

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

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

DEAR JAMES:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS
FOR THE PERIOD ENDED DECEMBER 31, 2015 FOR:

MERCY HOUSING INC AS FOLLOWS...

2015 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
2015 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
2015 SCHEDULE B - SCHEDULE OF CONTRIBUTORS
2015 SCHEDULE C - POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES
2015 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS
2015 SCHEDULE I - GRANTS & OTHER ASSIST. TO ORG/GOV/IND. IN THE U.S
2015 SCHEDULE J - COMPENSATION INFORMATION
2015 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ
2015 SCHEDULE R - RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS
2015 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
2015 CALIFORNIA FORM 199 - EXEMPT ORGANIZATION STATEMENT OF RETURN
2015 CALIFORNIA 8453-EO E-FILE RETURN AUTHORIZATION FOR EXEMPT ORG.

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

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

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

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

REQUEST. SHOULD YOU RECEIVE A REQUEST FOR INSPECTION OR FOR COPIES OF YOUR RETURN, YOU MAY WANT TO CONTACT US FOR FURTHER DETAILS.

THESE RETURNS WERE PREPARED FROM INFORMATION PROVIDED BY YOU OR YOUR REPRESENTATIVE. THE PREPARATION OF TAX RETURNS DOES NOT INCLUDE THE INDEPENDENT VERIFICATION OF INFORMATION USED. THEREFORE, WE RECOMMEND YOU REVIEW THE RETURNS BEFORE SIGNING TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS. IF YOU NOTE ANYTHING WHICH MAY REQUIRE A CHANGE TO THE RETURNS, PLEASE CONTACT US BEFORE FILING THEM.

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

SINCERELY,

KATHY BLACKBURN

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

INSTRUCTIONS FOR FILING
MERCY HOUSING INC
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2015

SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE
SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

CHAREFILE@COHNREZNICK.COM

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

PLEASE REVIEW THE TAX RETURN FOR THE CORRECT INCLUSION OF ANY FOREIGN
TRANSACTIONS OR INFORMATION. FOR EXAMPLE, FBAR FORM 114 IS REQUIRED
TO BE FILED FOR ANY FOREIGN FINANCIAL ACCOUNTS IN WHICH A TAXPAYER HAS
A FINANCIAL INTEREST OR SIGNATURE OR OTHER AUTHORITY. FAILURE TO FILE
THIS FORM, ALONG WITH OTHER FORMS RELATED TO OVERSEAS ACTIVITIES SUCH
AS OWNERSHIP IN FOREIGN ENTITY, GIFTS FROM OVERSEAS OR A RELATIONSHIP
WITH A FOREIGN TRUST, WILL POTENTIALLY SUBJECT YOU TO SUBSTANTIAL
PENALTIES. PLEASE ADVISE US IMMEDIATELY IF YOU BELIEVE YOU MAY HAVE
ANY FOREIGN ACTIVITY OR INVESTMENT AND/OR FOREIGN BANK OR SECURITIES
ACCOUNT WHICH CARRIES A FILING REQUIREMENT AND IT IS NOT INCLUDED IN
THE TAX RETURNS.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE
AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN.
PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE
SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY
TRANSMIT YOUR RETURN WHICH IS DUE ON AUGUST 15, 2016. WE
WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE
AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL
REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED.
YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE
SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE
DATE OF YOUR RETURN.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning _____, 2015, and ending _____, 20_____

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

2015

Department of the Treasury
Internal Revenue Service

Name of exempt organization

MERCY HOUSING INC

Name and title of officer

VINCE DODDS, VICE PRESIDENT

Employer identification number

47-0646706

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

- 1a Form 990 check here ▶ **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . **1b** 19283279.
- 2a Form 990-EZ check here ▶ **b Total revenue**, if any (Form 990-EZ, line 9) **2b** _____
- 3a Form 1120-POL check here ▶ **b Total tax** (Form 1120-POL, line 22) **3b** _____
- 4a Form 990-PF check here ▶ **b Tax based on investment income** (Form 990-PF, Part VI, line 5). **4b** _____
- 5a Form 8868 check here ▶ **b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c) **5b** _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize COHNREZNICK LLP to enter my PIN

8	5	2	3	8
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 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6	9	5	0	2	6	2	2	1	4	7
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ _____

Date ▶ _____

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

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , **2015**, 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"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MERCY HOUSING INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1999 BROADWAY SUITE 1000 City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80202				D Employer identification number 47-0646706	
	F Name and address of principal officer: STEVE SPEARS 1999 BROADWAY SUITE 1000 DENVER, CO 80202				E Telephone number (303) 830-3300	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				G Gross receipts \$ 19,283,279.	
	J Website: ▶ WWW.MERCYHOUSING.ORG				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1981 M State of legal domicile: NE		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO DEVELOP, OWN, AND OPERATE LOW-INCOME HOUSING & PROVIDE SERVICES TO LOW-INCOME FAMILIES, ELDERLY, HOMELESS, POTENTIALLY HOMELESS, HANDICAPPED & 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	18.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	529.
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	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)	6,469,072.	13,519,175.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,631,105.	5,131,865.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	460,130.	632,239.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	12		12,560,307.	19,283,279.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,202,112.	2,055,864.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,975,581.	12,257,392.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 282,962.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-8,458,508.	-3,192,875.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,719,185.	11,120,381.	
19	Revenue less expenses. Subtract line 18 from line 12	5,841,122.	8,162,898.	
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)	63,990,660.	72,247,998.
	22	Net assets or fund balances. Subtract line 21 from line 20.	47,847,598.	47,942,038.
			16,143,062.	24,305,960.

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			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KATHY BLACKBURN				P00450629
	Firm's name ▶ COHNREZNICK LLP	Firm's EIN ▶ 22-1478099		Phone no. 704-332-9100	
	Firm's address ▶ 525 N. TRYON STREET STE 1000 CHARLOTTE, NC 28202				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

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

Enter filer's identifying number, see instructions

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STEVE SPEARS

- The books are in the care of ► 1999 BROADWAY SUITE 1000 DENVER, CO 80202

Telephone No. ► 303 830-3300 FAX No. ►

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2015 or

► tax year beginning _____, 20____, and ending _____, 20____.

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

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

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 [X] No

[] Yes [X] 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 [X] No

[] Yes [X] 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 \$ 5,373,860. including grants of \$ 2,055,864.) (Revenue \$ 5,131,865.)

