

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, 2012 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**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax****Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

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

OMB No. 1545-0047

2012**Open to Public
Inspection****A For the 2012 calendar year, or tax year beginning , 2012, 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, town or post office, state, and ZIP code

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 \$ 190,042,084.**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**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	TO DEVELOP, OWN, AND OPERATE LOW-INCOME HOUSING AND PROVIDE SERVICES TO LOW-INCOME FAMILIES, ELDERLY, HANDICAPPED, HOMELESS, POTENTIALLY HOMELESS, OR OTHERWISE DISADVANTAGED PERSONS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20.
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	1,658.
	6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	42,377,309.	24,155,657.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	157,248,794.	163,473,375.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,708,470.	2,413,052.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	202,334,573.	190,042,084.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,446,541.	1,714,138.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	55,657,750.	60,043,706.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,291,779.	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	171,691,843.	182,560,437.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	228,796,134.	244,318,281.
19 Revenue less expenses. Subtract line 18 from line 12. SEE NOTE BELOW	-26,461,561.	-54,276,197.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,803,283,307.	1,947,964,260.
	22 Net assets or fund balances. Subtract line 21 from line 20.	1,145,006,143.	1,272,943,984.
		658,277,164.	675,020,276.

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			
	PROFORMA RETURN - FOR INFORMATIONAL PURPOSES ONLY - DO NOT FILE				
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 ▶ COHNREZNICK LLP	Firm's EIN ▶ 22-1478099			
	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**OF THIS AMOUNT \$52,986,639 OF LOSS IS ATTRIBUTABLE TO THE NON-CONTROLLING INVESTMENT INTERESTS LEAVING \$1,289,558 OF LOSS ATTRIBUTABLE TO MERCY HOUSING, INC.**

Part III **Statement of Program Service Accomplishments**

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

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 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 \$ 225,843,422. including grants of \$ 1,714,138.) (Revenue \$ 163,473,375.)

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 ► 225,843,422.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 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	10	X
11 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
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	11b	X
c 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	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f 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	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2012)

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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 88		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1,658		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
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. 13b		
c Enter the amount of reserves on hand. 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

PROFORMA RETURN - FOR INFORMATIONAL PURPOSES ONLY - DO NOT FILE

Form 990 (2012)

MERCY HOUSING INC AND AFFILIATES

47-0646706

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year.	20		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	20		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . .	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
7a 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?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X	
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?	10b	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b If "Yes," 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?	16b	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 ☐ Other (explain in Schedule O)

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: ► STEVE SPEARS 1999 BROADWAY SUITE 1000 DENVER, CO 80202 303-830-6221

JSA

Form **990** (2012)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☒ X**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 (list any hours for related organizations below dotted line)	(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 CHAIRMAN	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 DIRECTOR	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) CHARICE HEYWOOD EMPLOYEE	40.00	X						143,724.	0	4,182.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) LARRY DALE DIRECTOR	1.00	X						0	0	0
(16) SR BARBARA BUSCH DIRECTOR	1.00	X						0	0	0
(17) SR DIANE HEJNA DIRECTOR	1.00	X						0	0	0
(18) ANDREA PURKALITIS DIRECTOR	1.00	X						0	0	0
(19) SUZANNE SWIFT DIRECTOR	1.00	X						0	0	0
(20) BOB TETRAULT DIRECTOR	1.00	X						0	0	0
(21) CAROL WETMORE DIRECTOR	1.00	X						0	0	0
(22) JULIA GOULD SR. VICE PRESIDENT	40.00			X				190,637.	0	12,043.
(23) SR LILLIAN MURPHY CEO	40.00			X				0	0	0
(24) CINDY HOLLER VICE PRESIDENT	40.00			X				172,960.	0	11,870.
(25) JANE GRAF PRESIDENT	40.00			X				241,629.	0	9,987.
1b Sub-total								143,724.	0	4,182.
c Total from continuation sheets to Part VII, Section A								3,523,222.	235,411.	303,923.
d Total (add lines 1b and 1c)								3,666,946.	235,411.	308,105.

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 ► 31

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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 ► 7

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) JENNIFER ERIXON VICE PRESIDENT	40.00			X				177,128.	0	20,211.
(27) CHRISTOPHER SHOTT VICE PRESIDENT	40.00			X				104,311.	0	10,604.
(28) JEFFERY TRUAX VICE PRESIDENT	40.00			X				108,314.	0	16,710.
(29) CHERYL O'BRYAN SENIOR VP/PRESIDENT MHM	1.00 40.00			X				0	235,411.	16,772.
(30) VINCE DODDS VICE PRESIDENT	40.00			X				157,722.	0	19,637.
(31) WILLIAM GOLDSMITH VICE PRESIDENT	40.00			X				224,111.	0	21,462.
(32) MICHELE MAMET SR. VICE PRESIDENT/CAO	40.00			X				210,416.	0	19,514.
(33) CAROL BRESLAU VICE PRESIDENT	40.00			X				126,096.	0	2,522.
(34) PATRICIA O'ROARK SECRETARY	40.00			X				44,830.	0	11,946.
(35) SARA GRIFFIN ASSISTANT SECRETARY	40.00			X				66,479.	0	9,518.
(36) CHRIS BURCKHARDT SR VICE PRESIDENT/COO	40.00			X				221,884.	0	18,680.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **31**

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) BILL RUMPF VICE PRESIDENT	40.00			X				152,883.	0	6,647.
(38) JOHN A MARCOLINA VICE PRESIDENT	40.00			X				100,977.	0	18,961.
(39) DOUGLAS SHOEMAKER VICE PRESIDENT	40.00			X				171,021.	0	8,500.
(40) L. STEVEN SPEARS SENIOR VP/CFO	40.00			X				147,377.	0	277.
(41) JOSEPH ROSENBLUM SECRETARY	40.00			X				25,663.	0	20.
(42) LINDA BRACE EMPLOYEE	40.00					X		134,170.	0	6,882.
(43) VALERIE AGOSTINO EMPLOYEE	40.00					X		163,204.	0	16,653.
(44) MARK ANGELINI EMPLOYEE	40.00					X		168,140.	0	4,004.
(45) EDWARD HOLDER EMPLOYEE	40.00					X		153,358.	0	17,955.
(46) GARY OKONOWSKY EMPLOYEE	40.00					X		128,802.	0	11,051.
(47) BENJAMIN PHILLIPS EMPLOYEE	40.00					X		131,110.	0	11,497.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 31

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

PROFORMA RETURN - FOR INFORMATIONAL PURPOSES ONLY - DO NOT FILE

Form 990 (2012)

MERCY HOUSING INC AND AFFILIATES

47-0646706

Page **9**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	24,155,657.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f			24,155,657.		
Program Service Revenue				Business Code			
	2a	RENT	531110	135,108,810.	135,108,810.		
	b	DEVELOPER FEES	531390	12,742,087.	12,742,087.		
	c	SERVICE FEES	531390	1,229,060.	1,229,060.		
	d	CONSULTING	531390	4,509,891.	4,509,891.		
	e	OTHER	531390	9,883,527.	9,883,527.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			163,473,375.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 4		2,413,052.			2,413,052.
	4	Income from investment of tax-exempt bond proceeds . . .		0			
	5	Royalties		0			
			(i) Real (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses . . .					
	c	Rental income or (loss) . .					
	d	Net rental income or (loss)		0			
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue				Business Code			
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0			
12	Total revenue. See instructions			190,042,084.	163,473,375.		2,413,052.

