

This Proforma Form 990 is prepared for management purposes only and not for filing with the Internal Revenue Service. This Proforma Form 990 includes Mercy Housing Inc. and its affiliates and, therefore, has not been prepared in accordance with IRS regulations. Internal Revenue Service rules state that an organization may not file a “consolidated” Form 990 to aggregate information from another organization that has a different EIN. The accounting information included in this Form 990 is consistent with the December 31, 2011 Mercy Housing Inc. consolidated financial statements. The financial statements are available by request:

Chief Financial Officer

Mercy Housing, Inc.

1999 Broadway, Suite 1000

Denver CO 80202

Form **990****Return of Organization Exempt From Income Tax****2011**Department of the Treasury  
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)****Open to Public Inspection**

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

**A For the 2011 calendar year, or tax year beginning , 2011, 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

**C** Name of organization

MERCY HOUSING INC AND AFFILIATES

## Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

1999 BROADWAY SUITE 1000

City or town, state or country, and ZIP + 4

DENVER, CO 80202

**F** Name and address of principal officer:

STEVE SPEARS

1999 BROADWAY SUITE 1000 DENVER, CO 80202

**D** Employer identification number

47-0646706

**E** Telephone number

(303) 830-3300

**G** Gross receipts \$ 202,334,573.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1981 **M** State of legal domicile: NE**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16.
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	1,662.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	29,964,943.	42,377,309.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	141,566,944.	157,248,794.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,219,433.	2,708,470.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	172,751,320.	202,334,573.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	1,439,388.	1,446,541.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	52,700,683.	55,657,750.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,227,224.	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	161,380,203.	171,691,843.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	215,520,274.	228,796,134.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	SEE NOTE BELOW	-42,768,954.	-26,461,561.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	1,649,845,458.	1,803,283,307.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	1,059,924,691.	1,145,006,143.
		589,920,767.	658,277,164.

**Part II Signature Block**

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

**Sign Here**

Signature of officer	Date
<b>PROFORMA RETURN - FOR INFORMATIONAL PURPOSES ONLY - NOT FOR FILING PURPOSES</b>	
Type or print name and title	

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
ANTHONY V. PORTAL, CPA				P00729066
Firm's name ▶ REZNICK GROUP P.C.	Firm's EIN ▶ 52-1088612			
Firm's address ▶ 525 N. TRYON STREET, SUITE 1000 CHARLOTTE, NC 28202	Phone no. 704-332-9100			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

OF THIS AMOUNT, \$51,808,751 OF LOSS IS ATTRIBUTABLE TO THE NON-CONTROLLING INVESTMENT INTERESTS LEAVING \$25,347,190 OF INCOME ATTRIBUTABLE TO MERCY HOUSING INC.

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

ATTACHMENT 1

**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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 210,894,528. including grants of \$ 42,377,309. ) (Revenue \$ 157,248,794. )

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, MANAGEMENT, AND OWNERSHIP 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 ► 210,894,528.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> X	
<b>3</b> 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 . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	X
<b>7</b> 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 . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> 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 . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>	X
<b>c</b> 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 . . . . .	<b>11c</b>	X
<b>d</b> 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 . . . . .	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	X
<b>15</b> 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, Parts II and IV . . . . .	<b>15</b>	X
<b>16</b> 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, Parts III and IV . . . . .	<b>16</b>	X
<b>17</b> 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 (see instructions) . . . . .	<b>17</b>	X
<b>18</b> 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 . . . . .	<b>18</b>	X
<b>19</b> 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 . . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> 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
<b>23</b> 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	
<b>24 a</b> 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 line 25.</i> . . . . .		X
<b>24 b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24 c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24 d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
<b>25 b</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
<b>26</b> 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
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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):		
<b>28 a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>28 b</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
<b>28 c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>35 b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Form **990** (2011)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1a</b> 1,457		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <b>1c</b>		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 1,662		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>2b</b> X		
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? <b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. <b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? <b>5c</b>		
<b>6a</b> 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? <b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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? <b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? <b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966? <b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? <b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? <b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>14b</b>		



**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.

Check if Schedule O contains a response to any question in this Part VI. ☒ **X**

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are . . . . .	<b>1a</b> 16		
material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 16		
<b>2</b> 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? . . . . .	<b>2</b>		X
<b>3</b> 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? . . .	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X	
<b>9</b> 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 . . . . .	<b>9</b>		X

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	<b>10b</b>	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . .	<b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X	
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	X	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **ATTACHMENT 2**

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

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **GARY OKONOWSKY 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**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) MARK KORELL DIRECTOR	1.00	X						0	0	0
(2) BARRY ZIGAS DIRECTOR	1.00	X						0	0	0
(3) SR PAT MCDERMOTT DIRECTOR	1.00	X						0	0	0
(4) ROGER PASTORE DIRECTOR	1.00	X						0	0	0
(5) BRAD JAMES CHAIRMAN	1.00	X						0	0	0
(6) RICH STATUTO DIRECTOR	1.00	X						0	0	0
(7) LESLIE WITTMANN DIRECTOR	1.00	X						0	0	0
(8) SR ROSEMARIE JASINSKI DIRECTOR	1.00	X						0	0	0
(9) SR LINDA WERTHMAN DIRECTOR	1.00	X						0	0	0
(10) YVONNE CAMACHO DIRECTOR	1.00	X						0	0	0
(11) ADRIENNE CROWE DIRECTOR	1.00	X						0	0	0
(12) BARBARA KELLEY DIRECTOR	1.00	X						0	0	0
(13) BOB SIMPSON DIRECTOR	1.00	X						0	0	0
(14) LARRY DALE VICE CHARIMAN	1.00	X						0	0	0



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) SR BARBARA BUSCH DIRECTOR	1.00	X						0	0	0
(16) SR DIANE HEJNA DIRECTOR	1.00	X						0	0	0
(17) JULIA GOULD SR. VICE PRESIDENT	1.00			X				196,382.	0	11,157.
(18) SR LILLIAN MURPHY CEO/PRESIDENT	1.00			X				0	0	0
(19) CINDY HOLLER VICE PRESIDENT	1.00			X				167,757.	0	8,118.
(20) JANE GRAF EXECUTIVE VP/COO	1.00			X				226,778.	0	9,538.
(21) JENNIFER ERIXON VICE PRESIDENT	1.00			X				162,379.	0	19,021.
(22) CHRISTOPHER SHOTT VICE PRESIDENT	1.00			X				96,259.	0	9,747.
(23) BRIAN SHUMAN OFFICER	1.00			X				319,427.	0	17,947.
(24) JEFFERY TRUAX VICE PRESIDENT	1.00			X				104,221.	0	8,667.
(25) CHERYL O'BRYAN VICE PRESIDENT	1.00			X				0	231,830.	15,537.
<b>1b Sub-total</b> . . . . .								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								3,612,247.	231,830.	254,188.
<b>d Total (add lines 1b and 1c)</b> . . . . .								3,612,247.	231,830.	254,188.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **43**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

**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 **16**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
( 26 ) VINCE DODDS VICE PRESIDENT	1.00			X				155,291.	0	16,543.
( 27 ) WILLIAM GOLDSMITH VICE PRESIDENT	1.00			X				197,028.	0	13,577.
( 28 ) MICHELE MAMET SR. VICE PRESIDENT	1.00			X				185,197.	0	8,642.
( 29 ) ELIZABETH COLDIRON VICE PRESIDENT	1.00			X				119,304.	0	9,218.
( 30 ) CAROL BRESLAU VICE PRESIDENT	1.00			X				117,173.	0	2,381.
( 31 ) PATRICIA O'ROARK SECRETARY	1.00			X				61,559.	0	11,522.
( 32 ) SARA GRIFFIN ASSISTANT SECRETARY	1.00			X				63,569.	0	8,920.
( 33 ) CHARICE HEYWOOD VICE PRESIDENT	1.00			X				150,000.	0	3,940.
( 34 ) CHRIS BURCKHARDT SR VICE PRESIDENT/CIO	1.00			X				214,384.	0	10,926.
( 35 ) BILL RUMPF VICE PRESIDENT	1.00			X				170,484.	0	9,155.
( 36 ) JOHN A MARCOLINA VICE PRESIDENT	1.00			X				106,526.	0	11,823.
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **43**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

**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 **4**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
( 37 ) GARY OKONOWSKY VP/CORP CONTROLLER	1.00			X				83,525.	0	5,841.
( 38 ) DOUGLAS SHOEMAKER VICE PRESIDENT	1.00			X				70,206.	0	1,470.
( 39 ) LINDA BRACE EMPLOYEE	0					X		131,910.	0	5,798.
( 40 ) AMY ROWLAND EMPLOYEE	1.00					X		132,933.	0	13,178.
( 41 ) DAVID GRAHAM LYON EMPLOYEE	1.00					X		128,675.	0	7,136.
( 42 ) THOMAS LEE EMPLOYEE	1.00					X		127,755.	0	6,974.
( 43 ) RONALD JACKSON EMPLOYEE	1.00					X		123,525.	0	7,412.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **43**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

**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 **4**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	42,377,309.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .			42,377,309.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> RENT		531390	123,078,271.	123,078,271.		
	<b>b</b> DEVELOPER FEES		531390	9,937,333.	9,937,333.		
	<b>c</b> SERVICE FEES		531390	1,818,538.	1,818,538.		
	<b>d</b> CONSULTING		531390	4,342,263.	4,342,263.		
	<b>e</b> OTHER		531390	18,072,389.	18,072,389.		
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .			157,248,794.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ATTACHMENT 4 . . . . .			2,708,470.			2,708,470.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . .			0			
	<b>5</b> Royalties . . . . .			0			
		(i) Real	(ii) Personal				
	<b>6a</b> Gross rents . . . . .						
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .			0			
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .						
	<b>b</b> Less: cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . .			0			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .			0			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			0				
<b>12 Total revenue.</b> See instructions . . . . .			202,334,573.	157,248,794.		2,708,470.	

