/31/2009) list:

Gross annual revenue \$ 5,872,983. Total assets \$ 45,388,723.

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

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet 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, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes", provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes", provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes", provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (303) 830-3300

Organization's e-mail address _____

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

Signature of authorized officer _____

Printed Name _____

Title _____

Date _____

TAXABLE YEAR **2009** **California Exempt Organization**
Annual Information Return

FORM

199

Calendar Year 2009 or fiscal year beginning month day year , and ending month day year .

A First Return Filed?	Yes	B Type of organization	CORP #
	<input checked="" type="checkbox"/> No		

Corporation/Organization Name **MERCY HOUSING INC** FEIN **47-0646706**

Address **1999 BROADWAY SUITE 1000**
 City **DENVER** State **CO** ZIP Code **80202**

C Amended Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	H Accounting method used (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other
D Are you a subordinate/affiliate in a group exemption? (a) Is this a group filing for affiliates? See General Instruction L <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (b) If "Yes," enter the number of affiliates _____ (c) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," attach a list. See instructions.) (d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e) Federal Group Exemption Number _____ (f) Is a roster of subordinates attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Final return? • <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn) • <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date _____	J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Check the box if the organization filed the following federal forms or schedule: (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> (Schedule H) 990	K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter amount of gross receipts from nonmember sources \$ _____
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions,	L Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,493,540.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received. ATTCH 1	3	3,379,443.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.	4	5,872,983.00
	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	5,872,983.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	10,575,504.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-4,702,521.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	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	Date	Telephone
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN/PTIN
	Firm's name (or yours, if self-employed) and address	Firm's name (or yours, if self-employed) and address		FEIN
REZNICK GROUP P.C. 525 N. TRYON STREET, SUITE 1000 CHARLOTTE, NC 28202				52-1088612 704-332-9100
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

FINAL FILING COPY

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	1,531,080.00
	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. Attach schedule ATCH 2	•	7	962,460.00
	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	2,493,540.00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule ATCH 4	•	9	3,673,564.00
	10	Disbursements to or for members	•	10	0.00
	11	Compensation of officers, directors, and trustees. Attach schedule ATCH 5	•	11	3,014,478.00
	12	Other salaries and wages	•	12	0.00
	13	Interest	•	13	203,149.00
	14	Taxes	•	14	203,849.00
	15	Rents	•	15	73,897.00
	16	Depreciation and depletion (See instructions)	•	16	14,393.00
	17	Other. Attach schedule ATCH 3	•	17	3,392,174.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	10,575,504.00

Schedule L		Balance Sheet		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)		
1	Cash		19,579,068.		15,657,814.		
2	Net accounts receivable		475,489.		419,182.		
3	Net notes receivable. Attach schedule		4,939,105.		2,808,659.		
4	Inventories						
5	Federal and state government obligations						
6	Investments in other bonds. Attach schedule						
7	Investments in stock. Attach schedule						
8	Mortgage loans (number of loans _____)						
9	Other investments. Attach schedule		5,044,486.		7,135,806.		
10	a Depreciable assets	4,209,624.		4,433,628.			
	b Less accumulated depreciation	(2,515,715)	1,693,909.	(2,948,509)	1,485,119.		
11	Land						
12	Other assets. Attach schedule	ATCH 6	20,746,873.		17,882,143.		
13	Total assets		52,478,930.		45,388,723.		
Liabilities and net worth							
14	Accounts payable		4,381,759.		3,893,642.		
15	Contributions, gifts, or grants payable						
16	Bonds and notes payable. Attach schedule						
17	Mortgages payable		26,536,753.		28,840,917.		
18	Other liabilities. Attach schedule	ATCH 7	9,704,338.		5,500,605.		
19	Capital stock or principle fund						
20	Paid-in or capital surplus. Attach reconciliation						
21	Retained earnings or income fund		11,856,080.		7,153,559.		
22	Total liabilities and net worth		52,478,930.		45,388,723.		

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 \$25,000

1 Net income per books	• -4,702,521.	7 Income recorded on books this year not included in this return. Attach schedule	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	-4,702,521.
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5	-4,702,521.		