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Form 990 (2012)

MERCY HOUSING INC AND AFFILIATES

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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 .	1,714,138.	1,714,138.		
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	3,495,381.	1,416,843.	1,625,886.	452,652.
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	42,441,419.	36,287,589.	5,155,069.	998,761.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	947,848.	785,242.	141,315.	21,291.
9 Other employee benefits	8,408,922.	7,400,708.	838,756.	169,458.
10 Payroll taxes	4,750,136.	4,154,503.	471,434.	124,199.
11 Fees for services (non-employees):				
a Management	1,729,042.	1,518,607.	172,303.	38,132.
b Legal	1,004,888.	949,912.	54,976.	
c Accounting	3,256,516.	2,998,001.	258,515.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,452,607.	826,030.	352,789.	273,788.
12 Advertising and promotion	1,304,931.	1,084,949.	186,207.	33,775.
13 Office expenses	4,320,743.	3,160,423.	1,113,915.	46,405.
14 Information technology	1,097,152.	596,629.	453,071.	47,452.
15 Royalties	0			
16 Occupancy	57,898,540.	56,638,888.	1,262,351.	-2,699.
17 Travel	2,211,820.	1,666,884.	476,911.	68,025.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	248,438.	180,073.	54,234.	14,131.
20 Interest	27,866,185.	27,693,016.	173,169.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	72,442,782.	72,246,421.	196,361.	
23 Insurance	102,453.	55,187.	43,481.	3,785.
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 MISC FINANCIAL FEES EXPENSES -----	571,902.	438,179.	133,723.	
b CONTRACT LABOR-TEMP -----	1,080,517.	848,344.	227,073.	5,100.
c OTHER TAXES, LICENSES, PERMI -----	760,097.	602,159.	157,938.	
d MISCELLANEOUS ADMIN -----	656,563.	572,551.	73,947.	10,065.
e All other expenses -----	4,555,261.	2,008,146.	559,656.	1,987,459.
25 Total functional expenses. Add lines 1 through 24e	244,318,281.	225,843,422.	14,183,080.	4,291,779.
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 SheetCheck if Schedule O contains a response to any question in this Part X ☒ X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	25,961,338.	1	31,393,731.
	2 Savings and temporary cash investments	39,497,610.	2	64,070,249.
	3 Pledges and grants receivable, net	11,175,936.	3	9,262,523.
	4 Accounts receivable, net	7,340,764.	4	5,705,771.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other 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). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	9,221,611.	8	3,219,948.
	9 Prepaid expenses and deferred charges	6,527,611.	9	8,020,441.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1645480961.		
	b Less: accumulated depreciation	10b	10c	1,645,480,961.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	187,211,799.	15	180,810,636.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,803,283,307.	16	1,947,964,260.	
Liabilities	17 Accounts payable and accrued expenses	48,671,705.	17	56,010,168.
	18 Grants payable	0	18	0
	19 Deferred revenue	20,264,386.	19	33,583,741.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 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	1,076,070,052.	25	1,183,350,075.
	26 Total liabilities. Add lines 17 through 25	1,145,006,143.	26	1,272,943,984.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	425,579,843.	27	444,883,253.
	28 Temporarily restricted net assets	228,731,615.	28	226,737,023.
	29 Permanently restricted net assets	3,965,706.	29	3,400,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	658,277,164.	33	675,020,276.
	34 Total liabilities and net assets/fund balances.	1,803,283,307.	34	1,947,964,260.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI 6

1	Total revenue (must equal Part VIII, column (A), line 12)	1	190,042,084.
2	Total expenses (must equal Part IX, column (A), line 25)	2	244,318,281.
3	Revenue less expenses. Subtract line 2 from line 1	3	-54,276,197.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	658,277,164.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	71,019,309.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	675,020,276.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2012)

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

2012**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-Non-functionally integratede ☐ 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? ☐

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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,349,010.	26,380,066.	29,964,943.	42,377,309.	24,155,657.	163,226,985.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	122,831,076.	132,983,115.	141,566,944.	157,248,794.	163,473,375.	718,103,304.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	163,180,086.	159,363,181.	171,531,887.	199,626,103.	187,629,032.	881,330,289.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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			1,590,375.	2,976,653.		4,567,028.
c Add lines 7a and 7b.			1,590,375.	2,976,653.		4,567,028.
8 Public support (Subtract line 7c from line 6.)						876,763,261.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.	163,180,086.	159,363,181.	171,531,887.	199,626,103.	187,629,032.	881,330,289.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,851,327.	1,637,623.	1,219,433.	2,708,470.	2,413,052.	10,829,905.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	2,851,327.	1,637,623.	1,219,433.	2,708,470.	2,413,052.	10,829,905.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	166,031,413.	161,000,804.	172,751,320.	202,334,573.	190,042,084.	892,160,194.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	98.27 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	98.04 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	1.21 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1.43 %

- 19a 33 1/3% support tests - 2012.** 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 - 2011.** 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).

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

2012**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	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CATHOLIC HEALTHCARE WEST 185 BERRY STREET, SUITE 300 SAN FRANCISCO, CA 94107	\$ 200,000.	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	\$ 330,000.	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	\$ 302,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	BANK OF AMERICA FOUNDATION 101 SOUTH TRYON STREET CHARLOTTE, NC 28255	\$ 402,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	SISTERS OF MERCY WEST MIDWEST 7262 MERCY ROAD OMAHA, NE 68124	\$ 90,100.	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	SISTERS OF ST JOSEPH OF ORANGE 480 SOUTH BATAVIA STREET ORANGE, CA 92868	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	COSTCO WHOLESALE 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.)
9	OSHEA FOUNDATION P.O. BOX 31321 SAN FRANCISCO, CA 94131	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	SAN FRANCISCO FOUNDATION 225 BUSH STREET, SUITE 500 SAN FRANCISCO, CA 94104	\$ 47,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	LOWELL BERRY FOUNDATION 3685 MT. DIABLO BOULEVARD, SUITE 269 LAFAYETTE, CA 94549	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	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.)