**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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	1,446,541.	1,446,541.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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 . . . . .	3,281,723.	1,266,209.	1,446,641.	568,873.
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 . . . . .	40,341,184.	34,497,616.	5,122,675.	720,893.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	877,031.	712,466.	144,131.	20,434.
9 Other employee benefits . . . . .	6,722,750.	5,803,553.	774,578.	144,619.
10 Payroll taxes . . . . .	4,435,062.	3,870,166.	460,498.	104,398.
11 Fees for services (non-employees):				
a Management . . . . .	1,574,282.	1,401,590.	163,709.	8,983.
b Legal . . . . .	1,139,324.	976,919.	162,405.	
c Accounting . . . . .	2,990,002.	2,600,600.	389,402.	
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees . . . . .	0			
g Other . . . . .	1,090,763.	748,383.	293,917.	48,463.
12 Advertising and promotion . . . . .	1,352,627.	1,115,591.	206,784.	30,252.
13 Office expenses . . . . .	3,846,220.	2,863,771.	941,978.	40,471.
14 Information technology . . . . .	876,986.	434,098.	430,312.	12,576.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	51,563,872.	50,323,874.	1,239,168.	830.
17 Travel . . . . .	1,989,659.	1,446,732.	493,932.	48,995.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . .	161,831.	86,300.	57,272.	18,259.
20 Interest . . . . .	27,966,346.	27,459,389.	506,957.	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . .	66,125,306.	65,819,675.	305,631.	
23 Insurance . . . . .	118,786.	62,180.	53,444.	3,162.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESERVE FOR LOAN LOSSES -----	1,786,236.	1,786,236.		
b BAD DEBTS -----	1,535,405.	1,536,843.	-1,438.	
c LOC FEES -----	1,365,571.	1,365,571.		
d MISC FINANCIAL FEES EXPENSES -----	1,364,945.	1,280,455.	84,490.	
e All other expenses -----	4,843,682.	1,989,770.	1,397,896.	1,456,016.
25 Total functional expenses. Add lines 1 through 24e	228,796,134.	210,894,528.	14,674,382.	3,227,224.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			



**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	12,591,194.	<b>1</b>	25,961,338.
	<b>2</b> Savings and temporary cash investments . . . . .	30,368,986.	<b>2</b>	39,497,610.
	<b>3</b> Pledges and grants receivable, net . . . . .	12,175,942.	<b>3</b>	11,175,936.
	<b>4</b> Accounts receivable, net . . . . .	10,417,260.	<b>4</b>	7,340,764.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	11,115,889.	<b>8</b>	9,221,611.
	<b>9</b> Prepaid expenses and deferred charges . . . . . <b>ATCH. 5.</b>	6,127,820.	<b>9</b>	6,527,611.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . <b>10a</b> 1516346638.			
	<b>b</b> Less: accumulated depreciation . . . . . <b>10b</b>	1,387,712,448.	<b>10c</b>	1,516,346,638.
	<b>11</b> Investments - publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	179,335,919.	<b>15</b>	187,211,799.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,649,845,458.	<b>16</b>	1,803,283,307.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	48,829,130.	<b>17</b>	48,671,705.
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . . <b>ATCH. 6.</b>	2,467,024.	<b>19</b>	20,264,386.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	1,008,628,537.	<b>25</b>	1,076,070,052.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,059,924,691.	<b>26</b>	1,145,006,143.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	398,625,878.	<b>27</b>	425,579,843.
	<b>28</b> Temporarily restricted net assets . . . . .	187,329,183.	<b>28</b>	228,731,615.
	<b>29</b> Permanently restricted net assets . . . . .	3,965,706.	<b>29</b>	3,965,706.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	589,920,767.	<b>33</b>	658,277,164.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,649,845,458.	<b>34</b>	1,803,283,307.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	202,334,573.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	228,796,134.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-26,461,561.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	589,920,767.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	94,817,958.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	658,277,164.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b> 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	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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>b</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** (2011)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011****Open to Public Inspection****Name of the organization**

MERCY HOUSING INC AND AFFILIATES

**Employer identification number**

47-0646706

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3. . . . .						
<b>5</b> 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). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b</b> <b>33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a</b> <b>10%-facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> 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>b</b> <b>10%-facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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>18</b> <b>Private foundation.</b> 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"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	32,780,532.	40,349,010.	26,380,066.	29,964,943.	42,377,309.	171,851,860.
<b>2</b> 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 . . . . .	112,574,835.	122,831,076.	132,983,115.	141,566,944.	157,248,794.	667,204,764.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	145,355,367.	163,180,086.	159,363,181.	171,531,887.	199,626,103.	839,056,624.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .	<b>NOT COMPLETED FOR YEARS 2007-2009</b>			1,590,375.	2,976,653.	4,567,028.
<b>c</b> Add lines 7a and 7b. . . . .				1,590,375.	2,976,653.	4,567,028.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						834,489,596.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6. . . . .	145,355,367.	163,180,086.	159,363,181.	171,531,887.	199,626,103.	839,056,624.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	3,713,294.	2,851,327.	1,637,623.	1,219,433.	2,708,470.	12,130,147.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	3,713,294.	2,851,327.	1,637,623.	1,219,433.	2,708,470.	12,130,147.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	149,068,661.	166,031,413.	161,000,804.	172,751,320.	202,334,573.	851,186,771.
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	98.04 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	<b>16</b>	98.25 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	1.43 %
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	1.53 %

- 19a 33 1/3% support tests - 2011.** 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 - 2010.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**Schedule B**(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

**2011****Name of the organization**

MERCY HOUSING INC AND AFFILIATES

**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 foundationCheck 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, total 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 total 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 Part I, 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).

Name of organization MERCY HOUSING INC AND AFFILIATES

Employer identification number

47-0646706

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HELEN DUNLAP 104 EAST 32ND STREET CHICAGO, IL 60616	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BETH MULLEN 2701 F STREET SACRAMENTO, CA 58648	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CATHOLIC HEALTHCARE INITIATIVES 1999 BROADWAY, SUITE 2600 DENVER, CO 80202	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	FANNIE MAE 3900 WISCONSIN AVENUE, NW WASHINGTON, DC 20016	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SISTERS OF MERCY WEST MIDWEST 7262 MERCY ROAD OMAHA, NE 68124	\$ 36,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE DENVER FOUNDATION 55 MADISON STREET, 8TH FLOOR DENVER, CO 80206	\$ 5,000.	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 AND AFFILIATES

Employer identification number

47-0646706

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DAUGHTERS OF CHARITY ST. VINCENT DEPAUL 9400 NEW HARMONY ROAD EVANSVILLE, IN 47720	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	GOOGLE, INC. 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043	\$ 107,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	LIVING CITIES 55 WEST 125TH STREET, 11TH FLOOR NEW YORK, NY 10027	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	COSTCO 999 LAKE DRIVE ISSAQUAH, WA 98027	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	SAN FRANCISCO FOUNDATION 225 BUSH STREET, SUITE 500 SAN FRANCISCO, CA 94104	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	ENTERPRISE COMMUNITY PARTNERS, INC 10227 WINCOPIN CIRCLE, SUITE 500 COLUMBIA, MD 21044	\$ 71,768.	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 AND AFFILIATES

Employer identification number

47-0646706

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	CATHOLIC HEALTHCARE WEST 3039 NORTH THIRD AVENUE PHEONIX, AZ 85013	\$ 113,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	CITIGROUP FOUNDATION 850 3RD AVENUE, 13TH FLOOR NEW YORK, NY 10022	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	WELLS FARGO FOUNDATION 1350 FASHION VALLEY ROAD, 2ND FLOOR SAN DIEGO, CA 92018	\$ 10,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	JP MORGAN CHASE FOUNDATION TWO DUNDEE PARK, SUITE 100 ANDOVER, MA 01810	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	JAMES RUSSELL PITTO 655 MONTGOMERY STREET SUITE 1190 SAN FRANCISCO, CA 94111	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	STEVEN WADE AND SUSAN WANG 27451 ALTAMONT ROAD LOS ALTOS, CA 94014	\$ 60,000.	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 AND AFFILIATES