MERCY HOUSING INC

47-0646706

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORSATTACHMENT 1

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
MICHAEL ZOELLNER 5555 E. 17TH AVE. DENVER, CO 80220		15,000.
MICHAEL BLASZYK 6257 VIRGO ROAD OAKLAND, CA 94611		30,000.
ROGER PASTORE 1080 COUNTRY CLUB ESTATES DRIVE CASTLE PINES VILLAGE, CO 80108		15,000.
HELEN DUNLAP 104 EAST 32ND STREET CHICAGO, IL 60616		7,500.
CATHOLIC HEALTHCARE WEST 185 BERRY STREET, SUITE 300 SAN FRANCISCO, CA 94107		200,000.
ENTERPRISE COMMUNITY PARTNERS 899 LOGAN STREET, SUITE 300 DENVER, CO 80203		16,478.
CATHOLIC HEALTHCARE INITIATIVES 1999 BROADWAY, SUITE 2600 DENVER, CO 80202		99,215.
CITI FOUNDATION 425 PARK AVENUE, 2ND FLOOR NEW YORK, NY 10022		250,000.

MERCY HOUSING INC

47-0646706

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORSATTACHMENT 1 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
FANNIE MAE 3900 WISCONSIN AVENUE, NW WASHINGTON, DC 20016		400,000.
PNC FOUNDATION 110 BROADWAY CAMDEN, NJ 08102		15,000.
MACARTHUR FOUNDATION 140 SOUTH DEARBORN STREET, SUITE 1200 CHICAGO, IL 60603		33,750.
SISTERS OF MERCY OF THE AMERICAS, INC. 1262 MERCY ROAD OMAHA, NE 98124.		5,000.
BON SECOURS HEALTH SYSTEM 1505 MARRIOTTSVILLE ROAD MARRIOTTSVILLE, MD 21104		500,000.
CATHOLIC HEALTH EAST 14 CAMPUS BOULEVARD, SUITE 300 NEWTOWN SQUARE, PA 19073		200,000.
RIDGEVIEW 920 NE RIDGEVIEW DRIVE, #A LEES SUMMIT, MO 64086		484,750.
BARRY ZIGAS 3335 QUESADA STREET, NW WASHINGTON, DC 20015		15,000.

MERCY HOUSING INC

47-0646706

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORSATTACHMENT 1 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
BRADLEY JAMES 4599 S. DASA DRIVE ENGLEWOOD, CO 56124		15,000.
JOHN MANNING 1 BOSTON PLACE, SUITE 2100 BOSTON, MA 02108		36,000.
RICHARD BANKS 27505 LOST TRAIL DRIVE LAGUNA HILLS, CA 92653		5,000.
JOHN FULLER, SR. 1551 LARIMER STREET #3101 DENVER, CO 80108		5,000.
LIVING CITIES 55 WEST 125TH STREET, 11TH FLOOR NEW YORK, NY 10027		500,000.
THE HOME DEPOT FOUNDATION 2455 PACES FERRY ROAD ATLANTA, GA 30339		100,000.
THE NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE, SUITE 500 ALPARETTA, GA 30009		10,000.
THE WALMART FOUNDATION 702 SW 8TH STREET BENTONVILLE, AR 72716		376,750.

MERCY HOUSING INC

47-0646706

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORSATTACHMENT 1 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
ENTERPRISE FOUNDATION 34 PEACHTREE STREET, SUITE 600 ATLANTA, GA 30303		5,000.
FIRST AMERICAN HOMEOWNERSHIP FOUNDATION 1 FIRST AMERICAN WAY SANTA ANA, CA 92707		25,000.
WILLIAM S. ABELL FOUNDATION 8401 CONNECTICUT AVENUE, SUITE 1204 CHEVY CHASE, MD 20815		15,000.
TOTAL CONTRIBUTION AMOUNTS		<u>3,379,443.</u>

PART II - OTHER INCOME

INTEREST INCOME	962,460.
TOTAL OTHER INCOME	962,460.