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	SISTERS OF MERCY WEST MIDWEST COMMUNITY 7262 MERCY ROAD OMAHA, NE 68124	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	HOWARD/IRENE LEVINE FAMILY FOUNDATION 1660 BUSH STREET STE 300 SAN FRANCISCO, CA 94109	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	CALIFORNIA COMMUNITY FOUNDATION 221 SOUTH FIGUEROA STREET, STE 400 LOS ANGELES, CA 90012	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	UNION BANK P.O. BOX 80691 LOS ANGELES, CA 90060	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	US BANCORP FOUNDATION 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	WELLS FARGO 90 S 7TH STREET MINNEAPOLIS, MN 55479	\$ 275,000.	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
19	RASKOB GRANT 10 MONTCHANIN ROAD P.O. BOX 4019 WILMINGTON, DE 19807	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	UNITED WAY OF PIERCE COUNTY P.O. BOX 2215 TACOMA, WA 98401	\$ 23,633.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	FUCHS FOUNDATION C/O UNION BANK 1501 COMMERCE STREET TACOMA, WA 98402	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	UNITED WAY OF THURSTON COUNTY 1211 FOURTH AVENUE EAST, SUITE 101 OLYMPIA, WA 98506	\$ 11,099.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	UNION BANK FOUNDATION 400 CALIFORNIA STREET, 8TH FLOOR SAN FRANCISCO, CA 94104	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	CITY OF TACOMA 747 MARKET STREET, ROOM 900 TACOMA, WA 98402	\$ 77,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

PROFORMA RETURN - FOR INFORMATIONAL PURPOSES ONLY - DO NOT FILE

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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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
25	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.)
26	WELLS FARGO FOUNDATION 90 SOUTH 7TH STREET MINNEAPOLIS, MN 55479	\$ 8,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	HUD TREASURY HSG & NEIGHBORHOOD DEV SER 201 W. COLFAX AVE. 2ND FLOOR BOX 204 DENVER, CO 80202	\$ 34,666.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	JP MORGAN CHASE 1125 17TH STREET, FLOOR 3 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.)
29	LOCKTON COMPANIES LLC 8110 E. UNION, SUITE 700 DENVER, CO 80237	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	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.)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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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
31	JOHNSON FOUNDATION 1700 BROADWAY, SUITE 1000 DENVER, CO 80290	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	ROSE FOUNDATION 600 S CHERRY STREET, SUITE 1200 DENVER, CO 80246	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	WHITEWAVE FOODS CO 12002 AIRPORT WAY BROOMFIELD, CO 80024	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	ANSCHUTZ FOUNDATION 1727 TREMONT PLACE DENVER, CO 80202	\$ 57,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	DENVER FOUNDATION 55 MADISON STREET, 8TH FLOOR DENVER, CO 80206	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	XCEL ENERGY FOUNDATION 1800 LARIMER STREET 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.)

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
37	UNIVERSITY OF COLORADO TREASURER, THE REGENTS OF THE UNIV OF CO BOULDER, CO 80309	\$ 413,403.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	COHNREZNICK, LLP 525 N. TRYON STREET, SUITE 1000 CHARLOTTE, NC 28202	\$ 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	PACIFIC LIFE FOUNDATION 700 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92260	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	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.)
41	STATE OF ARIZONA PO BOX 29026 PHOENIX, AZ 85038	\$ 103,679.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	VALLEY OF THE SUN UNITED WAY 1515 E OSBORNE RD PHOENIX, AZ 85044	\$ 31,821.	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
43	CITY OF PHOENIX 1250 7TH AVE PHOENIX, AZ 85007	\$ 162,720.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	JP MORGAN CHASE 201 S CLARK STREET, SUITE IL1-0502 CHICAGO, IL 60670	\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	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.)
46	THE NORTHERN TRUST 50 S LASALLE STREET, SUITE M5 CHICAGO, IL 60675	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	MICHAEL & MADELINE HUGHES 3 OAK BROOK CLUB DRIVE, #E205 OAK BROOK, IL 60523	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	JAMES DELANEY 633 ARDSLEY ROAD WINNETKA, IL 60093	\$ 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