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

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

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

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

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

4e Total program service expenses 5,373,860.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

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.
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, address, and telephone number of the person who possesses the organization's books and records: STEVE SPEARS 1999 BROADWAY SUITE 1000 DENVER, CO 80202 303-830-3300

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (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) BARRY ZIGAS ----- DIRECTOR/CHAIRMAN	1.00 ----- 0.	X						0.	0.	0.
(2) SR PAT MCDERMOTT ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(3) LESLIE WITTMANN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(4) SR ROSE MARIE JASINSKI ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(5) SR LINDA WERTHMAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(6) YVONNE CAMACHO ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(7) ADRIENNE CROWE ----- DIRECTOR/ VICE CHAIRMAN	1.00 ----- 0.	X						0.	0.	0.
(8) SR BARBARA BUSCH ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(9) SR DIANE HEJNA ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(10) SUZANNE SWIFT ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(11) CAROL WETMORE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(12) BARBARA KELLEY ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(13) BOB TETRAULT ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(14) DOUG JUTTE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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) JIM PARK ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(16) PATRICIA COCHRAN ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(17) SCOTT POCOCK ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(18) CHARLIE FRANCIS ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(19) JANE GRAF ----- CHIEF EXECUTIVE OFFICER	40.00 0.			X			323,742.	0.	12,150.	
(20) CHERYLL O'BRYAN ----- SENIOR VP/PRESIDENT MHM	0. 40.00			X			0.	261,877.	41,644.	
(21) VINCE DODDS ----- VICE PRESIDENT	40.00 0.			X			179,192.	0.	32,549.	
(22) MICHELE MAMET ----- SR. VICE PRESIDENT/CAO	40.00 0.			X			222,588.	0.	36,795.	
(23) CAROL BRESLAU ----- SENIOR VICE PRESIDENT	40.00 0.			X			180,900.	0.	5,288.	
(24) CHRIS BURCKHARDT ----- SENIOR VICE PRESIDENT/ COO	40.00 0.			X			253,663.	0.	37,879.	
(25) BILL RUMPF ----- SENIOR VICE PRESIDENT	40.00 0.			X			187,195.	0.	30,714.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							4,122,448.	480,150.	635,477.	
d Total (add lines 1b and 1c)							4,122,448.	480,150.	635,477.	

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 ► 22

	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 ► 2

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) JOHN MARCOLINA VICE PRESIDENT	40.00 0.			X			136,485.	0.	36,956.	
(27) DOUGLAS SHOEMAKER SENIOR VICE PRESIDENT	40.00 0.			X			196,245.	0.	20,449.	
(28) CHRISTY RICHARDSON SENIOR VICE PRESIDENT	40.00 0.			X			167,752.	0.	41,109.	
(29) STEVE SPEARS SENIOR VICE PRESIDENT/CFO	40.00 0.			X			268,274.	0.	10,132.	
(30) VALERIE AGOSTINO SENIOR VICE PRESIDENT	40.00 0.			X			191,556.	0.	22,766.	
(31) MARK ANGELINI SENIOR VICE PRESIDENT	40.00 0.			X			188,588.	0.	36,678.	
(32) MELISSA CLAYTON SENIOR VICE PRESIDENT	40.00 0.			X			174,565.	0.	25,759.	
(33) CADE SCHOLL VICE PRESIDENT	40.00 0.			X			152,829.	0.	34,872.	
(34) RONALD JACKSON VICE PRESIDENT/SECRETARY	40.00 0.			X			132,445.	0.	27,248.	
(35) CINDY HOLLER SENIOR VICE PRESIDENT	40.00 0.			X			195,695.	0.	20,897.	
(36) FRANCENA MARIE LOWE SENIOR VICE PRESIDENT	40.00 0.			X			185,374.	0.	2,156.	
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 **22**

	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)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Christopher Reed, Edward Holder, David Graham Lyon, David Mevis, Gunnar Tande, and Benjamin Phillips.

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 22

Table with 3 columns: Question number, Yes, No. Rows 3, 4, 5 regarding compensation reporting and unrelated organizations.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. No data rows are present.

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 VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII. X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	5,297,951.				
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	8,221,224.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			13,519,175.			
Program Service Revenue			Business Code				
	2a <u>SERVICE FEES</u>		531390	3,658,931.	3,658,931.		
	b <u>LOSS ON INVESTMENT IN PARTNERSHIP</u>		531390	-203,247.	-203,247.		
	c <u>LOSS ON INVESTMENT IN CAPITAL ASSETS</u>		531390	-706.	-706.		
	d <u>LEASE INCOME</u>		531390	42,660.	42,660.		
	e <u>LOAN FEES</u>		531390	28,227.	28,227.		
	f All other program service revenue			1,606,000.	1,606,000.		
g Total. Add lines 2a-2f ▶			5,131,865.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). <u>ATTACHMENT 4</u> ▶			632,239.			632,239.
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			0.			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			0.			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
		b Less: direct expenses b					
c Net income or (loss) from fundraising events. ▶				0.			
9a Gross income from gaming activities. See Part IV, line 19 a							
	b Less: direct expenses b						
	c Net income or (loss) from gaming activities. ▶			0.			
10a Gross sales of inventory, less returns and allowances a							
	b Less: cost of goods sold b						
	c Net income or (loss) from sales of inventory. ▶			0.			
Miscellaneous Revenue			Business Code				
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			0.				
12 Total revenue. See instructions. ▶			19,283,279.	5,131,865.		632,239.	

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	2,055,864.	2,055,864.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	2,579,686.	742,716.	1,513,228.	323,742.
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	7,078,709.	1,559,557.	5,280,051.	239,101.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	222,716.	56,718.	152,166.	13,832.
9 Other employee benefits	1,682,499.	281,576.	1,340,354.	60,569.
10 Payroll taxes	693,782.	166,428.	497,207.	30,147.
11 Fees for services (non-employees):				
a Management	88,381.	37,625.	39,256.	11,500.
b Legal	68,779.		68,779.	
c Accounting	176,059.		176,059.	
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.)	78,353.	18,983.	56,370.	3,000.
12 Advertising and promotion	171,452.	6,424.	164,973.	55.
13 Office expenses	830,880.	28,345.	768,644.	33,891.
14 Information technology	479,730.	9,606.	466,611.	3,513.
15 Royalties	0.			
16 Occupancy	2,326,108.	39,602.	2,248,822.	37,684.
17 Travel	426,444.	158,783.	113,374.	154,287.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	31,134.	2,219.	5,056.	23,859.
20 Interest	1,175,527.		1,175,527.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	16,839.		16,839.	
23 Insurance	38,056.	6,820.	30,483.	753.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESERVE FOR LOAN LOSSES -----	651,918.	651,918.		
b CONTRACT LABOR-TEMP -----	427,658.	47,415.	380,243.	
c BANK SERVICE CHARGES -----	416,627.	22.	416,605.	
d PARTNERSHIP INVEST. GAIN/LOS -----	203,247.	203,247.		
e All other expenses -----	-10,800,067.	-700,008.	-9,447,088.	-652,971.
25 Total functional expenses. Add lines 1 through 24e	11,120,381.	5,373,860.	5,463,559.	282,962.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	25,161,413.	2	30,089,309.
	3 Pledges and grants receivable, net	1,789,645.	3	2,550,135.
	4 Accounts receivable, net	525,627.	4	935,411.
	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	6,427,587.	7	8,099,475.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	313,324.	9	1,880,679.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,701,124.		
	b Less: accumulated depreciation	10b 3,774,710.	884,766.	10c 926,414.
	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	8,096,342.	13	7,927,640.
	14 Intangible assets	7,500.	14	0.
	15 Other assets. See Part IV, line 11	20,784,456.	15	19,838,935.
16 Total assets. Add lines 1 through 15 (must equal line 34)	63,990,660.	16	72,247,998.	
Liabilities	17 Accounts payable and accrued expenses	5,959,087.	17	5,874,822.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	5,527,739.	19	8,430,954.
	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	23,467,538.	24	21,053,703.
	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	12,893,234.	25	12,582,559.
	26 Total liabilities. Add lines 17 through 25	47,847,598.	26	47,942,038.
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	12,329,965.	27	18,492,173.
	28 Temporarily restricted net assets	3,058,097.	28	5,058,787.
	29 Permanently restricted net assets	755,000.	29	755,000.
	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	16,143,062.	33	24,305,960.
34 Total liabilities and net assets/fund balances	63,990,660.	34	72,247,998.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,283,279.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,120,381.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,162,898.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,143,062.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,305,960.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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** (2015)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