PART II - OTHER EXPENSES

RESERVE FOR LOAN LOSSES	358,090.
RESERVE FOR IMPAIRED ASSETS	434,806.
PARTNERSHIP INVESTMENT	231,926.
MISCELLANEOUS ADMIN	23,543.
EVENTS EXPENSE	450.
FUND RAISING EXPENSES	15,628.
OTHER RENTING EXPENSE	60.
CEO'S DISCRETIONARY FUND	6,273.
CONTRACT LABOR - TEMP	5,785.
MGMT SUPERVISOR TRAINING	60.
STAFF DEVELOPMENT/TRAINING	16,926.
STRATEGIC PLANNING	1,357.
MISC ADMIN/SF CENTRAL	7,720.
BAD DEBTS	826,841.
MISC ADMIN/FOOD-DRINK	774.
BANK SERVICE CHARGES	5,568.
PAGER	54.
CONSULTING/PROFESSIONAL	1,465.
PROJECT DEVEL-DISCONTINUED	1,842.
PENSION EXPENSE	54,053.
OTHER EMPLOYEE BENEFITS	291,807.
MANAGEMENT	277,525.
OTHER	214,024.
ADVERTISING	164,306.
OFFICE EXPENSES	99,634.
INFORMATION TECHNOLOGY	44,055.
TRAVEL	202,360.
CONFERENCES	27,262.
INSURANCE	4,327.
LEGAL	66,449.
ACCOUNTING	7,204.
TOTAL OTHER EXPENSES	<u>3,392,174.</u>

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 4

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
<u>GRANTS PAID</u>			
MERCY HOUSING SOUTHWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	90,000.
MERCY HOUSING LAKEFRONT 1999 BROADWAY, SUITE 1000 DNEVER, CO 80202	RELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	290,000.
INTERCOMMUNITY MERCY HOUSING 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	100,000.
MERCY HOUSING COLORADO 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	595,658.
MERCY HOUSING CALIFORNIA 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	474,314.
MERCY HOUSING SOUTHEAST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	100,000.
NATIONAL LOW INCOME HOUSING COALITION 727 15TH ST. NW, 6TH FLOOR WASHINGTON, DC 20005	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	10,000.
NATIONAL HOUSING TRUST 1101 30TH STREET NW, SUITE 400 WASHINGTON, DC 20007	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	10,000.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 4 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MERCY PORTFOLIO SERVICES 247 S. STATE STREET, SUITE 810 CHICAGO, IL 60604	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	700,000.
SAHF 1101 30TH STREET NW, SUITE 400 WASHINGTON, DC 20007	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	2,000.
MERCY NORTHGLEN 3205 PORTIA STREET LINCOLN, NE 68521	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	23,059.
TIMBERCREEK 6816 SOUTH 137TH PLAZA OMAHA, NE 68137	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	36,958.
MERCY LOAN FUND 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	1,000,000.
MERCY HOUSING IDAHO 540 NORTH EAGLE ROAD #117 EAST EAGLE, ID 83616	RELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	10,000.
MERCY HOUSING MIDWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	231,535.
MISC GRANTS < \$5,000			40.
		TOTAL CONTRIBUTIONS PAID	<u>3,673,564.</u>

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 5

<u>NAME AND ADDRESS</u>	<u>TIME DEVOTED TO POSITION AND TITLE</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
LARRY DALE 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 VICE CHAIRMAN	0.	0.	0.
MARK KORELL 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 DIRECTOR	0.	0.	0.
ROSLYN HAFERTEPE 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 DIRECTOR	0.	0.	0.
BARRY ZIGAS 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 DIRECTOR	0.	0.	0.
JACK DIEPENBROCK 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 DIRECTOR	0.	0.	0.
PAT MCDERMOTT 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 DIRECTOR	0.	0.	0.
JULIA GOULD 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 SR VICE PRESIDENT	190,251.	3,231.	0.

MERCY HOUSING INC

47-0646706

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 5 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TIME DEVOTED TO POSITION AND TITLE</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
MICHAEL ZOELLNER 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 DIRECTOR	0.	0.	0.
ROGER PASTORE 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 DIRECTOR	0.	0.	0.
BRAD JAMES 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 CHAIRMAN	0.	0.	0.
LILLIAN MURPHY 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 CEO	0.	0.	0.
CINDY HOLLER 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 VICE PRESIDENT	170,650.	4,800.	0.
JANE GRAF 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 SR VICE PRESIDENT	190,489.	8,354.	0.
JACK MANNING 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 DIRECTOR	0.	0.	0.