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
49	US BANK 1420 FIFTH AVENUE SEATTLE, WA 98101	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	JP MORGAN CHASE 712 MAIN STREET HOUSTON, TX 77002	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	WIEBOLDT FOUNDATION 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.)
52	MADISON CONSTRUCTION 15426 S 70TH COURT ORLAND PARK, IL 60462	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	BANK OF AMERICA 125 DUPONT DRIVE PROVIDENCE, RI 02907	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	CHICAGO COMMUNITY TRUST 205 N. MICHIGAN AVE., SUITE 4300 CHICAGO, IL 60601	\$ 100,000.	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
55	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.)
56	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.)
57	POLK BROS. FOUNDATION 20 WEST KINZIE STREET, SUITE 1110 CHICAGO, IL 60610	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	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.)
59	CITY OF CHICAGO 33 NORTH LASALLE STREET CHICAGO, IL 60602	\$ 1,683,861.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	COUNTY OF MILWAUKEE 901 NORTH 9TH STREET MILWAUKEE, WI 53233	\$ 105,065.	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
61	DEPARTMENT OF HOUSING & URBAN DEVELOP. 451 7TH FLOOR, ROOM 7262 WASHINGTON, DC 20410	\$ 1,028,336.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	AIDS FOUNDATION OF CHICAGO 411 SOUTH WELLS STREET #300 CHICAGO, IL 60607	\$ 238,871.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	STATE OF ILLINOIS OFFICE OF THE TREASURER SPRINGFIELD, IL 62705	\$ 1,470,163.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	WP & HB WHITE FOUNDATION 540 W FRONTAGE ROAD, SUITE 3240 NORTHFIELD, IL 60093	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	MICHAEL CLUNE 9 BRADLEYS COURT BANNOCKBURN, IL 60015	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	THE OWENS FOUNDATION 7804 W COLLEGE DRIVE PALOS HEIGHTS, IL 60463	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	CHARTER ONE BANK 71 SOUTH WACKER DRIVE 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.)
68	CITI FOUNDATION 850 THIRD AVE. 13TH FLOOR NEW YORK, NY 10022	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	PIERCE & ASSOCIATES 1 NORTH DEARBORN STREET, SUITE 1300 CHICAGO, IL 60602	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	ATTORNEY'S TITLE GUARANTY FUND ONE SOUTH WACKER DRIVE 24TH FLOOR CHICAGO, IL 60606	\$ 26,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	ALLSTATE INSURANCE COMPANY 2775 SANDERS ROAD NORTHBROOK, IL 60062	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	BLUM-KOVLER FOUNDATION 919 NORTH MICHIGAN AVENUE, SUITE 2800 CHICAGO, IL 60022	\$ 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
73	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.)
74	GRAND VICTORIA FOUNDATION 230 WEST MONROE STREET, SUITE 2530 CHICAGO, IL 60606	\$ 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	ILLINOIS CLEAN ENERGY COMMUNITY FOUNDATI 2 NORTH LASALLE STREET, SUITE 1140 CHICAGO, IL 60602	\$ 56,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	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.)
77	MERCY FOUNDATION 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	\$ 105,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	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
79	CALIFORNIA ENDOWMENT 1000 NORTH ALMEDA STREET LOS ANGELES, CA 90012	\$ 54,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	CRESCENT PORTER HALE FOUNDATION 655 REDWOOD HIGHWAY #301 MILL VALLEY, CA 94941	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	GELLERT FOUNDATION 2171 JUNIPERO SERRA BOULEVARD SUITE 310 DALY CITY, CA 94014	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	BANK OF AMERICA FOUNDATION 125 DUPONT DRIVE PROVIDENCE, RI 02907	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	CRLA DRAW - WASHINGTON BLVD 1200 WEST 7TH STREET, SUITE 500 LOS ANGELES, CA 90017	\$ 16,783.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	CITY AND COUNTY OF SAN FRANCISCO 1 DR. CARLTON B. GOODLETT PLACE SAN FRANCISCO, CA 94102	\$ 1,068,406.	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
85	MICHAEL BORDERS 10 S WACKER DRIVE, SUITE 2300 CHICAGO, IL 60606	\$ 5,431.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	CHICAGO TRIBUNE 205 NORTH MICHIGAN AVENUE, SUITE 4300 CHICAGO, IL 60601	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	THEODORE ECKERT FOUNDATION 542 LONGWOOD AVENUE GLENCOE, IL 60022	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	WELLS FARGO FOUNDATION 90 SOUTH SEVENTH STREET MINNEAPOLIS, MN 55479	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	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.)
90	STATE FARM MUTUAL AUTOMOBILE INSURANCE 3 STATE FARM PLAZA BLOOMINGTON, IL 61791	\$ 40,000.	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
91	HELEN BADER FOUNDATION 233 NORTH WATER STREET, FOURTH FLOOR MILWAUKEE, WI 53202	\$ 20,000.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> (Complete Part II if there is a noncash contribution.)
92	PNC FOUNDATION ONE NORTH FRANKLIN, SUITE 3600 CHICAGO, IL 60606	\$ 20,000.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> (Complete Part II if there is a noncash contribution.)
93	LUDLOW-GRIFFITH FOUNDATION 55 MADISON STREET, 8TH FLOOR DENVER, CO 80206	\$ 100,000.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> (Complete Part II if there is a noncash contribution.)
94	WELLS FARGO FOUNDATION MAC C3701-02A 1740 BROADWAY DENVER, CO 80274	\$ 5,000.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> (Complete Part II if there is a noncash contribution.)
95	US BANK 4000 WEST BROADWAY ROBBINSDALE, MN 55422	\$ 12,301.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> (Complete Part II if there is a noncash contribution.)
96	BOEING COMPANY 100 NORTH RIVERSIDE CHICAGO, IL 60606	\$ 12,950.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	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.)
98	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.)
99	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.)
100	KING COUNTY 401 FIFTH AVENUE, ROOM 310 SEATTLE, WA 98104	\$ 82,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	SNOHOMISH COUNTY 3000 ROCKEFELLER AVENUE EVERETT, WA 98201	\$ 41,466.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	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.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	BOSA DEVELOPMENT CALIFORNIA INC 151 W MARKET STREET SAN DIEGO, CA 92101	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104	CAHILL CONTRACTORS INC 425 CALIFORNIA STREET SAN FRANCISCO, CA 94104	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105	GREG WOLKOM 245 POPLAS DRIVE KENTFIELD, CA 94904	\$ 7,088.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106	LOCAL INITIATIVES SUPPORT CORP 501 7TH AVENUE 7TH FL NEW YORK, NY 10018	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107	RUSS PITTO 70 PININSULA ROAD TIBURON, CA 94920	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108	SCAN FOUNDATION 3800 KILROY AIRPORT WAY SUITE 400 LONG BEACH, CA 90806	\$ 21,500.	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
109	SF FOUNDATION 3120 FREEBOARD DRIVE, SUITE 202 SACRAMENTO, CA 95691	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110	SUSAN WADE 27451 ALTAMONT ROAD LOS ALTOS, CA 94022	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111	WM MOFFET 3745 WASHINGTON STREET SAN FRANCISCO, CA 94116	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112	FRANCIS OF ASSISI 145 GUERRERO STREET SAN FRANCISCO, CA 94103	\$ 279,594.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113	MIDLANDS MENTORING PROGRAM 302 SOUTH 36TH STREET OMAHA, NE 68131	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114	LIGHTFOOT FOUNDATION, C/O US BANK P.O.BOX 7928 BOISE, ID 82707	\$ 30,000.	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
115	HOME FEDERAL 500 12TH AVE. SOUTH NAMPA, ID 83651	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116	THE TREACY COMPANY P.O. BOX 1479 HELENA, MT 59624	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117	HARRY W. MORRISON FOUNDATION, INC. 827 EAST PARK BOULEVARD, SUITE 200 BOISE, ID 83712	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118	IDAHO WOMEN'S CHARITABLE FOUNDATION P.O. BOX 6164 BOISE, ID 83707	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119	SCENTSY 3698 E LANARK STREET MERIDAN, ID 83642	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120	CHDO FUNDS FROM IDAHO HOUSING AND FINANC 656 W. MYRTLE BOISE, ID 83702	\$ 30,730.	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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121	DIGNITY HEALTH 3033 NORTH THIRD AVENUE PHOENIX, AZ 85013	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
122	COYOTE CHARITIES 6751 NORTH SUNSET BOULEVARD, #200 GLENDALE, AZ 85305	\$ 11,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
123	ARIZONA DIAMONDBACKS P.O. BOX 2095 PHOENIX, AZ 85001	\$ 7,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124	SUNTRUST FOUNDATION P.O. BOX 4418 ATLANTA, GA 30302	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125	BON SECOURS P.O. BOX 6189 ELCOTT CITY, MD 21042	\$ 81,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126	THE DANIELS FUND 101 MONROE STREET DENVER, CO 80206	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	YARDI 430 S. FAIRVIEW AVE. GOLETA, CA 93117	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128	STEWART TITLE 1980 POST OAK BLVD STE 1000 HOUSTON, TX 77056	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129	THE WOMEN'S FOUNDATION OF COLORADO 1901 E. ASBURY AVE DENVER, CO 80208	\$ 13,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130	EQUITY RESIDENTIAL	\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131	SFRA/HOPWA 1 SOUTH VAN NESS AVENUE, 5TH FLOOR SAN FRANCISCO, CA 94103	\$ 267,025.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
132	CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	\$ 30,000.	Person <input checked="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
133	SEQUOIA FOUNDATION 1250 PACIFIC AGE STE 870 TACOMA, WA 68402	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
134	THE COMMUNITY FDTN OF SOUTH PUDGET 111 MARKET STREET NE SUITE 375 OLYMPIA, WA 98501	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
135	COSTCO FOUNDATION 999 LAKE DRIVE ISSAQUAH, WA 98027	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
136	DEPARTMENT OF ENERGY 121 N. LASALLE ST, ROOM 1006 CHICAGO, IL 60602	\$ 470,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
137	CITY OF LOS ANGELES _____ _____	\$ 1,074,176.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
138	ST. JOSEPH'S HEALTH SYSTEM 500 MAIN STREET #1000 ORANGE, CA 92868	\$ 11,300.	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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139	WELLS FARGO ADVISORS ONE NORTH JEFFERSON ST. LOUIS, MO 63103	\$ 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	JAMES HARDIE BUILDING PRODUCTS 820 SPARKS DRIVE CLEBURNE, TX 76033	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
141	CAPITAL ONE SERVICES, LLC 15000 CAPITAL ONE DRIVE RICHMOND, VA 23238	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
142	BANK OF AMERICA FOUNDATION 135 S. LA SALLE STREET, DEPT. 3503 CHICAGO, IL 60674	\$ 110,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
143	NATIONAL AFFORDABLE HOUSING TRUST 2335 N. BANK DR. COLUMBUS, OH 43220	\$ 146,790.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
144	ASCENSION HEALTH 4600 EDMUNDSON ROAD ST. LOUIS, MO 63134	\$ 15,000.	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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145	NATIONAL EQUITY FUND, INC. 120 SOUTH RIVERSIDE PLAZA, 15TH FLOOR CHICAGO, IL 60606	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
146	GOOGLE, INC. 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043	\$ 100,526.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
147	CRICKET WIRELESS 5887 COPELY DRIVE SAN DIEGO, CA 92111	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
148	US BANK 209 S LASALLE STREET CHICAGO, IL 60604	\$ 60,692.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
149	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.)
150	ONE ECONOMY 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	\$ 6,000.	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
151	ENTERPRISE COMMUNITY PARTNERS, INC. AMERICAN CITY BDG, 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	\$ 241,633.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
152	BMO HARRIS BANK 111 W. MONROE STREET CHICAGO, IL 60690	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
153	CATHAY BANK FOUNDATION 9650 FLAIR DRIVE EL MONTE, CA 91731	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
154	IM CUORE E MANI FOUNDATION 171 S HAWTHORNE AVE ELMHURST, IL 60126	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
155	THE ELLNOR AND MAYNARD MARKS FAMILY FUND 225 NORHT MICHIGAN AVENUE SUITE 2200 CHICAGO, IL 60601	\$ 5,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
156	FIRST MERIT FOUNDATION 3 CASCADE PLAZA CAS - 50 AKRON, OH 44308	\$ 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
157	GRACE BERSTED FOUNDATION 231 SO. LASALLE STREET CHICAGO, IL 60697	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
158	GREATER MILWAUKEE FOUNDATION SUITE 210, 101 W. PLEASANT MILWAUKEE, WI 53212	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
159	HENDRICKSON FAMILY FOUNDATION 231 SO. LASALLE STREET CHICAGO, IL 60697	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
160	HAROLD NATINSKEY 2626 N MILDRED CHICAGO, IL 60614	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
161	HUEN ELECTRIC 1801 W 16TH STREET BROADVIEW, IL 60155	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
162	JACK NEAL 309 STERLING ROAD KENILWORTH, IL 60043	\$ 13,472.	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
163	LOCAL INITIATIVES SUPPORT CORP. 501 1TH AVE, 7TH FLOOR NEW YORK, NY 10018	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
164	PIERCE FAMILY CHARITABLE FOUNDATION 1 N. DEARBONR, SUITE 1300 CHICAGO, IL 60606	\$ 10,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
165	REAL ESTATE TITLE COMPANY 1 N. DEARBON STREET SUITE 1300 CHICAGO, IL 60602	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
166	RED MORTGAGE CAPITAL TWO MIRANOVA PLACE COLUMBUS, OH 43215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
167	ROBERT MATHES 309 SOUTH GREEN STREET CHICAGO, IL 60607	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
168	RUSSEL & JOSEPHINE KOTT MEMORIAL TRUST 1049 LAKE STREET, SUITE 204 OAK PARK, IL 60301	\$ 15,000.	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
169	SAGE FOUNDATION P.O. BOX 1919 BRIGHTON, MI 48116	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
170	SIRAGUSA FOUNDATION ONE EAST WACKER, SUITE 2910 CHICAGO, IL 60601	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
171	JOHN POWELL 811 MILBURN STREET EVANSTON, IL 60201	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
172	WEIS BUILDERS 7645 LYNDAL AVE SOUTH MINNEAPOLIS, MN 55423	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
173	WELLS FARGO HOME MORTGAGE 800 WALNUT STREET DES MOINES, IA 50309	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
174	5TH & 3RD BANK / ANN WILLIAMS 1701 GOLF ROAD, MD GRLM6D ROLLING MEADOWS, IL 60008	\$ 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