MERCY HOUSING INC

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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2015

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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,760,218.	1,503,872.	3,700,214.	6,909,558.	13,519,175.	35,393,037.
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	6,517,231.	1,723,254.	2,977,151.	4,598,819.	5,131,865.	20,948,320.
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	16,277,449.	3,227,126.	6,677,365.	11,508,377.	18,651,040.	56,341,357.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			29,610.	437,136.		466,746.
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	5,262,430.		941,574.	342,057.	45,650.	6,591,711.
c Add lines 7a and 7b.	5,262,430.		971,184.	779,193.	45,650.	7,058,457.
8 Public support. (Subtract line 7c from line 6.)						49,282,900.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.	16,277,449.	3,227,126.	6,677,365.	11,508,377.	18,651,040.	56,341,357.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	905,354.	426,504.	385,643.	1,492,416.	632,239.	3,842,156.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	905,354.	426,504.	385,643.	1,492,416.	632,239.	3,842,156.
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 VI.) ATCH 1			948,188.			948,188.
13 Total support. (Add lines 9, 10c, 11, and 12.)	17,182,803.	3,653,630.	8,011,196.	13,000,793.	19,283,279.	61,131,701.
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 2015 (line 8, column (f) divided by line 13, column (f))	15	80.62%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	70.70%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	6.29%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	8.56%

- 19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows 2a, 2b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows 3a, 3b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** 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).

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
GALA FUNDRAISING EVENT			948,188.			948,188.
TOTALS			<u>948,188.</u>			<u>948,188.</u>

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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**

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	WAPITI MEADOWS 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	\$ 1,241,697.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MISSION STREET 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	\$ 2,196,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CASA SAN JUAN 838 W. 5TH STREET OXNARD, CA 93030	\$ 1,454,797.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MERCY LOAN FUND 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GRAND & VENICE 1500 SOUTH GRAND AVE LOS ANGELES, CA 90015	\$ 20,913.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FRANCIS PEAK VIEW 600 W MUTTON HOLLOW ROAD KAYSVILLE, UT 80437	\$ 15,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MERCY HOUSING INCEmployer 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	CHP/MERCY HOUSING SOUTHEAST 6521 NORTH AVENUE, SUITE A 150 ATLANTA, GA 30308	\$ 116,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BETH MULLEN 2701 F STREET SACAMENTO, CA 58648	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CARLA & WILLIAM J YOUNG 1119 SHERIDAN ROAD WINNETKA, IL 60093	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	HELEN M DUNLAP 104 E 32ND STREET CHICAGO, IL 60616	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SCHWAB CHARITABLE 211 MAIN STREET, FLOOR 10 SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ENTERPRISE GRANT 11000 BROKEN LAND PARKWAY, SUITE 700 COLUMBIA, MD 21044	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MERCY HOUSING INCEmployer 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	<u>BANK OF AMERICA</u> <u>125 DUPONT DRIVE, RI 1-211-01-30</u> <u>PROVIDENCE, RI 02907</u>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<u>CBS CORPORATION</u> <u>51 W 52ND STREET</u> <u>NEW YORK, NY 10019</u>	\$ <u>129,742.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<u>CAPITAL ONE GRANT</u> <u>1680 CAPITAL ONE DRIVE</u> <u>MCLEAN, VA 22102</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<u>US BANK</u> <u>800 NICOLLET MALL</u> <u>MINNEAPOLIS, MN 55402</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<u>WILLIAM RANDOLPH HEARST FOUNDATION</u> <u>90 NEW MONTGOMERY STREET, SUITE 1212</u> <u>SAN FRANCISCO, CA 94105</u>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<u>THE CHARITABLE GIFT</u> <u>PO BOX 770001</u> <u>CINCINNATI, OH 45277</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MERCY HOUSING INCEmployer 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	JPMORGAN CHASE FOUNDATION BLDG CODE 02317-33, MALLCODE NY1-K655 NEW YORK, NY 10017	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
20	NATION AFFORDABLE HOUSING TRUST INCOME 2245 N BANK DRIVE, SUITE 200 COLUMBUS, OH 43220	\$ 68,837.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
21	DIGNITY HEALTH 185 BERRY STREET, SUITE 300 SAN FRANCISCO, CA 94107	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
22	BON SECOURS 1505 MARRIOTTSVILLE ROAD MARRIOTTSVILLE, MD 21104	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
23	BANK OF AMERICA FOUNDATION 125 DUPONT DRIVE, RI 1-121-01-30 PROVIDENCE, RI 02907	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
24	BON SECOUR HEALTH SYSTEM PO BOX 6189 ELLCOTT CITY, MD 21042	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization **MERCY HOUSING INC**

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
_____	_____ _____ _____	\$ _____	_____

Name of organization **MERCY HOUSING INC**

Employer identification number

47-0646706

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2015

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization MERCY HOUSING INC	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) 2015

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												
1a 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a 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					

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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc., with a total amount of 1,500.

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

Table with 3 rows of questions about dues and lobbying expenditures, and a Yes/No column.

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."

Table with 5 rows of questions about dues and lobbying expenditures, and a Yes/No column.

Part IV Supplemental Information

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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

MEMBERSHIP DUES

THESE AMOUNTS REPRESENT THE PORTION OF MEMBERSHIP DUES PAID THAT WERE USED FOR LOBBYING ACTIVITIES.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

MERCY HOUSING INC

47-0646706

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?, 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" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 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) Revenue 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 Revenue 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) 2015

JSA 5E1268 1.000

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
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
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?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with Yes/No columns for 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENTS - PROGRAM RELATED	7,927,640.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	7,927,640.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	12,954,870.
(2) LOAN TO AFFILIATES	6,884,065.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	19,838,935.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	12,458,926.
(3) ACCRUED INTEREST	123,633.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,582,559.