Employer identification number

47-0646706

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	JANE GRAF 1360 MISSION STREET, SUITE 300 SAN FRANCISCO, CA 94103	\$ 5,018.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	HOWARD/IRENE LEVINE FAMILY FOUNDATION 991 VISTA RIDGE LANE WEST LAKE VILLAGE, CA 90067	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	ELLIOT FAMILY FOUNDATION 80 IRON POINT CIRCLE, STE 110 FOLSOM, CA 95630	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	UNION BANK P.O. BOX 80691 LOS ANGELES, CA 90060	\$ 39,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	SISTERS OF ST. JOSEPH OF PEACE P.O. BOX 248 BELLEVUE, WA 98009	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	WELLS FARGO FOUNDATION 90 S 7TH STREET MINNEAPOLIS, MN 55479	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	RASKOB FOUNDATION 10 MONTCHANIN ROAD P.O. BOX 4019 WILMINGTON, DE 19807	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	UNITED WAY OF PIERCE COUNTY P.O. BOX 2215 TACOMA, WA 98401	\$ 61,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	MEDINA FOUNDATION 801 SECOND AVENUE, SUITE 1300 SEATTLE, WA 98104	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	UNITED WAY OF THURSTON COUNTY 1211 FOURTH AVENUE EAST, SUITE 101 OLUMPIA, WA 98506	\$ 16,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	CITY OF TACOMA 747 MARKET STREET, ROOM 900 TACOMA, WA 98402	\$ 66,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	US BANCORP 950 17TH STREET DENVER, CO 80202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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31	WELLS FARGO FOUNDATION MAC C3701-02A 1740 BROADWAY DENVER, CO 80274	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	HUD TREASURY HSG & NEIGHBORHOOD DEV SER 201 W. COLFAX AVE. 2ND FLOOR BOX 204 DENVER, CO 80202	\$ 33,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	JP MORGAN CHASE 1125 17TH STREET, FLOOR 3 DENVER, CO 80202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	LOCTON COMPANIES LLC 8110 E. UNION, SUITE 700 DENVER, CO 80237	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	VIRGINIA HILL CHARITABLE FOUNDATION MAC #C7300-493 1740 BROADWAY DENVER, CO 80274	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	JOHNSON FOUNDATION 1700 BROADWAY, SUITE 1000 DENVER, CO 80290	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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37	ROSE FOUNDATION 600 S CHERRY STREET, SUITE 1200 DENVER, CO 80246	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	MORGAN KEEGAN 54 FRONT STREET MEMPHIS, TN 38103	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	WHITEWAVE FOODS CO 12002 AIRPORT WAY BROOMFIELD, CO 80024	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	ANSCHUTZ FOUNDATION 1727 TREMONT PLACE DENVER, CO 80202	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	CROWN FAMILY PHILANTHROPIES 222 NORTH LASALLE ST. SUITE 2000 CHICAGO, IL 60601	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	XCEL ENERGY FOUNDATION 1800 LARIMER STREET DENVER, CO 80202	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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43	SUBSTANCE ABUSE & MENTAL HEALTH SVC ADMI P.O. BOX 2345 ROCKVILLE, MD 20847	\$ 382,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	UNIVERSITY OF COLORADO TREASURER, THE REGENTS OF THE UNIV OF CO BOULDER, CO 80309	\$ 28,648.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	ENTERPRISE PARTNERS, INC. 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	\$ 212,682.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	MARY E. HAVERTY FOUNDATION, INC. P.O. BOX 71175 MARIETTA, GA 30077	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	ARIZONA COMMUNITY FOUNDATION 2201 E. CAMELBACK ROAD, STE 202 PHOENIX, AZ 85016	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	BROADWAY CARES 165 WEST 46TH STREET, STE 1300 NEW YORK, NY 10036	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



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49	STATE OF ARIZONA PO BOX 29026 PHOENIX, AZ 85038	\$ 84,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	VALLEY OF THE SUN UNITED WAY 1515 E OSBORNE RD PHOENIX, AZ 85044	\$ 34,406.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	CITY OF PHOENIX 1250 7TH AVE PHOENIX, AZ 85007	\$ 129,239.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	LIGHTFOOT FOUNDATION, C/O US BANK PO BOX 7928 BOISE, ID 83702	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	US BANCORP FOUNDATION 101 S. CAPITAL BLVD. SUITE 203 BOISE, ID 83702	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	SISTER OF MERCY MIDWEST COMMUNITY 7262 MERCY ROAD OMAHA, NE 68124	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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55	BLUE CROSS AND BLUE SHIELD OF ILLINOIS 300 E RANDOLPH STREET CHICAGO, IL 60601	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	MICHAEL HUGHES 3 OAK BROOK CLUB DRIVE, #E205 OAK BROOK, IL 60523	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	JACK NEAL 309 STERLING ROAD KENILWORTH, IL 60043	\$ 10,726.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	US BANK 209 S LASALLE STREET CHICAGO, IL 60604	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	HELEN BRACH FOUNDATION 55 WEST WACKER DRIVE, SUITE 701 CHICAGO, IL 60602	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	JP MORGAN CHASE 201 S CLARK STREET, SUITE IL1-0502 CHICAGO, IL 60670	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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61	WIEBOLDT CONSTRUCTION 53 WEST JACKSON BLVD., #838 CHICAGO, IL 60604	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	MADISON CONSTRUCTION 15426 S 70TH COURT ORLAND PARK, IL 60462	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	UNITED STATES GYPSUM COMPANY 550 WEST ADAMS STREET CHICAGO, IL 60661	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	WILLIAM G. MCGOWAN CHARITABLE FUND 212 NORTH SANGAMON STREET, SUITE 1-D CHICAGO, IL 60607	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	BANK OF AMERICA 135 S. LA SALLE STREET, DEPT. 3503 CHICAGO, IL 60661	\$ 155,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	CHICAGO COMMUNITY TRUST 111 EAST WACKER DRIVE, SUITE 1400 CHICAGO, IL 60601	\$ 80,836.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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67	THE RHOADES FOUNDATION 233 SOUTH WACKER DRIVE, SUITE 8000 CHICAGO, IL 60216	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	MCMASTER CARR SUPPLY, INC. P.O. BOX 680 ELMHURST, IL 60216	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	POLK BROS. FOUNDATION 20 WEST KINZIE STREET, SUITE 1110 CHICAGO, IL 60610	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	COLONEL STANLEY R. MCNEIL FOUNDATION 231 SOUTH LASALLE STREET CHICAGO, IL 60697	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	CITY OF CHICAGO 33 NORTH LASALLE STREET CHICAGO, IL 60602	\$ 2,669,637.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	COUNTY OF MILWAUKEE 200 EAST WELLS STREET, ROOM 206 MILWAUKEE, WI 53233	\$ 145,662.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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73	DEPARTMENT OF HOUSING & URBAN DEVELOP. 451 7TH FLOOR, ROOM 7262 WASHINGTON, DC 20410	\$ 1,018,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	AIDS FOUNDATION OF CHICAGO 411 SOUTH WELLS STREET #300 CHICAGO, IL 60607	\$ 238,891.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	STATE OF ILLINOIS OFFICE OF THE TREASURER SPRINGFIELD, IL 62705	\$ 1,137,192.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	WP & HB WHITE FOUNDATION 540 W FRONTAGE ROAD, SUITE 3240 NORTHFIELD, IL 60093	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	SCHIFF FOUNDATION P.O. BOX 145496 CINCINNATI, OH 45250	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	MICHAEL CLUNE 9 BRADLEYS COURT BANNOCKBURN, IL 60015	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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79	THE OWENS FOUNDATION 7804 W COLLEGE DRIVE PALOS HEIGHTS, IL 60463	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	CHARTER ONE BANK 71 SOUTH WACKER DRIVE CHICAGO, IL 60606	\$ 26,657.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	CITI FOUNDATION 850 THIRD AVE. 13TH FLOOR NEW YORK, NY 10022	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	PIERCE & ASSOCIATES 1 NORTH DEARBORN STREET, SUITE 1300 CHICAGO, IL 60602	\$ 27,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	THE PRIVATE BANK 70 WEST MADISON CHICAGO, IL 60602	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	ATTORNEY'S TITLE GUARANTY FUND ONE SOUTH WACKER DRIVE 24TH FLOOR CHICAGO, IL 60606	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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85	ALLSTATE INSURANCE COMPANY 2775 SANDERS ROAD NORTHBROOK, IL 60062	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	ONE ECONOMY 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	\$ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	HARRIS FAMILY FOUNDATION 200 SOUTH WACKER DRIVE, SUITE 701 CHICAGO, IL 60606	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	GRAND VICTORIA FOUNDATION 230 WEST MONROE STREET, SUITE 2530 CHICAGO, IL 60606	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	ILLINOIS CLEAN ENERGY COMMUNITY FOUNDATI 2 NORTH LASALLE STREET, SUITE 1140 CHICAGO, IL 60602	\$ 34,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90	KANE COUNTY RIVERBOAT FUND 719 SOUTH BATAVIA AVENUE, SUITE A GENEVA, IL 60134	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



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91	CIRCLE OF SERVICE FOUNDATION P.O. BOX 8529 NORTHFIELD, IL 60093	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	MERCY FOUNDATION 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	\$ 8,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	CRLA 354 SOUTH SPRING STREET LOS ANGELES, CA 90013	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	HERBERT MCLAUGHLIN 222 VELLAJO STREET SAN FRANCISCO, CA 94111	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	MARIN COMMUNITY 5 HAMILTON LANDING, SUITE 200 NAVATO, CA 94949	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	MATTHEW SLEPIN 20 FRIER TUCK LANE SAN RAFAEL, CA 94901	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	MCKINSEY AND COMPANY 55 EAST 52ND STREET, 27TH FLOOR NEW YORK, NY 10022	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	BANK OF THE WEST P.O. BOX 5170 SAN ROMAN, CA 94583	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	CALIFORNIA BANK AND TRUST 11622 EL CAMINO REAL, SUITE 2000 SAN DIEGO, CA 92130	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	CALIFORNIA ENDOWMENT 1000 NORTH ALMEDA STREET LOS ANGELES, CA 90012	\$ 104,329.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	CRESCENT PORTER HALE FOUNDATION 655 REDWOOD HIGHWAY #301 MILL VALLEY, CA 94941	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	GELLERT FOUNDATION 2171 JUNIPERO SERRA BOULEVARD SUITE 310 DALY CITY, CA 94014	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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103	MERCY HOSPITAL P.O. BOX 119 BAKERSFIELD, CA 93302	\$ 19,990.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104	ST MARY'S MEDICAL 450 STANYAN STREET SAN FRANCISCO, CA 94117	\$ 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105	WILLIAM RANDOLPH HURST 300 WEST 57TH STREET, 26TH FLOOR NEW YORK, NY 10019	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106	BANK OF AMERICA 125 DUPONT DRIVE PROVIDENCE, RI 02907	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107	CRLA DRAW - WASHINGTON BLVD 1200 WEST 7TH STREET, SUITE 500 LOS ANGELES, CA 90017	\$ 47,469.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108	BRENTWOOD GREEN VALLEY APARTMENTS 8510 BRENTWOOD BOULEVARD BRENTWOOD, CA 94513	\$ 44,952.	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 AND AFFILIATES