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
175	WINTRUST FINANCIAL CORP 727 BANK LANE LAKE FOREST, IL 600345	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
176	CLAVCO, INC 2199 INNERBELT BUSINESS CENTER DRIVE SAINT LOUIS, MO 63114	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
177	JP MORGAN CHASE - PASS THRU 201 S CLARK STREET, SUITE IL1-0502 CHICAGO, IL 60670	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
178	U.S. DEPARTMENT OF TREASURY - CDFI 1500 PENNSYLVANIA AVE., N.W. WASHINGTON, DC 20220	\$ 1,453,806.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
179	TRINITY HEALTH 20555 VICTOR PARWAY LIVONIA, MI 48152	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
180	OPPORTUNITY FINANCE NETWORK 620 CHESTNUT ST. #572 PHILADELPHIA, PA 19106	\$ 214,297.	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
181	HOSPITAL SISTERS OF ST. FRANCIS-USA, INC P.O. BOX 19341 SPRINGFIELD, IL 62794	\$ 200,000.	Person <input checked="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.)
		\$	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.)

Name of organization **MERCY HOUSING INC AND AFFILIATES**

Employer identification number

47-0646706

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(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
---	----- ----- ----- -----	\$ -----	-----

PROFORMA RETURN - FOR INFORMATIONAL PURPOSES ONLY - DO NOT FILE

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page **4**

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

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

2012**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 ▶ \$
- 3 Volunteer hours ▶

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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) 2012

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.

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

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
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?	X		18,000.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?			
j	Total. Add lines 1c through 1i			18,000.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

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

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 (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

MEMBERSHIP DUES

THESE AMOUNTS REPRESENT A PORTION OF MEMBERSHIP DUES PAID THAT WERE USED

FOR LOBBYING ACTIVITIES.

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

2012**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 XIII, 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 XIII, 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) 2012

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 XIII.