2. Liability for uncertain tax positions. 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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 3, 4a-4b, 4c, 5), and a final column for totals.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 3, 4a-4b, 4c, 5), and a final column for totals.

Part XIII Supplemental Information.

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, QUESTION 2

MERCY HOUSING, INC. (MHI) AND ITS CONSOLIDATED NONPROFIT CORPORATIONS ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND COMPARABLE STATE STATUTES AND DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2015. DUE TO THEIR TAX EXEMPT STATUS, MHI AND THE CONSOLIDATED NONPROFIT CORPORATIONS ARE NOT SUBJECT TO INCOME TAXES. MHI AND THE CONSOLIDATED NONPROFIT CORPORATIONS ARE REQUIRED TO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THERE ARE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. INCOME TAX RETURNS FILED BY THE CORPORATION ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, TAX YEARS SINCE 2012 REMAIN OPEN.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

Part I General Information on Grants and Assistance

- 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
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) MERCY HOUSING LAKEFRONT 120 SOUTH LASALLE STREET, SUITE 1850	36-3453183	501(C)(3)	183,000.				LOW-INCOME HOUSING
(2) MERCY HOUSING MOUNTAIN PLAINS 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	20-1583332	501(C)(3)	18,525.				LOW-INCOME HOUSING
(3) MERCY HOUSING CALIFORNIA 130 MISSION STREET, SUITE 300	94-3081666	501(C)(3)	508,852.				LOW-INCOME HOUSING
(4) MERCY HOUSING SOUTHEAST 6521 NORTH AVENUE, SUITE A 150	56-1993872	501(C)(3)	34,130.				LOW-INCOME HOUSING
(5) MERCY PORTFOLIO SERVICES 120 SOUTH LASALLE STREET, SUITE 1850	26-4002114	501(C)(3)	22,500.				LOW-INCOME HOUSING
(6) MERCY LOAN FUND 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	84-1559406	501(C)(3)	522,500.				LOW-INCOME HOUSING
(7) MERCY HOUSING NORTHWEST 2505 THIRD AVENUE, SUITE 204	91-1546525	501(C)(3)	53,830.				LOW-INCOME HOUSING
(8) MERCY HOUSING SOUTHWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	86-0743192	501(C)(3)	6,000.				LOW-INCOME HOUSING
(9) MISCELLANEOUS < \$5,000 1999 BROADWAY, SUITE 1000 DENVER, CO 80202			50,000.				LOW-INCOME HOUSING
(10) MERCY HOUSING MIDWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	47-0772351	503C(3)	10,525.				LOW-INCOME HOUSING
(11) MERCY TERRACE, LLC 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	22-1478099	503C(3)	646,002.				LOW-INCOME HOUSING
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 10.

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) (2015)

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

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

Name of the organization

MERCY HOUSING INC

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a 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 directors, trustees, and officers, including 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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 on 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JANE GRAF CHIEF EXECUTIVE OFFICER	(i)	323,742.	0.	0.	10,219.	1,931.	335,892.	
	(ii)	0.	0.	0.				
2 CHERYLL O'BRYAN SENIOR VP/PRESIDENT MHM	(i)	0.	0.	0.				
	(ii)	261,877.	0.	0.	10,395.	31,249.	303,521.	
3 VINCE DODDS VICE PRESIDENT	(i)	179,192.	0.	0.	7,567.	24,982.	211,741.	
	(ii)	0.	0.	0.				
4 MICHELE MAMET SR. VICE PRESIDENT/CAO	(i)	222,588.	0.	0.	7,020.	29,775.	259,383.	
	(ii)	0.	0.	0.				
5 CAROL BRESLAU SENIOR VICE PRESIDENT	(i)	180,900.	0.	0.	4,278.	1,010.	186,188.	
	(ii)	0.	0.	0.				
6 CHRIS BURCKHARDT SENIOR VICE PRESIDENT/ COO	(i)	253,663.	0.	0.	7,193.	30,686.	291,542.	
	(ii)	0.	0.	0.				
7 BILL RUMPF SENIOR VICE PRESIDENT	(i)	187,195.	0.	0.	2,489.	28,225.	217,909.	
	(ii)	0.	0.	0.				
8 JOHN MARCOLINA VICE PRESIDENT	(i)	136,485.	0.	0.	5,978.	30,978.	173,441.	
	(ii)	0.	0.	0.				
9 DOUGLAS SHOEMAKER SENIOR VICE PRESIDENT	(i)	196,245.	0.	0.	5,148.	15,301.	216,694.	
	(ii)	0.	0.	0.				
10 CHRISTY RICHARDSON SENIOR VICE PRESIDENT	(i)	167,752.	0.	0.	5,517.	35,592.	208,861.	
	(ii)	0.	0.	0.				
11 STEVE SPEARS SENIOR VICE PRESIDENT/CFO	(i)	268,274.	0.	0.	6,552.	3,580.	278,406.	
	(ii)	0.	0.	0.				
12 VALERIE AGOSTINO SENIOR VICE PRESIDENT	(i)	191,556.	0.	0.	6,873.	15,893.	214,322.	
	(ii)	0.	0.	0.				
13 MARK ANGELINI SENIOR VICE PRESIDENT	(i)	188,588.	0.	0.	6,000.	30,678.	225,266.	
	(ii)	0.	0.	0.				
14 MELISSA CLAYTON SENIOR VICE PRESIDENT	(i)	174,565.	0.	0.	4,606.	21,153.	200,324.	
	(ii)	0.	0.	0.				
15 CADE SCHOLL VICE PRESIDENT	(i)	152,829.	0.	0.	3,362.	31,510.	187,701.	
	(ii)	0.	0.	0.				
16 RONALD JACKSON VICE PRESIDENT/SECRETARY	(i)	132,445.	0.	0.	1,400.	25,848.	159,693.	
	(ii)	0.	0.	0.				