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 5 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TIME DEVOTED TO POSITION AND TITLE</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
RICH STATUTO 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 DIRECTOR	0.	0.	0.
JENNIFER ERIXON 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 VICE PRESIDENT	132,462.	2,878.	0.
TRACY GARGARO 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 VP/TREASURER	104,740.	2,987.	0.
MARK HOLMES 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 VICE PRESIDENT	122,118.	2,806.	0.
CHRISTOPHER SHOTT 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 VICE PRESIDENT	94,417.	2,142.	0.
BRIAN SHUMAN 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 PRESIDENT/COO	318,787.	6,887.	0.
JEFFREY TRUAX 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 VICE PRESIDENT	108,781.	1,217.	0.

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 5 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TIME DEVOTED TO POSITION AND TITLE</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
CHERYLL O'BRYAN 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 VICE PRESIDENT	217,657.	4,680.	0.
CYNTHIA PARKER 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 VICE PRESIDENT	137,131.	3,218.	0.
VINCE DODDS 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 SR. VP/CFO	163,181.	808.	0.
GARY TRUITT 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 SR VICE PRESIDENT	225,851.	0.	0.
LESLIE WITTMANN 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 DIRECTOR	0.	0.	0.
SR ROSEMARIE JASINSKI 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 DIRECTOR	0.	0.	0.
SR NORITA COONEY 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 DIRECTOR	0.	0.	0.

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 5 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TIME DEVOTED TO POSITION AND TITLE</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
SR. LINDA WERTHMAN 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 DIRECTOR	0.	0.	0.
MICEHELE. MAMET 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 SR. VICE PRESIDENT	82,254.	0.	0.
WILLIAM GOLDSMITH 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 VICE PRESIDENT	210,558.	692.	0.
ELIZABETH COLDIRON 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 VICE PRESIDENT	97,823.	1,022.	0.
CAROL BRESLAU 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 VICE PRESIDENT	60,692.	0.	0.
JOANNE LATUCHIE 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 VICE PRESIDENT	101,353.	1,754.	0.
PATRICIA O'ROARK 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 SECRETARY	28,074.	0.	0.

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 5 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TIME DEVOTED TO POSITION AND TITLE</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
SARA GRIFFIN 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 ASSISTANT SECRETARY	8,538.	0.	0.
SHAWN SMITLEY 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00	106,373.	2,491.	0.
DAVID LYON 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00	105,230.	0.	0.
GREGORY SPARKS 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00	113,945.	5,554.	0.
KAREN FARRAND 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00	113,794.	4,231.	0.
AMY ROWLAND 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00	113,104.	5,313.	0.
EUGENE WALKER 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 VICE PRESIDENT	166,615.	0.	0.

MERCY HOUSING INC

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CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 5 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TIME DEVOTED TO POSITION AND TITLE</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
RICHARD BANKS 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 PRESIDENT	221,405.	487.	0.
CHARLES MCKINNEY 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1.00 SR VICE PRESIDENT	136,990.	8,969.	0.
	GRAND TOTALS	<u>3,843,263.</u>	<u>74,521.</u>	<u>0.</u>

CA 199 SCHEDULE L - OTHER ASSETS

ATTACHMENT 6

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DUE FROM AFFILIATES	1,765,994.	1,583,372.
PREDEVELOPMENT PROJECT COSTS	217,954.	0.
LOAN FROM AFFILIATES	18,579,019.	16,090,113.
PREPAID EXPENSES	183,906.	208,658.
TOTALS	<u>20,746,873.</u>	<u>17,882,143.</u>

CA 199 SCHEDULE L - OTHER LIABILITIES

ATTACHMENT 7

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DUE TO AFFILIATES	8,137,311.	4,509,098.
ACCRUED INTEREST	103,465.	134,827.
TOTALS	<u>8,240,776.</u>	<u>4,643,925.</u>