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII. ☐

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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII 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		229,967,260.		229,967,260.
b Buildings		1734630929.	513,630,015.	1,221,000,914.
c Leasehold improvements				
d Equipment		56,193,569.		56,193,569.
e Other		138,319,218.		138,319,218.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,645,480,961.

Schedule D (Form 990) 2012

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

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

(a) Description	(b) Book value
(1) TENANT SECURITY DEPOSITS	6,156,330.
(2) INVESTMENTS	6,630,000.
(3) RESTRICTED INVESTMENTS	2,120,902.
(4) PLEDGES RECEIVABLE	1,165,410.
(5) NOTES/INT RECEIVABLE	39,024,810.
(6) ASSETS HELD FOR SALE	1,862,916.
(7) RESTRICTED PROPERTY RESERVES	99,310,496.
(8) INVESTMENTS IN LP	391,289.
(9) OTHER ASSETS	24,148,483.
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	180,810,636.

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	73,976,280.	
(3) NOTES PAYABLE	1,066,441,842.	
(4) OTHER LIABILITIES	36,863,788.	
(5) TENANT SECURITY DEPOSITS	6,068,165.	
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
(11) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	1,183,350,075.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII. ☒ X

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

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

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

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

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII 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 504(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, 2012. 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

2012

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. 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)	20,000.				CHARITABLE CONTRIBUT
(2)	RENAISSANCE APARTMENTS 2001 WEST CHURCHILL STREET	32-0143113	501(C)(3)	79,839.				LOW INCOME HOUSING
(3)	NATIONAL HOUSING TRUST 1101 30TH STREET NW, SUITE 400			10,000.				
(4)	NETWORK 25 EAST STREET NW, SUITE 200			20,000.				
(5)	RESURRECTION PROJECT 1818 S. PAULINA CHICAGO, IL 60608	36-3576073	501(C)(3)	65,000.				LOW-INCOME HOUSING
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(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) (2012)

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
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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

2012**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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? **4a** ☐ Yes ☒ No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** ☐ Yes ☒ No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** ☐ Yes ☒ No
- 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? **5a** ☐ Yes ☒ No
- b** Any related organization? **5b** ☐ Yes ☒ No
- 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? **6a** ☐ Yes ☒ No
- b** Any related organization? **6b** ☐ Yes ☒ No
- 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)?

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

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 and Title		(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 SR. VICE PRESIDENT	(i) 190,637.	0	0	5,606.	6,438.	202,681.	0
		(ii) 0	0	0	0	0	0	0
2	CINDY HOLLER VICE PRESIDENT	(i) 172,960.	0	0	5,432.	6,438.	184,830.	0
		(ii) 0	0	0	0	0	0	0
3	JANE GRAF PRESIDENT	(i) 241,629.	0	0	8,869.	1,118.	251,616.	0
		(ii) 0	0	0	0	0	0	0
4	JENNIFER ERIXON VICE PRESIDENT	(i) 177,128.	0	0	5,689.	14,523.	197,340.	0
		(ii) 0	0	0	0	0	0	0
5	CHERYL O'BRYAN SENIOR VP/PRESIDENT MHM	(i) 235,411.	0	0	5,622.	11,151.	252,184.	0
		(ii) 0	0	0	0	0	0	0
6	VINCE DODDS VICE PRESIDENT	(i) 157,722.	0	0	5,281.	14,356.	177,359.	0
		(ii) 0	0	0	0	0	0	0
7	WILLIAM GOLDSMITH VICE PRESIDENT	(i) 224,111.	0	0	7,107.	14,356.	245,574.	0
		(ii) 0	0	0	0	0	0	0
8	MICHELE MAMET SR. VICE PRESIDENT/CAO	(i) 210,416.	0	0	5,086.	14,428.	229,930.	0
		(ii) 0	0	0	0	0	0	0
9	CHRIS BURCKHARDT SR VICE PRESIDENT/COO	(i) 221,884.	0	0	4,324.	14,356.	240,564.	0
		(ii) 0	0	0	0	0	0	0
10	BILL RUMPF VICE PRESIDENT	(i) 152,883.	0	0	497.	6,150.	159,530.	0
		(ii) 0	0	0	0	0	0	0
11	DOUGLAS SHOEMAKER VICE PRESIDENT	(i) 171,021.	0	0	2,063.	6,438.	179,522.	0
		(ii) 0	0	0	0	0	0	0
12	VALERIE AGOSTINO EMPLOYEE	(i) 163,204.	0	0	6,409.	10,243.	179,856.	0
		(ii) 0	0	0	0	0	0	0
13	MARK ANGELINI EMPLOYEE	(i) 168,140.	0	0	3,174.	830.	172,144.	0
		(ii) 0	0	0	0	0	0	0
14	EDWARD HOLDER EMPLOYEE	(i) 153,358.	0	0	3,599.	14,356.	171,313.	0
		(ii) 0	0	0	0	0	0	0
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Schedule J (Form 990) 2012

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

2012**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 70,694,213

DISTRIBUTIONS (646,335)

SYNDICATION (664,953)

OTHER TRANSFERS (1,636,384)

OTHER CHANGES IN NET ASSETS (71,019,309)

PART VI SECTION A

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

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

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

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 2012 MERCY HOUSING, INC. PAID \$402,450 FOR THE ANNUAL STIPEND FEE AND BENEFITS EQUIVALENT.

 ATTACHMENT 1

FORM 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.

PROFORMA RETURN - FOR INFORMATIONAL PURPOSES ONLY - DO NOT FILE

Schedule O (Form 990 or 990-EZ) 2012

Page **2**

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

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ADP, INC. P.O. BOX 842854 BOSTON, MA 02284	PAYROLL SERVICES	288,431.
DREYFUSS CONSTRUCTION 5855 GREEN VALLEY CIR #300 CULVER CITY, CA 90230	GENERAL CONTRACTING	382,722.
FITZGERALD ASSOCIATES ARCHITECTS 912 W LAKE STREET CHICAGO, IL 60607	ARCHITECT SERVICES	320,191.
COHNREZNICK 525 N TRYON STREET, SUITE 1000 CHARLOTTE, NC 28202	ACCOUNTING	2,192,614.
STANTEC CONSULTING, INC. 13980 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	CONSULTING	235,384.