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 on 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CINDY HOLLER SENIOR VICE PRESIDENT	(i)	195,695.	0.	0.	7,846.	13,051.	216,592.	
	(ii)	0.	0.	0.				
2 FRANCENA MARIE LOWE SENIOR VICE PRESIDENT	(i)	185,374.	0.	0.	1,138.	1,018.	187,530.	
	(ii)	0.	0.	0.				
3 CHRISTOPHER REED VICE PRESIDENT	(i)	0.	0.	0.				
	(ii)	218,273.	0.	0.	8,721.	1,416.	228,410.	
4 EDWARD HOLDER EMPLOYEE	(i)	191,095.	0.	0.	5,917.	30,686.	227,698.	
	(ii)	0.	0.	0.				
5 DAVID GRAHAM LYON EMPLOYEE	(i)	168,588.	0.	0.	5,399.	30,682.	204,669.	
	(ii)	0.	0.	0.				
6 DAVID MEVIS EMPLOYEE	(i)	141,554.	0.	0.	2,377.	32,202.	176,133.	
	(ii)	0.	0.	0.				
7 GUNNAR TANDE EMPLOYEE	(i)	122,180.	0.	0.	3,475.	26,307.	151,962.	
	(ii)	0.	0.	0.				
8 BENJAMIN PHILLIPS EMPLOYEE	(i)	161,943.	0.	0.	5,160.	7,094.	174,197.	
	(ii)	0.	0.	0.				
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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

Name of the organization

MERCY HOUSING INC

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

2015

**Open to Public
Inspection**

Employer identification number

47-0646706

PART VI SECTION A

#1A: MERCY HOUSING, INC. IS CO-SPONSORED BY NINE CONGREGATIONS OF RELIGIOUS WOMEN WHO APPOINT MEMBERS TO THE SPONSOR COUNCIL. THE SPONSOR COUNCIL APPOINTS THE CORPORATE MEMBER GROUP. THE RESERVED RIGHTS HELD BY THE CORPORATE MEMBER GROUP 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, AND APPOINTMENT OR REMOVAL OF GOVERNMENT BOARD MEMBERS AND OFFICERS AND APPOINTMENT/TERMINATION OF THE CHIEF EXECUTIVE OFFICER.

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

#7 A & B: THE BOARD OF TRUSTEES OF MERCY HOUSING, INC. HAS AUTHORITY IN VARIOUS ASPECTS OF OPERATIONS AND MANAGEMENT WHICH ARE SET FORTH IN THE RESERVED RIGHTS OF THE BYLAWS. THE RESERVED RIGHTS HELD BY THE MERCY HOUSING, INC. BOARD OF TRUSTEES, MANY OF WHICH HAVE BEEN FURTHER DELEGATED TO THE PRESIDENT AND CEO OF MERCY HOUSING, INC., INCLUDE APPROVAL OF THE FOLLOWING ACTIVITIES: REVISIONS TO ARTICLES AND BYLAWS; MERGERS AND ACQUISITIONS, ESTABLISHMENT OF SUBSIDIARY ENTITIES; PLEDGING, MORTGAGING, OR DISPOSING OF ALL OR SUBSTANTIALLY ALL ASSETS; OBLIGATIONS OF NEW OPERATING AND MORTGAGE DEBT; AND APPOINTMENT OR REMOVAL OF GOVERNING BOARD MEMBERS AND OFFICERS.

PART VI SECTION B

#11A: THE FORM 990 IS SUBMITTED TO THE GOVERNING BOARD MEMBERS FOR REVIEW

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

AND IF, WITHIN 7 DAYS, THERE ARE NO FURTHER COMMENTS, QUESTIONS OR MODIFICATIONS, THE FORM 990 IS FILED WITH THE IRS.

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

#15B: ANNUALLY 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 #19

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

PART XII

#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

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

OF MERCY HOUSING, INC.

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.

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>
COHNREZNICK 525 N. TRYON STREET, SUITE 1000 CHARLOTTE, NC 28202	AUDIT & TAX SERVICES	2,867,287.
FANNIE MAE HOUSING AND COMM DEVELOPMENT	LEGAL SERVICES	149,000.

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
3900 WISCONSIN AVE NW, MAILSTOP 8H/306 WASHINGTON, DC 20016-2892		

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INVESTMENT INCOME	632,239.			632,239.
TOTALS	<u>632,239.</u>			<u>632,239.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(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) ALL HALLOWS COMMUNITY 94-2722870 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(3) ALLEGRE POINT SENIOR RESIDENCES 20-4295472 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	9	N/A		X
(4) AVONDALE SENIOR VILLAGE 86-0980810 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	9	N/A		X
(5) CAMELOT CASITAS 86-0980809 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	9	N/A		X
(6) CANTEBRIA SENIOR HOMES 94-3361794 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(7) CASA DE MERCED 86-0808941 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	9	N/A		X

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

Schedule R (Form 990) 2015

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CASA DE SHANTI 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0728526	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(2) CENTRAL COAST HOUSING 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 77-0117473	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(3) CHARLES CREST CORPORATION (CHARLES CREST) 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 34-1399869	LOW-INC HSNG	OH	501 (C) (3)	9	N/A		X
(4) CHARLES CREST II, CORPORATION 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 34-1714407	LOW-INC HSNG	OH	501 (C) (3)	9	N/A		X
(5) CHARLES MEADOWS CORPORATION 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 34-1552671	LOW-INC HSNG	OH	501 (C) (3)	9	N/A		X
(6) DECATUR PLACE 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 84-1062097	LOW-INC HSNG	CO	501 (C) (3)	9	N/A		X
(7) DUBLIN MANOR, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 02-0655254	LOW-INC HSNG	KY	501 (C) (3)	9	N/A		X

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

Schedule R (Form 990) 2015

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) EAGLE SENIOR VILLAGE 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 03-0410639	LOW-INC HSNG	ID	501 (C) (3)	9	N/A		X
(2) EH/CC HOUSING CORP. (EDEN HOUSE) 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-3234538	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(3) EL MIRAGE SENIOR 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0847975	LOW-INC HSNG	AZ	501 (C) (3)	9	N/A		X
(4) FAIRFAX NONPROFIT HOUSING DEVELOPMENT CO 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-2772546	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(5) FLORIN HOUSING CORP. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 68-0336533	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(6) FRANCIS OF ASSISI COMMUNITY 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-2366315	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(7) GARDEN PARK APT COMMUNITY 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 68-0484147	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) 2015

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GAULT STREET SENIOR 75-2983979 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(2) GUADALUPE SENIOR VILLAGE 86-0897709 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	9	N/A		X
(3) HOMES FOR GREELEY 84-1349918 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) INTERCOMMUNITY HOUSING FERNDALE 91-1667138 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501 (C) (3)	9	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)	9	N/A		X
(7) KANE COUNTY NEIGHBORHOOD STABILIZATION C 27-2239991 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	9	N/A		X

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

Schedule R (Form 990) 2015

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MACLEAV NON-PROFT HOUSING DEVELOPMENT 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	94-2762529 LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(2) MARIA B. FREITAS SENIOR HOUSING CORP. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	94-3190261 LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(3) MARIN HOMES FOR INDEPENDENT LIVING 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	94-2787430 LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(4) MARIN HOUSING CORP. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	94-1358291 LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(5) MARLTON AFFORDABLE HOUSING CORP 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	91-2164481 LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(6) MARSHSIDE VILLAGE, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	20-1910771 LOW-INC HSNG	SC	501 (C) (3)	9	N/A		X
(7) MCAULEY MANOR, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	31-1548500 LOW-INC HSNG	KY	501 (C) (3)	9	N/A		X