Employer identification number

47-0646706

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	CITY AND COUNTY OF SAN FRANCISCO 1 DR. CARLTON B. GOODLETT PLACE SAN FRANCISCO, CA 94102	\$ 37,982.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110	MICHAEL BORDERS 10 S WACKER DRIVE, SUITE 2300 CHICAGO, IL 60606	\$ 6,808.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111	CHICAGO TRIBUNE CHARITIES 205 NORTH MICHIGAN AVENUE, SUITE 4300 CHICAGO, IL 60601	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112	THEODORE ECKERT FOUNDATION 542 LONGWOOD AVENUE GLENCOE, IL 60022	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113	WELLS FARGO FOUNDATION 90 SOUTH SEVENTH STREET MINNEAPOLIS, MN 55479	\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114	CROWN FAMILY PHILANTHOPIES 222 NORTH LASALLE STREET, SUITE 2000 CHICAGO, IL 60601	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	DENIS PIERCE 1 N. DEARBORN STREET, SUITE 1300 CHICAGO, IL 60602	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116	SKENDER CONSTRUCTION 200 W. MADISON, SUITE 1300 CHICAGO, IL 60606	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117	STATE FARM MUTUAL AUTOMOBILE INSURANCE 3 STATE FARM PLAZA BLOOMINGTON, IL 61791	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118	DEUTSCHE BANK 60 WALL STREET NYC60-2112 NEW YORK, NY 10005	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119	CITI BUSINESS SERVICES 3800 CITIBANK CENTER DRIVE TAMPA, FL 33810	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120	HELEN BADER FOUNDATION 233 NORTH WATER STREET, FOURTH FLOOR MILWAUKEE, WI 53202	\$ 30,000.	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 AND AFFILIATES

Employer identification number

47-0646706

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	HOUSING PARTNERSHIP NETWORK 160 STATE STREET, 5TH FLOOR BOSTON, MA 02109	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
122	PNC FOUNDATION ONE NORTH FRANKLIN, SUITE 3600 CHICAGO, IL 60606	\$ 10,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
123	THE RETIREMENT RESEARCH FOUNDATION 8785 W. HIGGINS ROAD, SUITE 430 CHICAGO, IL 60631	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124	FEDERAL HOME LOAN BANK OF CINCINNATI 221 E. 4TH STREET, SUITE 1000 CINCINNATI, OH 45202	\$ 428,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125	IOWA WEST FOUNDATION 25 MAIN PLACE SUITE 550 COUNCIL BLUFFS, IA 51503	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126	ST JOSEPH HEALTH SYSTEMS P.O. BOX 14132 ORANGE, CA 92863	\$ 20,000.	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 AND AFFILIATES

Employer identification number

47-0646706

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	SC MINISTRY FOUNDATIONS 345 NEEB ROAD CINCINNATI, OH 45233	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128	DAUGHTERS OF CHARITY 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129	TIM SABUS 1433 MARKET STREET DENVER, CO 80290	\$ 10,273.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130	CITIGROUP 3800 CITIBANK CENTER DR. G-3-4 TAMPA, FL 33610	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131	TIMOTHY AND BERNADETTE MARQUEZ FOUNDATIO 370 17TH STREET, SUITE 3900 DENVER, CO 80202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
132	LUDLOW-GRIFFITH FOUNDATION 55 MADISON STREET, 8TH FLOOR DENVER, CO 80206	\$ 150,000.	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 AND AFFILIATES

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47-0646706

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	EL POMAR FOUNDATION 10 LAKE CIRCLE COLORADO SPRINGS, CO 80906	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
134	CITY BANKS (AHP/HOME FUNDS - BLUFF LAKE) 44 COOK STREET #110 DENVER, CO 80206	\$ 2,232,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
135	WELLS FARGO FOUNDATION 877 WEST MAIN STREET, 2ND FLOOR BOISE, ID 83702	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
136	HEMINGWAY FOUNDATION P.O. BOX 11026 SALT LAKE CITY, UT 84147	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
137	WASHINGTON DEPARTMENT OF COMMERCE 1101 PLUM STREET SE OLYMPIA, WA 98504	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
138	RICHARD MCALISTER 2126 LOG CABIN RD SE OLYMPIA, WA 98501	\$ 6,500.	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 AND AFFILIATES

Employer identification number

47-0646706

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	US BANK 1420 FIFTH AVENUE SEATTLE, WA 98101	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
140	BECU P.O. BOX 97050 SEATTLE, WA 98124	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
141	BOEING COMPANY P.O. BOX 3707 SEATTLE, WA 98124	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
142	SEATTLE FOUNDATION 1200 FIFTH AVENUE, SUITE 1300 SEATTLE, WA 98101	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
143	BEN CHENEY FOUNDATION 3110 RUSTON WAY, SUITE A TACOMA, WA 98402	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
144	NORCLIFFE FOUNDATION 999 THIRD AVENUE, SUITE 1006 SEATTLE, WA 98104	\$ 40,000.	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 AND AFFILIATES

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47-0646706

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	FOREST FOUNDATION 1250 PACIFIC AVENUE, SUITE 870 TACOMA, WA 98402	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
146	EVERTRUST FOUNDATION P.O. BOX 1245 EVERETT, WA 98206	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
147	GLORY FOUNDATION P.O. BOX 10325 PORTLAND, OR 97296	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
148	Longbrake Family Foundation P.O. BOX 21027 SEATTLE, WA 98111	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
149	OAK CREEK FOUNDATION 8171 MAPLE LAWN BLVD, SUITE 375 FULTON, MD 20759	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
150	KING COUNTY 401 FIFTH AVENUE, ROOM 310 SEATTLE, WA 98104	\$ 62,198.	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 AND AFFILIATES**

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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	SNOHOMISH COUNTY 3000 ROCKEFELLER AVENUE EVERETT, WA 98201	\$ 31,083.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
152	CITY OF KENT 220 4TH AVENUE SOUTH KENT, WA 98032	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
153	OAK FOREST 338-D HATTON DRIVE SCOTTTDALE, GA 30079	\$ 76,097.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
154	WALTON CONSTRUCTION 2181 NEWMARKET PARKWAY MARIETTA, GA 30067	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
155	ARNAL GOLDEN GREGORY, LLP 171 17TH STREET, SUITE 2100 ATLANTA, GA 30363	\$ 28,788.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
156	WATERFALL FOUNDATION P.O. BOX 422223 ATLANTA, GA 30342	\$ 38,000.	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 AND AFFILIATES

Employer identification number

47-0646706

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	CITY OF ROME 607 BROAD STREET ROME, GA 30162	\$ 119,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
158	USDA GRANTS - SAVANNAH GARDENS SENIOR 1400 INDEPENDENCE AVENUE SW WASHINGTON, DC 20250	\$ 241,418.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
159	MASON SCHOOL 1012 SOUTH 24TH STREET OMAHA, NE 68108	\$ 735,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
160	CATHOLIC HEALTHCARE PARTNERS 625 ELSINORE PLACE CINCINNATI, OH 45202	\$ 6,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
161	YVONNE CAMACHO 547 COOK STREET DENVER, CO 80206	\$ 5,310.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
162	CHUBB AND SON 15 MOUNTAIN VIEW ROAD WARREN, NJ 07061	\$ 10,000.	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 AND AFFILIATES**

Employer identification number

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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	TERRA SEARCH PARTNERS 8 CALIFORNIA STREET, SUITE 400 SAN FRANCISCO, CA 94111	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
164	NESTLE 800 N. BRAND BLVD., 12TH FLOOR GLENDALE, CA 91203	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
165	NATIONAL HOUSING TRUST 1101 30TH STREET NW, SUITE 400 WASHINGTON, DC 20007	\$ 5,000.	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.)

Employer identification number
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47-0646706

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____



Name of organization MERCY HOUSING INC AND AFFILIATES

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47-0646706

**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE C**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under section 501(c) and section 527**▶ **Complete if the organization is described below.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **See separate instructions.**

OMB No. 1545-0047

**2011****Open to Public Inspection****If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

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

Name of organization

MERCY HOUSING INC AND AFFILIATES

Employer identification number

47-0646706

**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 . . . . . ▶ \$ 0
- 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. . . . . ▶ \$ 0
- 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 the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2011

**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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers?		X	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b>	Media advertisements?		X	
<b>d</b>	Mailings to members, legislators, or the public?		X	
<b>e</b>	Publications, or published or broadcast statements?		X	
<b>f</b>	Grants to other organizations for lobbying purposes?	X		18,000.
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b>	Other activities?			
<b>j</b>	Total. Add lines 1c through 1i			18,000.
<b>2 a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	0
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

**Part IV** **Supplemental Information** *(continued)*

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2011****Open to Public  
Inspection**

Name of the organization

MERCY HOUSING INC AND AFFILIATES

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 education)	<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 Tax 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, and not on a historic structure listed in the National Register . . . . .	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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items:

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

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

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

Schedule D (Form 990) 2011

**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 XIV 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 XIV.

**Part V Endowment Funds.** Complete if the 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
b Permanent endowment ▶ \_\_\_\_\_ %  
c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	213,194,187.			213,194,187.
b Buildings . . . . .	1,611,917,479.		460,098,014.	1,151,819,465.
c Leasehold improvements . . . . .				
d Equipment . . . . .	63,965,557.			63,965,557.
e Other . . . . .	87,367,429.			87,367,429.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				1,516,346,638.

Schedule D (Form 990) 2011



**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
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total.</b> (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (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
(1) TENANT SECURITY DEPOSITS	5,792,957.
(2) INVESTMENTS	5,760,487.
(3) RESTRICTED INVESTMENTS	2,038,012.
(4) PLEDGES RECEIVABLE	1,794,060.
(5) NOTES/INT RECEIVABLE	44,652,011.
(6) ASSETS HELD FOR SALE	692,149.
(7) RESTRICTED PROPERTY RESERVES	102,435,525.
(8) INVESTMENTS IN LP	17,776.
(9) OTHER ASSETS	24,028,822.
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	187,211,799.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST	69,998,177.
(3) NOTES PAYABLE	959,860,009.
(4) OTHER LIABILITIES	40,434,092.
(5) TENANT SECURITY DEPOSITS	5,777,774.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,076,070,052.