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL</u> <u>REVENUE</u>	(B) <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	(C) <u>UNRELATED</u> <u>BUSINESS REV.</u>	(D) <u>EXCLUDED</u> <u>REVENUE</u>
INTEREST	2,413,052.			2,413,052.
TOTALS	<u>2,413,052.</u>			<u>2,413,052.</u>

PROFORMA RETURN - FOR INFORMATIONAL PURPOSES ONLY - DO NOT FILE

Schedule O (Form 990 or 990-EZ) 2012

Page **2**

Name of the organization

Employer identification number

MERCY HOUSING INC AND AFFILIATES

47-0646706

ATTACHMENT 5

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	8,020,441.
TOTALS	<u>8,020,441.</u>

ATTACHMENT 6

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	33,583,741.
TOTALS	<u>33,583,741.</u>

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

OMB No. 1545-0047

2012**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 (if applicable) 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) 2012

**SCHEDULE R
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(1) -----					
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						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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OMB No. 1545-0047

2012**Open to Public
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MERCY HOUSING INC AND AFFILIATES

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						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

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Schedule R (Form 990) 2012

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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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Name of the organization

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Employer identification number

47-0646706

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						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) MERCY COURT 86-0772987 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(3) 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
(4) HOMES FOR GREELEY 84-1349918 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	11A	N/A		X
(5) MERCY HOUSING CALIFORNIA 94-3081666 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(6) ALL HALLOWS COMMUNITY 94-2722870 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(7) 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

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Schedule R (Form 990) 2012

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						Yes	No
(1) CANTEBRIA SENIOR HOMES 94-3361794 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) MERCY SENIOR HOUSING OXNARD 94-3224446 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(3) 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
(4) FRANCIS OF ASSISI COMMUNITY 94-2366315 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(5) GAULT STREET SENIOR 75-2983979 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(6) 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
(7) 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

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Schedule R (Form 990) 2012

**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

2012**Open to Public
Inspection**

Name of the organization

MERCY HOUSING INC AND AFFILIATES

Employer identification number

47-0646706

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						Yes	No
(1) MARIN HOUSING CORP. 94-1358291 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) MERCY GARDENS 33-0809069 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(3) 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
(4) OCEANA SENIOR HOUSING CORP. 94-3167825 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(5) PRESENTATION SENIOR COMMUNITY 94-3264209 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(6) RUSSELL MANOR 93-1189914 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(7) TIERRA DEL SOL, INC. 75-3004763 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) 2012

**SCHEDULE R
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						Yes	No
(1) ST. ELIZABETH HOUSING CORP. 94-2705149 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) GARDEN PARK APT COMMUNITY 68-0484147 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(3) MERCY OAKS VILLAGE 75-3134134 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	7	N/A		X
(4) MERCY PROPERTIES CALIFORNIA 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(5) FOSTER YOUTH 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(6) THE HAVEN 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(7) LELAND HOUSE 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) 2012

JSA

2E1307 1.000

**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.**

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						Yes	No
(1) OSOCALES (MCINTOSH MOBILE HOMES) 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) RICHMOND HILLS 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(3) SYCAMORE CENTER (RED BLUFF) 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(4) SIERRA VISTA 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(5) MAGNOLIA VILLAGE, LLC 32-0139519 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501 (C) (3)	11A	N/A		X
(6) EAGLE SENIOR VILLAGE 03-0410639 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11A	N/A		X
(7) MERCY SOUTHEAST IDAHO, INC. 84-1284293 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X

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

Schedule R (Form 990) 2012

**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

2012**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 (if applicable) 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 MOSCOW, INC. (HAWTHORNE) 82-0475388 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11A	N/A		X
(2) MERCY TWIN FALLS, INC. (WILLWOOD) 82-0492940 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11A	N/A		X
(3) MERCY HOUSING LAKEFRONT 36-3453183 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	7	N/A		X
(4) LAVERNGE COURTS, LLC 36-4535351 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	11A	N/A		X
(5) WASHINGTON COURTS, LLC 32-0084370 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	11A	N/A		X
(6) WHITMORE APARTMENTS LLC 47-0924267 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	11A	N/A		X
(7) MERCY HOUSING OHIO, INC. 20-2373936 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	11A	N/A		X

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OMB No. 1545-0047

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(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 PROPERTIES, INC. (MPI) 84-1173689 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) MERCY PROPERTIES II, INC. 82-0485862 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11A	N/A		X
(3) NEARY LAGOON, INC. 77-0214799 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(4) SAN JUAN HOUSING CORP. 68-0378676 1999 BROADWAY, SUITE 1000 DENVER, CA 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(5) MERCY HOUSING MIDWEST 47-0772351 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	11A	N/A		X
(6) HEARTLAND HOUSING INITIATIVE (HARP) 42-1359133 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(7) MERCY HOUSE 37-1068780 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	11A	N/A		X

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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 NORTHGLEN 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 47-0779681	LOW-INC HSNG	NE	501 (C) (3)	11A	N/A		X
(2) MERCY OAKWOOD GARDENS 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 84-1344220	LOW-INC HSNG	AZ	501 (C) (3)	9	N/A		X
(3) MERCY MIDWEST PROPERTIES (RIDGEVIEW) 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 43-1584918	LOW-INC HSNG	MO	501 (C) (3)	11A	N/A		X
(4) MERCY WESTERN MANOR 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 47-0785349	LOW-INC HSNG	NE	501 (C) (3)	11A	N/A		X
(5) MERCY VILLAGE JOPLIN 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 37-1459692	LOW-INC HSNG	MO	501 (C) (3)	11A	N/A		X
(6) MERCY HOUSING SOUTHEAST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 56-1993872	LOW-INC HSNG	NC	501 (C) (3)	11A	N/A		X
(7) MERCY PLACE BELMONT, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 80-0034784	LOW-INC HSNG	NC	501 (C) (3)	11A	N/A		X

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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

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(a) Name, address, and EIN (if applicable) 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
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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 PEMBROKE, INC. 13-4224803 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501 (C) (3)	11A	N/A		X
(2) 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
(3) MARSHSIDE VILLAGE, INC. 20-1910771 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	SC	501 (C) (3)	11A	N/A		X
(4) ALLEGRE POINT SENIOR RESIDENCES 20-4295472 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	11A	N/A		X
(5) 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
(6) INTERCOMMUNITY HOUSING FERNDAL 91-1667138 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501 (C) (3)	11A	N/A		X
(7) STERLING SENIOR HOUSING 14-1866405 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501 (C) (3)	11A	N/A		X

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OMB No. 1545-0047

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Employer identification number

47-0646706

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(a) Name, address, and EIN (if applicable) 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
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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, 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
(2) FLORIN HOUSING CORP. 68-0336533 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(3) MERCY HOUSING CALWEST 94-2963228 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(4) 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
(5) 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
(6) WALNUT GROVE 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(7) SANTA MONICA 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) 2012

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ACACIA MEADOWS 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) MERCY TIMBERCREEK LLC 68-0378674 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(3) FRANCONIA LLC 94-3286321 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(4) PADRE APARTMENTS COMMUNITY 84-0789830 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(5) SOUTH OF MARKET MERCY 94-3199902 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(6) VISITACION VALLEY AFFORDABLE HOUSING 94-3273336 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(7) MERCY HOUSING NORTHWEST 91-1546525 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501 (C) (3)	11A	N/A		X