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Schedule R (Form 990) 2015

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
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Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MERCY BOND PROPERTIES AZ I 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-3142767	LOW-INC HSNG	AZ	501 (C) (3)	11A	N/A		X
(2) MERCY BOND PROPERTIES COLORADO I 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-3286321	LOW-INC HSNG	CO	501 (C) (3)	11A	N/A		X
(3) MERCY BOND PROPERTIES NEBRASKA I 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 68-0378674	LOW-INC HSNG	NE	501 (C) (3)	11A	N/A		X
(4) MERCY COMMUNITY HOUSING GEORGIA 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 58-2461689	LOW-INC HSNG	GA	501 (C) (3)	11A	N/A		X
(5) MERCY GARDENS 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 33-0809069	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(6) MERCY HOLLY PARK EAST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 84-1347445	LOW-INC HSNG	CO	501 (C) (3)	11A	N/A		X
(7) MERCY HOUSING CA HOLDING CO. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-2834861	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X

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(1)					
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MERCY HOUSING CALIFORNIA 94-3081666 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(2) MERCY HOUSING CALIFORNIA FAMILY PROPERTI 33-0998451 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(3) MERCY HOUSING CALIFORNIA SENIOR PROPERTI 20-3177114 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	9	N/A		X
(4) MERCY HOUSING CALIFORNIA SPECIAL NEEDS 94-3088260 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(5) MERCY HOUSING CALWEST 94-2963228 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(6) MERCY HOUSING LAKEFRONT 36-3453183 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	7	N/A		X
(7) MERCY HOUSING MANAGEMENT GROUP 82-0376108 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	9	N/A		X

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Employer identification number

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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) MERCY HOUSING MIDWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 47-0772351	LOW-INC HSNG	NE	501 (C) (3)	9	N/A		X
(2) MERCY HOUSING MOUNTAIN PLAINS 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 20-1583332	LOW-INC HSNG	CO	501 (C) (3)	9	N/A		X
(3) MERCY HOUSING NORTHWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 91-1546525	LOW-INC HSNG	WA	501 (C) (3)	9	N/A		X
(4) MERCY HOUSING NORTHWEST IDAHO, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 36-3453183	LOW-INC HSNG	ID	501 (C) (3)	11A	N/A		X
(5) MERCY HOUSING OHIO, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 20-2373936	LOW-INC HSNG	OH	501 (C) (3)	11A	N/A		X
(6) MERCY HOUSING PEMBROKE, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 13-4224803	LOW-INC HSNG	GA	501 (C) (3)	9	N/A		X
(7) MERCY HOUSING SOUTHEAST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 56-1993872	LOW-INC HSNG	NC	501 (C) (3)	9	N/A		X

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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) MERCY HOUSING SOUTHWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0743192	LOW-INC HSNG	AZ	501 (C) (3)	9	N/A		X
(2) MERCY HOUSING WEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 68-0254564	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(3) MERCY HOUSING, 2904 N 45TH ST, OMAHA 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 37-1068780	LOW-INC HSNG	NE	501 (C) (3)	9	N/A		X
(4) MERCY HOUSING, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 47-0646706	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(5) MERCY LOAN FUND 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 84-1559406	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(6) MERCY MANOR, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 61-1344092	LOW-INC HSNG	TN	501 (C) (3)	9	N/A		X
(7) MERCY MIDTOWN, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 68-0002157	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X

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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) MERCY MOSCOW, INC. (HAWTHORNE) 82-0475388 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	9	N/A		X
(2) MERCY OAKS VILLAGE 75-3134134 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(3) MERCY OAKWOOD GARDENS 84-1344220 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	9	N/A		X
(4) MERCY PLACE BELMONT INC. 80-0034784 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NC	501 (C) (3)	9	N/A		X
(5) MERCY PORTFOLIO SERVICES 26-4002114 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	9	N/A		X
(6) MERCY PROPERTIES ARIZONA 86-0772987 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AR	501 (C) (3)	9	N/A		X
(7) MERCY PROPERTIES CALIFORNIA 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) 2015

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47-0646706

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(1)					
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MERCY PROPERTIES II, INC. 82-0485862 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501 (C) (3)	11A	N/A		X
(2) MERCY PROPERTIES WA II 30-0117515 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501 (C) (3)	9	N/A		X
(3) MERCY PROPERTIES WASHINGTON 91-1903782 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501 (C) (3)	11A	N/A		X
(4) MERCY PROPERTIES, INC. (MPI) 84-1173689 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(5) MERCY SENIOR HOUSING OXNARD 94-3224446 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(6) MERCY SOUTHEAST IDAHO, INC. 84-1284293 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(7) MERCY VILLAGE JOPLIN 37-1459692 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	MO	501 (C) (3)	9	N/A		X

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						Yes	No
(1) MESA SENIOR MEADOWS 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0897708	LOW-INC HSNG	AZ	501 (C) (3)	9	N/A		X
(2) MOST HOLY REDEEMER SENIOR HOUSING CORP 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-3044873	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(3) NEARY LAGOON, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 77-0214799	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(4) NOTRE DAME SENIOR HOUSING CORP. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-3209503	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(5) OCEANA SENIOR HOUSING CORP. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-3167825	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(6) PADRE APARTMENTS COMMUNITY 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 84-0789830	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(7) PEORIA PLACE 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0980811	LOW-INC HSNG	AZ	501 (C) (3)	9	N/A		X

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						Yes	No
(1) PLAZAS DE MERCED 86-0758961 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501 (C) (3)	9	N/A		X
(2) PRESENTATION SENIOR COMMUNITY 94-3264209 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(3) RIVERVIEW - ST. MARY'S INC.(ST. MARY'S 62-1782683 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	TN	501 (C) (3)	9	N/A		X
(4) ROSELAND PLACE INC NFP 26-2330256 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	9	N/A		X
(5) ROSELAND VILLAGE INC 26-4723017 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501 (C) (3)	9	N/A		X
(6) RUSSELL MANOR 93-1189914 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(7) SACRED HEART VILLAGE I, INC. 31-1411531 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	KY	501 (C) (3)	9	N/A		X

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						Yes	No
(1) SACRED HEART VILLAGE II, INC. 61-1339396 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	KY	501 (C) (3)	9	N/A		X
(2) SACRED HEART VILLAGE III, INC. 61-1367719 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	9	N/A		X
(3) SAN JUAN HOUSING CORP. 68-0378676 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(4) SAVANNAH GARDENS SENIOR RESIDENCES, INC 27-3400284 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501 (C) (3)	9	N/A		X
(5) SIENA SPRINGS (SIENA SPRINGS I) 31-1052772 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	9	N/A		X
(6) SIENA SPRINGS II 31-1591780 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	9	N/A		X
(7) SOUTH OF MARKET MERCY 94-3199902 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X