**2. FIN 48 (ASC 740) 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 (ASC 740).

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

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

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

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

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

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

**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, 2011. DUE TO THEIR TAX EXEMPT STATUS, 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 AND AFFILIATES

**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

**2011****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. ☐

Part II can be duplicated 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
(1)	NATIONAL LOW INCOME HOUSING COALITION 727 15TH ST. NW, 6TH FLOOR	52-1089824	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(2)	CF FOUNDATION 3445 PEACHTREE ROAD NE STE 175	58-1743909	501(C)(3)	142,499.				CLOSING COSTS FOR HO
(3)	RENAISSANCE APARTMENTS 2001 WEST CHURCHILL STREET	32-0143113	501(C)(3)	83,557.				LOW INCOME HOUSING
(4)	NATIONAL HOUSING TRUST 1101 30TH STREET NW, SUITE 400			10,000.				
(5)	NETWORK 25 EAST STREET NW, SUITE 200			10,000.				
(6)	NEIGHBORWORKS P.O. BOX 5420, 2400 ALHAMBRA BLVD			384,879.				LOW-INCOME HOUSING
(7)	FORGIVEN SHOP LOAN - CHARLES HERNANDEZ			20,745.				
(8)	XUE HER & KIA YIONG			16,000.				
(9)	RESURRECTION PROJECT 90 SOUTH SEVENTH STREET			35,000.				LOW-INCOME HOUSING
(10)	CLEANSULATE-CARA			225,625.				
(11)	BRENTWOOD GREEN VALLEY 1635 SCHOOL STREET MORAGA, CA 94556			44,952.				LOW-INCOME HOUSING
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2011)

**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.  
Part III can be duplicated 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
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**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 ORGANIZATIONS. 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

**2011****Open to Public  
Inspection**

Name of the organization

MERCY HOUSING INC AND AFFILIATES

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.

- ☐ First-class or charter travel
- ☐ Travel for companions
- ☐ Tax indemnification and gross-up payments
- ☒ Discretionary spending account

- ☐ Housing allowance or residence for personal use
- ☐ Payments for business use of personal residence
- ☐ Health or social club dues or initiation fees
- ☐ Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- ☐ Compensation committee
- ☐ Independent compensation consultant
- ☐ Form 990 of other organizations

- ☐ Written employment contract
- ☐ Compensation survey or study
- ☐ 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 Regulations 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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JULIA GOULD	(i)	196,382.	0	0	5,277.	5,880.	207,539.	
	(ii)	0	0	0				
2 CINDY HOLLER	(i)	167,757.	0	0	5,238.	2,880.	175,875.	
	(ii)	0	0	0				
3 JANE GRAF	(i)	226,778.	0	0	8,461.	1,077.	236,316.	
	(ii)	0	0	0				
4 JENNIFER ERIXON	(i)	162,379.	0	0	5,238.	13,783.	181,400.	
	(ii)	0	0	0				
5 BRIAN SHUMAN	(i)	319,427.	0	0	9,004.	8,943.	337,374.	
	(ii)	0	0	0				
6 CHERYL O'BRYAN	(i)	0	0	0				
	(ii)	231,830.	0	0	5,616.	9,921.	247,367.	
7 VINCE DODDS	(i)	155,291.	0	0	3,769.	12,774.	171,834.	
	(ii)	0	0	0				
8 WILLIAM GOLDSMITH	(i)	197,028.	0	0	4,807.	8,770.	210,605.	
	(ii)	0	0	0				
9 MICHELE MAMET	(i)	185,197.	0	0	3,400.	5,242.	193,839.	
	(ii)	0	0	0				
10 CHARICE HEYWOOD	(i)	150,000.	0	0	2,885.	1,055.	153,940.	
	(ii)	0	0	0				
11 CHRIS BURCKHARDT	(i)	214,384.	0	0	4,156.	6,770.	225,310.	
	(ii)	0	0	0				
12 BILL RUMPF	(i)	170,484.	0	0	3,240.	5,915.	179,639.	
	(ii)	0	0	0				
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2011

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.



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

OMB No. 1545-0047

**2011****Open to Public  
Inspection**

Name of the organization

MERCY HOUSING INC AND AFFILIATES

Employer identification number

47-0646706

## FORM 990, PART XI - RECONCILIATION OF NET ASSETS

CONTRIBUTIONS	73,276,758
DISTRIBUTIONS	(280,735)
SYNDICATION	(773,756)
OTHER TRANSFERS	22,595,691
OVER EXPENSES	-----
OTHER CHANGES IN NET ASSETS	94,817,958

## PART VI SECTION A

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

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

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

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, 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 XII

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.

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

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

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 2011 MERCY HOUSING, INC. PAID \$402,769 FOR THE ANNUAL STIPEND  
FEE AND BENEFITS EQUIVALENT.

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

ATTACHMENT 1FORM 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  
 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 2FORM 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, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
 RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CAHILL CONTRACTORS INC 425 CALIFORNIA STREET SAN FRANCISCO, CA 94104	GENERAL CONTRACTING	16,076,744.
BRESTER CONSTRUCTION INC. 5940 S. 57TH STREET, STE A LINCOLN, NE 68516	GENERAL CONTRACTING	10,456,067.

Name of the organization	Employer identification number
MERCY HOUSING INC AND AFFILIATES	47-0646706
ATTACHMENT 3 (CONT'D)	

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BROWARD BUILDERS, INC. 1200 E. KENTUCKY AVENUE WOODLAND, CA 95776	GENERAL CONTRACTING	9,876,186.
SWINERTON BUILDERS 260 TOWNSEND STREET SAN FRANCISCO, CA 94107	GENERAL CONTRACTING	9,736,498.
NORSOUTH CONSTRUCTION CORP 329 COMMERCIAL DRIVE SUITE 110 SAVANNAH, GA 31406	GENERAL CONTRACTING	9,369,398.
TOTAL COMPENSATION		<u>55,514,893.</u>

ATTACHMENT 4FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST	2,708,470.			2,708,470.
TOTALS	<u>2,708,470.</u>			<u>2,708,470.</u>

ATTACHMENT 5FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	6,527,611.
TOTALS	<u>6,527,611.</u>

ATTACHMENT 6

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

ATTACHMENT 6 (CONT'D)

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	20,264,386.
TOTALS	<u>20,264,386.</u>

MERCY HOUSING INC AND AFFILIATES

47-0646706

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2011****Open to Public  
Inspection**▶ **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.**

Name of the organization

MERCY HOUSING INC AND AFFILIATES

Employer identification number

47-0646706

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MERCY HOUSING, INC. 47-0646706 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(2) MERCY LOAN FUND 84-1559406 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(3) MERCY PORTFOLIO SERVICES 26-4002114 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	9	N/A		X
(4) MERCY HOUSING PROPERTIES, INC. 84-1262403 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	11A	N/A		X
(5) BROOK OAKS SENIOR RESIDENCES 20-4295604 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	TX	501 (C) (3)	7	N/A		X
(6) MERCY COMMERCIAL FINANCE PROPERTIES 84-1164880 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	11A	N/A		X
(7) VISITACION VALLEY AFFORDABLE HOUSING 94-3273336 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2011

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47-202793-5003

PAGE 70

MERCY HOUSING INC AND AFFILIATES

47-0646706

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2011****Open to Public  
Inspection**► **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.**

Name of the organization

MERCY HOUSING INC AND AFFILIATES

Employer identification number

47-0646706

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MERCY HOUSING SOUTHWEST 86-0743192 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(2) AVONDALE SENIOR VILLAGE 86-0980810 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(3) CAMELOT CASITAS 86-0980809 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(4) CASA DE MERCED 86-0808941 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(5) CASA DE SHANTI 86-0728526 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(6) EL MIRAGE SENIOR 86-0847975 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(7) MESA SENIOR MEADOWS 86-0897708 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2011

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47-202793-5003

PAGE 71



MERCY HOUSING INC AND AFFILIATES

47-0646706

**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

**2011****Open to Public  
Inspection**

Name of the organization

MERCY HOUSING INC AND AFFILIATES

Employer identification number

47-0646706

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GUADALUPE SENIOR VILLAGE 86-0897709 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(2) PEORIA PLACE 86-0980811 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(3) PLAZAS DE MERCED 86-0758961 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(4) VISTA ALEGRE 86-0947230 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(5) DECATUR PLACE 84-1062097 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	11A	N/A		X
(6) HOLLY PARK EAST 84-1347445 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	11A	N/A		X
(7) WILLOW STREET APARTMENTS 84-1334167 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	11A	N/A		X

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

Schedule R (Form 990) 2011

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PAGE 72

MERCY HOUSING INC AND AFFILIATES

47-0646706

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2011****Open to Public  
Inspection**► **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.**

Name of the organization

MERCY HOUSING INC AND AFFILIATES

Employer identification number

47-0646706

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MERCY PROPERTIES ARIZONA 86-0772987 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AR	501 (C) (3)	11A	N/A		X
(2) LOS ARCOS 86-0772987 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(3) MERCY COURT 86-0772987 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(4) HOLLY PARK COMMUNITY CENTER LLC 38-3715668 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	11A	N/A		X
(5) HOMES FOR GREELEY 84-1349918 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	11A	N/A		X
(6) MERCY HOUSING CALIFORNIA 94-3081666 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(7) ALL HALLOWS COMMUNITY 94-2722870 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2011