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						Yes	No
(1) 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
(2) MERCY HOUSING MANAGEMENT GROUP 82-0376108 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	9	N/A		X
(3) MERCY HOUSING MOUNTAIN PLAINS 20-1583332 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	9	N/A		X
(4) INDEPENDENCE HILL, INC. 72-1545927 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11A	N/A		X
(5) 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
(6) DUBLIN MANOR, INC. 02-0655254 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	KY	501 (C) (3)	11A	N/A		X
(7) MCAULEY MANOR, INC. 31-1548500 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	KY	501 (C) (3)	11A	N/A		X

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						Yes	No
(1) MERCY MANOR, INC. 61-1344092 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	TN	501 (C) (3)	11A	N/A		X
(2) 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
(3) 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
(4) 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
(5) 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
(6) 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
(7) 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

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Schedule R (Form 990) 2012

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**SCHEDULE R
(Form 990)**Department of the Treasury
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						Yes	No
(1) ST. THERESA VILLAGE, INC. 31-1411529 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	11A	N/A		X
(2) 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
(3) SIENA SPRINGS II 31-1591780 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	11A	N/A		X
(4) CHARLES MEADOWS CORPORATION 34-1552671 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	11A	N/A		X
(5) 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
(6) CHARLES CREST II, CORPORATION 34-1714407 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	11A	N/A		X
(7) 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

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Schedule R (Form 990) 2012

**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

2012**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 (if applicable) 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) 2101 TELEGRAPH AVENUE, INC. 94-3222935 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) MERCY HOUSING WEST 68-0254564 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(3) 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
(4) MARLTON AFFORDABLE HOUSING CORP 91-2164481 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11B	N/A		X
(5) 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
(6) 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
(7) JOHNSTON CENTER MM LLC 26-1483851 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WI	501 (C) (3)	7	N/A		X

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Schedule R (Form 990) 2012

**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.**

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(a) Name, address, and EIN (if applicable) 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) APPIAN WAY MANAGER LLC 20-8829324 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501 (C) (3)	9	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) FHD HOLDINGS LLC 20-1356271 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	9	N/A		X
(4) MPS COMMUNITY I LLC 26-4002114 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	9	N/A		X
(5) ESPARTO FAMILY APARTMENTS LLC 45-3952011 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(6) MADONNA SENIOR HOUSING LLC 46-2344057 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(7) SUNSET LANE APARTMENTS LLC 45-3959651 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) 2012

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

OMB No. 1545-0047

2012**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 (if applicable) 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) NEW TACOMA PHASE I GP LLC 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 26-4569392	LOW-INC HSNG	WA	501 (C) (3)	9	N/A		X
(2) EVERGREEN VISTA 1 GP LLC 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 91-1546525	LOW-INC HSNG	WA	501 (C) (3)	9	N/A		X
(3) RAINIER VISTA BLOCK 43 GP LLC 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 27-5313456	LOW-INC HSNG	WA	501 (C) (3)	9	N/A		X
(4) COBBLE KNOLL I MERCY LLC 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 26-4520923	LOW-INC HSNG	WA	501 (C) (3)	9	N/A		X
(5) STAPLETON II MERCY LLC 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 27-0954394	LOW-INC HSNG	CO	501 (C) (3)	9	N/A		X
(6) MERCY HOUSING MIDWEST NEBRASKA LLC GP 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 20-1583332	LOW-INC HSNG	NE	501 (C) (3)	9	N/A		X
(7) EL MONTE LLC 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 46-1353344	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2012

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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.**

OMB No. 1545-0047

2012**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 (if applicable) 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) CAROLINE SEVERANCE LLC 45-3821132 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) MHMP GP LLC 36-4721306 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	9	N/A		X
(3) MHMW NEB LLC 45-5105325 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501 (C) (3)	9	N/A		X
(4) MHNW-ID LLC 45-4281647 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	9	N/A		X
(5) MHNW-ID GP LLC 45-4281561 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	9	N/A		X
(6) CENTRAL COAST HOUSING 77-0117473 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(7) DOWNTOWN VILLAS 77-0117473 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) 2012

**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

2012**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 (if applicable) 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) 7TH & H GP LLC 27-4984910 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) MHSE ADAMSVILLGE GREEN SENIOR PARTNERS 27-1321251 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501 (C) (3)	9	N/A		X
(3) MHL HOLDINGS LLC 36-4734146 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	9	N/A		X
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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Schedule R (Form 990) 2012

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 HSNG	CA	N/A	RELATED				X			X	
(2) BENNETT HOUSE, LP 65-1308081 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) DOROTHY DAY COMMUNITY, LP 65-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) JUNIPERO SERRA, LP 65-1308082 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) MONSIGNOR LYNE, LP 65-1308080 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) ST. ANDREW COMMUNITY, LP 65-13 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) VILLA COLUMBA MERCY RIVERSIDE, 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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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					

Schedule R (Form 990) 2012

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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					

Schedule R (Form 990) 2012

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 HSNB	GA	N/A	RELATED				X			X	
(2) MERCY HOUSING GEORGIA IV 56-23 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(3) MERCY HOUSING GEORGIA V, LP 90 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(4) MERCY HOUSING GEORGIA VI, LP 2 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(5) ACQUISITION PROPERTIES GEORGIA 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(6) MERCY HOUSING GEORGIA VIII LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(7) ACQUISITION PROPERTIES GEORGIA 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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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					

Schedule R (Form 990) 2012

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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					

Schedule R (Form 990) 2012

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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) MHSE ARBORS LLC 27-3284075 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					
(4) MHMP CO GP INC 61-1689475 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	N/A	C CORP					
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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) FERNDAL 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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_43-210 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) MERCY_HOUSING_CA_XXXVII_68-063 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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

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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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

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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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

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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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

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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 27 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) RAINER VISTA BLOCK 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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

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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 51, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA 53, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) 104TH STREET LP 27-2755027 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(4) MERCY HOUSING GEORGIA XI, LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(5) MERCY HOUSING GEORGIA 12, LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA 50, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) ANTIOCH VILLAS, LP 27-0194197 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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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) <u>IMPACT FAMILY VILLAGE GP LLC 3</u> 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) <u>IMPACT FAMILY VILLAGE LP 80-07</u> 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(3) <u>MERCY HOUSING CALIFORNIA 58 LP</u> 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) <u>THIRD AND LECANTE LP 26-417649</u> 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) <u>MERCY HOUSING CALIFORNIA 47, L</u> 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) <u>ALLEGRE MERCY REDEVELOPMENT LL</u> 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) <u>EL MONTE LP 46-1360554</u> 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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

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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) 55 LAGUNA LP 45-3582721 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA 54 LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA 55, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) JOHNSTON CENTER RE-USE LP 30-0 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA 52, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) 1100 OCEAN AVENUE LP 45-443701 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA 56, L 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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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 46, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) ACQUISITION PROPERTIES GEORGIA 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA 49, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA 48, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA 57, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA 59, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA 60, L 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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(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) -----													

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Part VII **Supplemental Information**

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