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

Schedule R (Form 990) 2015

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ST. CATHERINE RESIDENCE, INC 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 39-0857537	LOW-INC HSNG	WI	501 (C) (3)	1	N/A		X
(2) ST. ELIZABETH HOUSING CORP. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-2705149	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(3) ST. MARY'S VILLA AT RIVERVIEW II, INC. () 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 31-1723287	LOW-INC HSNG	TN	501 (C) (3)	11A	N/A		X
(4) ST. MARY'S VILLA, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 31-1548512	LOW-INC HSNG	KY	501 (C) (3)	9	N/A		X
(5) ST. THERESA VILLAGE, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 31-1411529	LOW-INC HSNG	OH	501 (C) (3)	9	N/A		X
(6) STERLING SENIOR HOUSING 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 14-1866405	LOW-INC HSNG	WA	501 (C) (3)	9	N/A		X
(7) SUNSET LANE APARTMENTS LLC 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 45-3959651	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) 2015

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) TIERRA DEL SOL, INC. 75-3004763 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(2) TRANSBAY BLOCK 6 LLC 46-5357713 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(3) VILLA CARIDAD SENIOR HOUSING 68-0387620 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(4) VISITACION VALLEY AFFORDABLE HOUSING 94-3273336 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(5) VISTA ALEGRE 86-0947230 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	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) WILLOW STREET APARTMENTS 84-1334167 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501 (C) (3)	9	N/A		X