JSA

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6140CK E202 8/16/2012 10:45:12 A V 11-5

47-202793-5003

PAGE 73

**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

**2011****Open to Public  
Inspection**

Name of the organization

MERCY HOUSING INC AND AFFILIATES

Employer identification number

47-0646706

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MARIN HOMES FOR INDEPENDENT LIVING 94-2787430 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) CANTEBRIA SENIOR HOMES 94-3361794 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(3) MERCY SENIOR HOUSING OXNARD 94-3224446 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(4) EH/CC HOUSING CORP. (EDEN HOUSE) 94-3234538 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(5) FRANCIS OF ASSISI COMMUNITY 94-2366315 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(6) GAULT STREET SENIOR 75-2983979 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(7) JOHN W. KING SENIOR COMMUNITY 94-3282891 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2011

JSA

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6140CK E202 8/16/2012 10:45:12 A V 11-5

47-202793-5003

PAGE 74

MERCY HOUSING INC AND AFFILIATES

47-0646706

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2011****Open to Public  
Inspection**▶ **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.**

Name of the organization

MERCY HOUSING INC AND AFFILIATES

Employer identification number

47-0646706

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1) -----					
(2) -----					
(3) -----					
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(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MARIA B. FREITAS SENIOR HOUSING CORP. 94-3190261 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) MARIN HOUSING CORP. 94-1358291 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(3) MERCY GARDENS 33-0809069 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(4) NOTRE DAME SENIOR HOUSING CORP. 94-3209503 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(5) OCEANA SENIOR HOUSING CORP. 94-3167825 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(6) PRESENTATION SENIOR COMMUNITY 94-3264209 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(7) RUSSELL MANOR 93-1189914 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2011

JSA

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6140CK E202 8/16/2012 10:45:12 A V 11-5

47-202793-5003

PAGE 75

MERCY HOUSING INC AND AFFILIATES

47-0646706

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

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Employer identification number

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(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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) TIERRA DEL SOL, INC. 75-3004763 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(2) ST. ELIZABETH HOUSING CORP. 94-2705149 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(3) GARDEN PARK APT COMMUNITY 68-0484147 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(4) MERCY OAKS VILLAGE 75-3134134 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	7	N/A		X
(5) MERCY PROPERTIES CALIFORNIA 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(6) FOSTER YOUTH 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(7) THE HAVEN 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2011

JSA

1E1307 1.000

6140CK E202 8/16/2012 10:45:12 A V 11-5

47-202793-5003

PAGE 76

**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

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Employer identification number

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(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
(1) -----					
(2) -----					
(3) -----					
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) LELAND HOUSE 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) OSOCALES (MCINTOSH MOBILE HOMES) 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(3) RICHMOND HILLS 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(4) SYCAMORE CENTER (RED BLUFF) 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(5) SIERRA VISTA 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(6) MAGNOLIA VILLAGE, LLC 32-0139519 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501 (C) (3)	11A	N/A		X
(7) EAGLE SENIOR VILLAGE 03-0410639 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2011

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**SCHEDULE R  
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OMB No. 1545-0047

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(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
(1) -----					
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MERCY SOUTHEAST IDAHO, INC. 84-1284293 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) MERCY MOSCOW, INC. (HAWTHORNE) 82-0475388 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11A	N/A		X
(3) MERCY TWIN FALLS, INC. (WILLISWOOD) 82-0492940 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11A	N/A		X
(4) MERCY HOUSING LAKEFRONT 36-3453183 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	7	N/A		X
(5) LAVERNGE COURTS, LLC 36-4535351 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	11A	N/A		X
(6) WASHINGTON COURTS, LLC 32-0084370 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	11A	N/A		X
(7) WHITMORE APARTMENTS LLC 47-0924267 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2011

JSA

1E1307 1.000

6140CK E202 8/16/2012 10:45:12 A V 11-5

47-202793-5003

PAGE 78

MERCY HOUSING INC AND AFFILIATES

47-0646706

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

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Name of the organization

MERCY HOUSING INC AND AFFILIATES

Employer identification number

47-0646706

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MERCY HOUSING OHIO, INC. 20-2373936 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	11A	N/A		X
(2) MERCY PROPERTIES, INC. (MPI) 84-1173689 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(3) MERCY PROPERTIES II, INC. 82-0485862 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11A	N/A		X
(4) NEARY LAGOON, INC. 77-0214799 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(5) SAN JUAN HOUSING CORP. 68-0378676 1999 BROADWAY, SUITE 1000 DENVER, CA 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(6) MERCY HOUSING MIDWEST 47-0772351 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	11A	N/A		X
(7) MERCY CRESTVIEW VILLAGE 47-0785351 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2011

JSA

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6140CK E202 8/16/2012 10:45:12 A V 11-5

47-202793-5003

PAGE 79



MERCY HOUSING INC AND AFFILIATES

47-0646706

**SCHEDULE R  
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Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

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Employer identification number

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(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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HEARTLAND HOUSING INITIATIVE (HARP) 42-1359133 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(2) MERCY HOUSE 37-1068780 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	11A	N/A		X
(3) MERCY NORTHGLEN 47-0779681 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	11A	N/A		X
(4) MERCY OAKWOOD GARDENS 84-1344220 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	9	N/A		X
(5) MERCY MIDWEST PROPERTIES (RIDGEVIEW) 43-1584918 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	MO	501 (C) (3)	11A	N/A		X
(6) MERCY WESTERN MANOR 47-0785349 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	11A	N/A		X
(7) MERCY VILLAGE JOPLIN 37-1459692 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	MO	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2011

JSA

1E1307 1.000

6140CK E202 8/16/2012 10:45:12 A V 11-5

47-202793-5003

PAGE 80

MERCY HOUSING INC AND AFFILIATES

47-0646706

**SCHEDULE R  
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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.**

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(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
(1) -----					
(2) -----					
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MERCY HOUSING SOUTHEAST 56-1993872 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NC	501 (C) (3)	11A	N/A		X
(2) MERCY PLACE BELMONT, INC. 80-0034784 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NC	501 (C) (3)	11A	N/A		X
(3) MERCY HOUSING PEMBROKE, INC. 13-4224803 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501 (C) (3)	11A	N/A		X
(4) MERCY HOUSING GEORGIA HOLDINGS, LLC 20-1233986 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501 (C) (3)	11A	N/A		X
(5) MARSHSIDE VILLAGE, INC. 20-1910771 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	SC	501 (C) (3)	11A	N/A		X
(6) ALLEGRE POINT SENIOR RESIDENCES 20-4295472 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	11A	N/A		X
(7) MERCY PROPERTIES GEORGIA, INC. (MPGI) 58-2425127 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2011

JSA

1E1307 1.000

6140CK E202 8/16/2012 10:45:12 A V 11-5

47-202793-5003

PAGE 81

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**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) INTERCOMMUNITY HOUSING FERNDALE 91-1667138 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501 (C) (3)	11A	N/A		X
(2) STERLING SENIOR HOUSING 14-1866405 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501 (C) (3)	11A	N/A		X
(3) MERCY HOUSING, 2904 N 45TH ST, OMAHA 37-1068780 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	11A	N/A		X
(4) FLORIN HOUSING CORP. 68-0336533 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(5) MERCY HOUSING CALWEST 94-2963228 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(6) MERCY BOND PROPERTIES NEBRASKA I 68-0378674 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	9	N/A		X
(7) MERCY BOND PROPERTIES COLORADO I 94-3286321 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	9	N/A		X

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Schedule R (Form 990) 2011

JSA

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6140CK E202 8/16/2012 10:45:12 A V 11-5

47-202793-5003

PAGE 82

**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

**2011****Open to Public  
Inspection**

Name of the organization

MERCY HOUSING INC AND AFFILIATES

Employer identification number

47-0646706

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WALNUT GROVE 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) SANTA MONICA 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(3) ACACIA MEADOWS 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(4) MERCY TIMBERCREEK LLC 68-0378674 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(5) FRANCONIA LLC 94-3286321 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(6) PADRE APARTMENTS COMMUNITY 84-0789830 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(7) SOUTH OF MARKET MERCY 94-3199902 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2011

JSA

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MERCY HOUSING INC AND AFFILIATES

47-0646706

**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

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Name of the organization

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Employer identification number

47-0646706

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) VISITACION VALLEY AFFORDABLE HOUSING 94-3273336 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) MERCY HOUSING NORTHWEST 91-1546525 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501 (C) (3)	11A	N/A		X
(3) MERCY HOUSING NORTHWEST IDAHO, INC. 36-3453183 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11A	N/A		X
(4) MERCY HOUSING MANAGEMENT GROUP 82-0376108 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	9	N/A		X
(5) MERCY HOUSING MOUNTAIN PLAINS 20-1583332 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	9	N/A		X
(6) INDEPENDENCE HILL, INC. 72-1545927 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11A	N/A		X
(7) MERCY HOUSING CALIFORNIA SENIOR PROPERTI 20-3177114 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2011

JSA

1E1307 1.000

6140CK E202 8/16/2012 10:45:12 A V 11-5

47-202793-5003

PAGE 84

MERCY HOUSING INC AND AFFILIATES

47-0646706

**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

**2011****Open to Public  
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Name of the organization

MERCY HOUSING INC AND AFFILIATES

Employer identification number

47-0646706

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DUBLIN MANOR, INC. 02-0655254 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	KY	501 (C) (3)	11A	N/A		X
(2) MCAULEY MANOR, INC. 31-1548500 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	KY	501 (C) (3)	11A	N/A		X
(3) MERCY MANOR, INC. 61-1344092 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	TN	501 (C) (3)	11A	N/A		X
(4) RIVERVIEW - ST. MARY'S INC.(ST. MARY'S 62-1782683 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	TN	501 (C) (3)	11A	N/A		X
(5) ST. MARY'S VILLA AT RIVERVIEW II, INC. ( 31-1723287 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	TN	501 (C) (3)	11A	N/A		X
(6) ST. MARY'S VILLA, INC. 31-1548512 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	KY	501 (C) (3)	11A	N/A		X
(7) SACRED HEART VILLAGE I, INC. 31-1411531 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	KY	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2011

JSA

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6140CK E202 8/16/2012 10:45:12 A V 11-5

47-202793-5003

PAGE 85

MERCY HOUSING INC AND AFFILIATES

47-0646706

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

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Inspection**▶ **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.**

Name of the organization

MERCY HOUSING INC AND AFFILIATES

Employer identification number

47-0646706

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SACRED HEART VILLAGE II, INC. 61-1339396 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	KY	501 (C) (3)	11A	N/A		X
(2) SACRED HEART VILLAGE III, INC. 61-1367719 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	11A	N/A		X
(3) ST. THERESA VILLAGE, INC. 31-1411529 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	11A	N/A		X
(4) SIENA SPRINGS (SIENA SPRINGS I) 31-1052772 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	11A	N/A		X
(5) SIENA SPRINGS II 31-1591780 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	11A	N/A		X
(6) CHARLES MEADOWS CORPORATION 34-1552671 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	11A	N/A		X
(7) CHARLES CREST CORPORATION (CHARLES CREST 34-1399869 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2011

JSA

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6140CK E202 8/16/2012 10:45:12 A V 11-5

47-202793-5003

PAGE 86

MERCY HOUSING INC AND AFFILIATES

47-0646706

**SCHEDULE R  
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47-0646706

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHARLES CREST II, CORPORATION 34-1714407 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	11A	N/A		X
(2) SAVANNAH GARDENS SENIOR RESIDENCES, INC 27-3400284 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501 (C) (3)	11A	N/A		X
(3) 2101 TELEGRAPH AVENUE, INC. 94-3222935 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(4) MERCY HOUSING WEST 68-0254564 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(5) COMMONS ON MAIN GP LLC 20-8033652 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	9	N/A		X
(6) MARLTON AFFORDABLE HOUSING CORP 91-2164481 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11B	N/A		X
(7) MHC NSP LLC (NSP MHCL) 94-3081666 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X

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Schedule R (Form 990) 2011

JSA

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6140CK E202 8/16/2012 10:45:12 A V 11-5

47-202793-5003

PAGE 87



**SCHEDULE R  
(Form 990)**Department of the Treasury  
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OMB No. 1545-0047

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Name of the organization

MERCY HOUSING INC AND AFFILIATES

Employer identification number

47-0646706

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MERCY HOUSING IDAHO NSP LLC (NSPID) 27-1039061 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11A	N/A		X
(2) JOHNSTON CENTER MM LLC 26-1483851 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WI	501 (C) (3)	7	N/A		X
(3) APPIAN WAY MANAGER LLC 20-8829324 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501 (C) (3)	9	N/A		X
(4) MERCY PLACE BELMONT INC. 80-0034784 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NC	501 (C) (3)	11C	N/A		X
(5) FHD HOLDINGS LLC 20-1356271 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	9	N/A		X
(6) -----							
(7) -----							

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Schedule R (Form 990) 2011

JSA

1E1307 1.000

6140CK E202 8/16/2012 10:45:12 A V 11-5

47-202793-5003

PAGE 88

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY FAMILY PLAZA L.P. 94-309 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(2) BENNETT HOUSE, LP 65-1308081 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(3) DOROTHY DAY COMMUNITY, LP 65-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(4) JUNIPERO SERRA, LP 65-1308082 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(5) MONSIGNOR LYNE, LP 65-1308080 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(6) ST. ANDREW COMMUNITY, LP 65-13 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(7) VILLA COLUMBA MERCY RIVERSIDE, 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) BELRAY APARTMENTS CORPORATION 36-4027474 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
(2) HAROLD WASHINGTON APARTMENTS CORPORATION 36-3556291 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
(3) ROSELAND APARTMENTS CORPORATION 36-4304417 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
(4) SOUTH LOOP APARTMENTS CORPORATION 36-4027475 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
(5) WINTHROP APARTMENTS CORPORATION 36-3855355 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
(6) NEAR NORTH APARTMENTS CORP. NF 36-4570431 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
(7) MCHG PARTNERS, INC. (MCHG) 20-8824753 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP			

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA XL 26 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA XXXVI 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(3) 365 FULTON LP (PARCEL G) 26-15 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA XLII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA XLIV 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA XLIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(7) MERCY COMMUNITY HOUSING GEORGI 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) MERCY LITHONIA PARK VIEW, INC. (MLITHPV) 20-8829364 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP			
(2) MALDEN ARMS CORP II NFP 36-3815990 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP			
(3) MERCY GALEWOOD SLF, INC. 20-5825081 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
(4) MCDERMOTT PLACE 47-0779682 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IA	N/A	C CORP			
(5) MERCY AFFORDABLE HOUSING, INC. (MAHI) 82-0489878 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	ID	N/A	C CORP			
(6) AFFORDABLE HOUSING CORP 84-1173690 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP			
(7) AFFORDABLE HOUSING INITIATIVE (AHI) 94-3096988 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP			

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING GEORGIA I 58-246 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(2) MERCY HOUSING GEORGIA IV 56-23 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(3) MERCY HOUSING GEORGIA V, LP 90 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(4) MERCY HOUSING GEORGIA VI, LP 2 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(5) ACQUISITION PROPERTIES GEORGIA 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(6) MERCY HOUSING GEORGIA VIII LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(7) ACQUISITION PROPERTIES GEORGIA 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) ENGLEWOOD APARTMENTS NFP 26-1233523 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
(2) MERCY PARK VIEW PARTNERS, INC. 20-8829242 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP			
(3) 111TH & WENTWORTH APARTMENTS CORP. 38-3648994 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
(4) MERCY COMMERCIAL CALIFORNIA 94-3382154 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP			
(5) COMMERCIAL - 10TH AND MISSION 94-3382155 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP			
(6) COMMERCIAL - DEREK SILVA 94-3382156 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP			
(7) COMMERCIAL - POLK ST 94-3382157 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP			

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY PROPERTIES WASHINGTON 91 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) INTERCOMMUNITY MERCY WASHINGTO 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(3) INTERCOMMUNITY MERCY WASHINGTO 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(4) MERCY HOUSING WASHINGTON VIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(5) MERCY HOUSING WASHINGTON VI 84 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) MERCY HOUSING WASHINGTON V 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	OR	N/A	RELATED				X			X	
(7) MERCY HOUSING WASHINGTON VII 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) COMMERCIAL - DUDLEY 94-3382158 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP			
(2) HWA 850 ENGLEWOOD GP 27-1257072 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
(3) COUNTRYSIDE SENIORS LLC 26-1483851 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
(4) ANTIOCH II, LLC 27-3209358 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP			
(5) 104TH STREET MM LLC 27-2754418 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP			
(6) BELVIDERE PLACE CORP., I, NFP 26-3800299 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	KY	N/A	C CORP			
(7) SAVANNAH ROSE OF SHARON, LLC 20-3591948 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP			

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING WASHINGTON IX, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) MERCY HOUSING WASHINGTON X, LL 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(3) MERCY PROPERTIES WASHINGTON II 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(4) PILCHUCK 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(5) WOODLAKE MANOR II 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) WOODLAKE MANOR 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) VILLA KATHLEEN 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) BOISE SENIOR 202 GP, LLC 26-3841013 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	N/A	C CORP			
(2) MPI HIGHLAND PLACE LLC 26-2380898 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP			
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SKAGIT VILLAGE 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) OAK HARBOR 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(3) OLYMPIC 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(4) MONROE VILLA 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(5) LAKE VILLAGE EAST 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) LAKE STEVENS 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) FIRCREST 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FERNDALE VILLA 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) EVERGREEN MANOR 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(3) CEDARWOOD I 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(4) CEDARWOOD IV 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(5) CASCADE APARTMENTS 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) BOUNDARY VILLAGE 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) MERCY PROPERTIES WASHINGTON II 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							



**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY PROPERTIES WASHINGTON I, 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) BAYSHORE COURT 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(3) CAMBRIDGE APARTMENTS 20-103137 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(4) CASCADE VILLAGE 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(5) CHENEY GARDENS 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) MABTON GARDENS 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) MOSES LAKE ESTATES 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PINE ROAD VILLAGE 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) ROCK CREEK TERRACE 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(3) SANDSTONE 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(4) SILVERCREST 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(5) WAPATO GARDENS 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) WASHINGTON SQUARE 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) 111 JONES STREET ASSOC. (111 J 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BRITTON STREET ASSOC. (BRITTON 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING NEBRASKA I 84-14 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	NE	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA VII 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) SOMERSET SENIOR HSG. 74-276556 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	TX	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA II 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING COLORADO VIII 93 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(7) MERCY HOUSING COLORADO-I, LTD 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA XI 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MARLETON AFFORDABLE HSG. ASSOC 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) MASON APARTMENTS (MASON SCHOOL 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA V 94- 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) PARK TERRACE APTS. (PARK TERRA 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) QUINN COTTAGES, L.P. (QUINN CO 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA X (TH 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SAN FELIPE HOMES (SAN FELIPE H 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) 2220 10TH AVENUE ASSOC. (SANTA 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA VIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING IOWA II L.P. 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA I 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING ARIZONA I 86-079 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	AZ	N/A	RELATED				X			X	
(7) MERCY HOUSING GEORGIA II 58-26 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING COLORADO-IX 87-0 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(2) MERCY HOUSING ARIZONA II (PAGE 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	AZ	N/A	RELATED				X			X	
(3) PARKSIDE TERRACE APT LLC 36-39 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(4) PARKSIDE TERRACE LP 36-3914505 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(5) MERCY HOUSING SOUTH CAROLINA I 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	SC	N/A	RELATED				X			X	
(6) MERCY HOUSING GEORGIA III 43-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(7) MERCY HOUSING SOUTH DAKOTA I, 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	SD	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING SOUTH DAKOTA II, 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	SD	N/A	RELATED				X			X	
(2) MERCY HOUSING COLORADO XI, LLC 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(3) COMMONS ON MAIN LP 20-8033896 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	OH	N/A	RELATED				X			X	
(4) AROMOR MERCY LLC (AROMOR APART 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(5) GALEWOOD SLF ASSOCIATES, LP 20 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(6) MERCY ALSTON LAKE LLC 20-29488 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	SC	N/A	RELATED				X			X	
(7) FRANCISCAN HOMES III, LP 31-13 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	OH	N/A	RELATED				X			X	

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FRANCISCAN HOMES IV, LP 31-146 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	OH	N/A	RELATED				X			X	
(2) MERCY HOUSING UTAH I 02-056455 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	UT	N/A	RELATED				X			X	
(3) MERCY HOUSING IDAHO IV 82-0487 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	ID	N/A	RELATED				X			X	
(4) MERCY HOUSING IDAHO V (SISTERS 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	ID	N/A	RELATED				X			X	
(5) 2101 TELEGRAPH AVENUE ASSOC. 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) BISHOPS BLOCK (BISHOPS BLOCK) 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IA	N/A	RELATED				X			X	
(7) 1028 HOWARD ST. ASSOCIATES 94- 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							



**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 1101 HOWARD ST. ASSOCIATES 94- 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA VI 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) 1475 167TH AVENUE ASSOC. 94-32 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) CENTRO PARTNERS 77-0295344 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) LA PLAYA RESIDENTIAL 77-027861 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) WEST 28TH STREET 95-4550003 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) 16TH & CHURCH STREET ASSOC. 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA III 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA IX 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA IV 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) VISITATION VALLEY FAM. HSG. AS 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) NEARY LAGOON PARTNERS 77-02563 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA XIV 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA XV 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA XVII 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA XXIV 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA XVIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA XIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA XX 36 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA XVI 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA XXIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA XII 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) VILLAGE PARK HOUSING ASSOCIATE 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA XXI 4 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA XIX 0 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA XXV 8 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) PINWOOD COURT APARTMENTS 68-0 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA XXII 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA XXVI 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA XLI 2 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA XIV 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA XXVII 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA XXVII 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA XXIX 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA XXX 6 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW_DANA_STRAND_TOWNHOMES_51-0 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY_HOUSING_CALIFORNIA_XXXII 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) MERCY_HOUSING_CALIFORNIA_XXXVI 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) MERCY_HOUSING_CALIFORNIA_XXXI 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) MERCY_HOUSING_CALIFORNIA_XXXV 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MERCY_HOUSING_CA_XXXIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) MERCY_HOUSING_CA_XXXVII 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) COLONIA SAN MARTIN ASSOCIATES, 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA XXXIX 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) KENNEDY ESTATES HSG. ASSOC. 68 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) TAHOE VALLEY TOWNHOMES ASSOC. 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) FLORIN WOOD ASSOC. 68-0318012 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING IDAHO II 84-1212 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	ID	N/A	RELATED				X			X	
(7) MERCY HOUSING COLORADO VII 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING COLORADO-II, LTD 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(2) MERCY HOUSING IOWA I (LAWLOR G 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IA	N/A	RELATED				X			X	
(3) MERCY HOUSING WASHINGTON IV 91 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	MO	N/A	RELATED				X			X	
(4) MERCY HOUSING MISSOURI-I, L.P. 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	MO	N/A	RELATED				X			X	
(5) MERCY HOUSING COLORADO VI 84-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(6) MERCY HOUSING IDAHO III 84-125 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	ID	N/A	RELATED				X			X	
(7) MERCY HOUSING IDAHO I 84-12120 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	ID	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							



**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING COLORADO V 84-13 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(2) MERCY HOUSING MISSOURI II 84-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	MO	N/A	RELATED				X			X	
(3) MERCY HOUSING COLORADO III 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(4) MERCY HOUSING WASHINGTON III 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(5) MERCY HOUSING COLORADO IV 84-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(6) BRENTWOOD GREEN VALLEY APTS 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) NEW DANA STRAND PARTNERS I, LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MAGNOLIA LIMITED PARTNERSHIP 3 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(2) RED DOOR LIMITED PARTNERSHIP 3 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(3) 4707 MALDEN LTD PARTNERSHIP 36 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(4) MALDEN LIMITED PARTNERSHIP II 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(5) MPI HIGHLAND PLACE APARTMENTS, 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(6) 2220 TENTH AVE 94-3140163 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) SOUTH LOOP APARTMENTS 36-40274 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 5042 WINTHROP APARTMENTS LP 36 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(2) NEAR NORTH PARTNERSHIP 32-0143 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(3) MERCY HOUSING S. CAROLINA 59-3 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	SC	N/A	RELATED				X			X	
(4) WENTWORTH COMMONS 30-0082553 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(5) 901 WEST 63RD LP (ENGLEWOOD AP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(6) MERCY HOUSING GEORGIA IX, LP 2 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(7) ROSELAND LIMITED PARTNERHSIP 3 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BELRAY APARTMENTS 36-4027474 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(2) HAROLD WASHINGTON APARTMENTS 3 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(3) BLUFF MERCY, LLC 27-0954394 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(4) MERCY HOUSING SENIOR PROPERTIES 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) VILLA COLUMBIA MERCY RIVERSIDE 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA XLV 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) BOISE SENIOR 202 OWNER, LP 27- 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	ID	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING IDAHO NSP LLC (N 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	ID	N/A	RELATED				X			X	
(2) COUNTRYSIDE SENIOR APARTMENTS 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(3) JOHNSTON CENTER OUTLOTS LLC 27 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WI	N/A	RELATED				X			X	
(4) REYNOLDSTOWN SENIOR APTS (RENO 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(5) MERCY HOUSING GEORGIA X (SAVAN 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(6) MHSE ADAMSVILLE GREEN SENIOR P 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(7) APPIAN WAY MERCY LLC 91-154652 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW TACOMA SENIOR HOUSING PHAS 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) NEW TACOMA PHASE II MERCY LLC 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(3) NORTHGLEN, LP 32-0139512 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	NE	N/A	RELATED				X			X	
(4) MERCY CRESTVIEW VILLAGE HOUSIN 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	NE	N/A	RELATED				X			X	
(5) WESTERN MANOR, LP 26-4578652 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	NE	N/A	RELATED				X			X	
(6) ALSTON LAKE APARTMENTS, LP 26- 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	SC	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA XXXIV 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA XLVII 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) HWA-850 EASTWOOD LP 27-1257130 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(3) GRAYSLAKE SENIOR HOUSING 26-38 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(4) MERCY HOUSING MIDWEST NEBRASKA 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	NE	N/A	RELATED				X			X	
(5) MERCY HOUSING COLORADO I, LTD 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(6) EVERGREEN VISTA 1 OWNER, LLC 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) RAINER VISTA 43 OWNER, LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CA 51, LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CA 53, LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) 104TH STREET LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(4) MERCY HOUSING GA XI, LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(5) MERCY HOUSING GA 12, LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(6) MERCY HOUSING CA 50, LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) ANTIOCH VILLAS, LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							



**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) WESTERN MANOR, LP 26-4578652 WESTERN MANOR, LP	CO	80	LOW-INC HSNG					X				
(2) ALSTON LAKE APARTMENTS, LP 26- ALSTON LAKE APARTMENTS, LP	CO	80	LOW-INC HSNG					X				
(3) MERCY HOUSING CALIFORNIA XXXIV MERCY HOUSING CALIFORNIA XXXIV	CO	80	LOW-INC HSNG					X				
(4) THIRD AND LECONTE HOUSING LLC THIRD AND LECONTE HOUSING LLC	CO	80	LOW-INC HSNG					X				
(5) MERCY HOUSING CALIFORNIA XLVII MERCY HOUSING CALIFORNIA XLVII	CO	80	LOW-INC HSNG					X				
(6) HWA-850 EASTWOOD LP 27-1257130 HWA-850 EASTWOOD LP	CO	80	LOW-INC HSNG					X				
(7) GRAYSLAKE SENIOR HOUSING 26-38 GRAYSLAKE SENIOR HOUSING	CO	80	LOW-INC HSNG					X				

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING MIDWEST NEBRASKA MERCY HOUSING MIDWEST NEBRASKA	CO	80	LOW-INC HSNG					X				
(2) MPI HIGHLAND PLACE LLC 26-2380 MPI HIGHLAND PLACE LLC	CO	80	LOW-INC HSNG					X				
(3) ANTIOCH II, LLC 27-3209358 ANTIOCH II, LLC	CO	80	LOW-INC HSNG					X				
(4) ANTIOCH VILLAS, LP 27-0194197 ANTIOCH VILLAS, LP	CO	80	LOW-INC HSNG					X				
(5) MERCY HOUSING COLORADO I, LTD MERCY HOUSING COLORADO I, LTD	CO	80	LOW-INC HSNG					X				
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
<b>1</b> 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?			
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		
<b>f</b> Sale of assets to related organization(s) . . . . .	<b>1f</b>		
<b>g</b> Purchase of assets from related organization(s) . . . . .	<b>1g</b>		
<b>h</b> Exchange of assets with related organization(s) . . . . .	<b>1h</b>		
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1j</b>		
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1l</b>		
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1m</b>		
<b>n</b> Sharing of paid employees with related organization(s) . . . . .	<b>1n</b>		
<b>o</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1o</b>		
<b>p</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1p</b>		
<b>q</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1q</b>		
<b>r</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1r</b>		

**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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).