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 1028 HOWARD ST. ASSOCIATES 94-1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(2) 104TH STREET LP 27-2755027 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(3) 1100 OCEAN AVENUE LP 45-443701 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(4) 1101 HOWARD ST. ASSOCIATES 94-1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(5) 111 JONES STREET ASSOC. (111 J 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(6) 1475 167TH AVENUE ASSOC. 94-32 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(7) 16TH & CHURCH STREET ASSOC. 94 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 104TH STREET MM LLC 27-2754418 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(2) 111TH & WENTWORTH APARTMENTS CORP. 38-3648994 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(3) AFFORDABLE HOUSING CORP 84-1173690 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP					X
(4) AFFORDABLE HOUSING INITIATIVE (AHI) 94-3096988 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP					X
(5) ANTIOCH II, LLC 27-3209358 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP					X
(6) AURORA SNIOR APARTMENTS GP, LLC 27-2564297 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(7) BELRAY APARTMENTS CORPORATION 36-4027474 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 180 PROPERTIES 27-0561021 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(2) 1760 BUSH, LP 47-3449006 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) 1880 PINE, LP 47-1291546 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) 2000 ILLINOIS AURORA LLC 46-25 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(5) 2101 TELEGRAPH AVENUE ASSOC. 9 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) 2220 10TH AVENUE ASSOC. (SANTA 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) 2698 CALIFORNIA, LP 47-3462784 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BELVIDERE PLACE CORP., I, NFP 26-3800299 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	KY	N/A	C CORP					X
(2) COUNTRYSIDE SENIORS LLC 26-1483851 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(3) ENGLEWOOD APARTMENTS NFP 26-1233523 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(4) GREENWICH PARK APARTMENTS MM LLC 61-1750718 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	WI	N/A	C CORP					X
(5) HAROLD WASHINGTON APARTMENTS CORPORATION 36-3556291 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(6) HWA 850 EASTWOOD GP 27-1257072 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(7) IMPACT FAMILY VILLAGE GP, LLC 36-4715432 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	WA	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 2814 FIFTH STREET ASSOCIATES, 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) 365 FULTON LP (PARCEL G) 26-15 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) 4707 MALDEN LTD PARTNERSHIP 36 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(4) 5042 WINTHROP APARTMENTS LP 36 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(5) 55 LAGUNA LP 45-3582721 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) 901 WEST 63RD LP (ENGLEWOOD AP 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(7) ACQUISITION PROPERTIES GEORGIA 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MALDEN ARMS CORP II NFP 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP					X
(2) MCDERMOTT PLACE 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IA	N/A	C CORP					X
(3) MCHG PARTNERS, INC. (MCHG) 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP					X
(4) MERCY AFFORDABLE HOUSING, INC. (MAHI) 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	ID	N/A	C CORP					X
(5) MERCY COMMERCIAL CALIFORNIA 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP					X
(6) MERCY GALEWOOD SLF, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(7) MERCY HOUSING GEORGIA XI GP, LLC 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ACQUISITION PROPERTIES GEORGIA 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(2) ADAMSVILLE GREEN, LP 26-225279 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(3) ALLEGRE MERCY REDEVELOPMENT LL 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(4) ANTIOCH VILLAS, LP 27-0194197 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(5) APPIAN WAY MERCY LLC 91-154652 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) AROMOR MERCY LLC (AROMOR APART 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(7) BAYSHORE COURT 20-1031378 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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					X
(2) MERCY STERLING NFP 27-4446431 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(3) MHMP CO GP INC 61-1689475 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	N/A	C CORP					X
(4) MHSE ADAMSVILLE GREEN SENIOR PARTNERS 27-1321251 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					X
(5) MHSE ARBORS LLC 27-3284075 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					X
(6) MHSE SAVANNAH GARDENS PHASE III LLC 58-2434289 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					X
(7) MHSE SAVANNAH GARDENS PHASE IV GP 45-4967129 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BELRAY APARTMENTS 36-4027474 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(2) BENNETT HOUSE, LP 65-1308081 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) BISHOPS BLOCK (BISHOPS BLOCK) 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IA	N/A	RELATED				X			X	
(4) BLUFF MERCY, LLC 27-0954394 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(5) BOISE SENIOR 202 OWNER, LP 27- 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	ID	N/A	RELATED				X			X	
(6) BOUNDARY VILLAGE 77-0601463 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) BRENTWOOD GREEN VALLEY APTS 94 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MHSE SAVANNAH GARDENS PHASE V GP LLC 46-2777338 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					X
(2) MHL KEATING MM, LLC 26-4584262 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(3) MPI HIGHLAND PLACE LLC 26-2380898 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					X
(4) NEAR NORTH APARTMENTS CORP. NF 36-4570431 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(5) NEW STERLING PARK MM, LLC 27-2523309 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(6) NEW TACOMA CONDOMINIUM ASSOCIATION 47-3225087 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	N/A	C CORP					X
(7) ROSELAND APARTMENTS CORPORATION 36-4304417 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BRITTON STREET ASSOC. (BRITTON 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) CAMBRIDGE APARTMENTS 20-103137 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(3) CASCADE APARTMENTS 77-0601463 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(4) CASCADE VILLAGE 20-1031378 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(5) CEDARWOOD I 77-0601463 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) CEDARWOOD IV 77-0601463 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) CENTRO PARTNERS 77-0295344 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SAVANNAH ROSE OF SHARON, LLC 20-3591948 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					X
(2) SOUTH LOOP APARTMENTS CORPORATION 36-4027475 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(3) STAPLETON II MERCY LLC 27-0954394 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	N/A	C CORP					X
(4) WINTHROP APARTMENTS CORPORATION 36-3855355 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CHENEY GARDENS 20-1031378 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) COASTSIDE SENIOR HOUSING LP 45 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) COLONIA SAN MARTIN ASSOCIATES, 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) COMMONS ON MAIN LP 20-8033896 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	OH	N/A	RELATED				X			X	
(5) COUNTRYSIDE SENIOR APARTMENTS 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(6) DANVILLE VETERANS HOUSING LLC 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(7) DOROTHY DAY COMMUNITY, LP 65-1 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) DOVE FAMILY HOUSING ASSOCIATES 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) EDEN HOUSE LP 46-2704216 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) EL MONTE LP 46-1360554 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) EVERGREEN MANOR 77-0601463 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(5) EVERGREEN VISTA 1 OWNER LP 27- 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) FAMILY TREE & LINCOLN WAY LLLP 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) FERNDALE VILLA 77-0601463 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FIRCREST 77-0601463 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(2) FLORIN WOOD ASSOC. 68-0318012 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(3) FRANCISCAN HOMES III, LP 31-13 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	OH	N/A	RELATED				X			X	
(4) FRANCISCAN HOMES IV, LP 31-146 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	OH	N/A	RELATED				X			X	
(5) GALEWOOD SLF ASSOCIATES, LP 20 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(6) GRAYSLAKE SENIOR HOUSING 26-38 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(7) GREENWICH PARK APARTMENTS LLC 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WI	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HAROLD WASHINGTON APARTMENTS 3 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(2) HWA-850 EASTWOOD LP 27-1257130 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(3) IMPACT FAMILY VILLAGE GP LLC 3 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(4) IMPACT FAMILY VILLAGE LP 80-07 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(5) INTERCOMMUNITY MERCY WASHINGTO 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) JFK TOWER, LP 47-3477829 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) JOHNSTON CENTER OUTLOTS LLC 27 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WI	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
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(6)									
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) JOHNSTON CENTER RE-USE LP 30-0 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(2) JUNIPERO SERRA, LP 65-1308082 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(3) KANKAKEE STATION STREET SENIOR 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(4) KENNEDY ESTATES HSG. ASSOC. 68 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(5) LA PLAYA RESIDENTIAL 77-027861 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(6) LAKE STEVENS 77-0601463 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(7) LAKE VILLAGE EAST 77-0601463 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MABTON GARDENS 20-1031378 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) MAGNOLIA LIMITED PARTNERSHIP 3 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(3) MALDEN LIMITED PARTNERSHIP II 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(4) MARLTON AFFORDABLE HSG. ASSOC. 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) MASON APARTMENTS (MASON SCHOOL 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(6) MERCY ALSTON LAKE LLC 20-29488 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	SC	N/A	RELATED				X			X	
(7) MERCY CRESTVIEW VILLAGE HOUSIN 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	NE	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY EDEN HOUSE LLC 46-422720 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(2) MERCY FAMILY PLAZA L.P. 94-309 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING ARIZONA I 86-079 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	AZ	N/A	RELATED				X			X	
(4) MERCY HOUSING ARIZONA II (PAGE 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	AZ	N/A	RELATED				X			X	
(5) MERCY HOUSING CA XXXIII 43-210 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CA XXXVII 68-063 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA 46, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA 47, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA 48, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA 49, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA 50, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA 51, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA 52, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA 53, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA 54 LP 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA 55, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA 56, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA 57, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA 58 LP 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA 59, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA 60, L 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
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(6)									
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA 61, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA 62, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA 63, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA 64, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA 65, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA 66, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA 67, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
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(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA 68, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA 71, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA 72, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA I 84- 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA II 94 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA III 9 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA IX 94 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA V 94-1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA VI 94-1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA VII 9-1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA VIII-1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA X (TH-1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA XI 94-1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA XII 9-1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA XIII 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA XIV 9 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA XIX 0 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA XL 26 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA XLI 2 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA XLII 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA XLIII 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA XLIV 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA XLV () 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA XLVII 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA XV 94 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA XVI 9 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA XVII 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA XVIII 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA XX 36 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA XXI 4 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA XXII 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA XXIII 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA XXIV 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA XXIX 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA XXV 8 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA XXVI 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA XXVII 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA XXVII 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA XXX 6 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA XXXI 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA XXXII 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA XXXIV 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA XXXIX 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA XXXV 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA XXXVI 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA XXXVI 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING COLORADO I, LTD 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CO	N/A	RELATED				X			X	
(6) MERCY HOUSING COLORADO III 84- 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CO	N/A	RELATED				X			X	
(7) MERCY HOUSING COLORADO IV 84-1 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CO	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING COLORADO V 84-13 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(2) MERCY HOUSING COLORADO VI 84-1 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(3) MERCY HOUSING COLORADO VII 84- 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(4) MERCY HOUSING COLORADO VIII 93 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(5) MERCY HOUSING COLORADO XI, LLC 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(6) MERCY HOUSING COLORADO-I, LTD 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(7) MERCY HOUSING COLORADO-II, LTD 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
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(5)									
(6)									
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING COLORADO-IX 87-0 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(2) MERCY HOUSING GEORGIA 12, LP (1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(3) MERCY HOUSING GEORGIA 13, LP 4 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(4) MERCY HOUSING GEORGIA 14, LP 4 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(5) MERCY HOUSING GEORGIA 15, LP 4 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(6) MERCY HOUSING GEORGIA I 58-246 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(7) MERCY HOUSING GEORGIA II 58-26 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
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(5)									
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING GEORGIA III 43-1 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(2) MERCY HOUSING GEORGIA IV 56-23 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(3) MERCY HOUSING GEORGIA IX, LP 2 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(4) MERCY HOUSING GEORGIA V, LP 90 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(5) MERCY HOUSING GEORGIA VI, LP 2 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(6) MERCY HOUSING GEORGIA VIII LP 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(7) MERCY HOUSING GEORGIA X (SAVAN 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING GEORGIA XI, LP (1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(2) MERCY HOUSING IDAHO I 84-12120 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	ID	N/A	RELATED				X			X	
(3) MERCY HOUSING IDAHO II 84-1212 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	ID	N/A	RELATED				X			X	
(4) MERCY HOUSING IDAHO III 84-125 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	ID	N/A	RELATED				X			X	
(5) MERCY HOUSING IDAHO IV 82-0487 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	ID	N/A	RELATED				X			X	
(6) MERCY HOUSING IDAHO NSP LLC (N 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	ID	N/A	RELATED				X			X	
(7) MERCY HOUSING IDAHO V (SISTERS 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	ID	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING IOWA II L.P. 84-1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IA	N/A	RELATED				X			X	
(2) MERCY HOUSING MIDWEST NEBRASKA 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	NE	N/A	RELATED				X			X	
(3) MERCY HOUSING MISSOURI II 84-1 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	MO	N/A	RELATED				X			X	
(4) MERCY HOUSING S. CAROLINA I 59 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	SC	N/A	RELATED				X			X	
(5) MERCY HOUSING SENIOR PROPERTIE 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING SOUTH CAROLINA I 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	SC	N/A	RELATED				X			X	
(7) MERCY HOUSING SOUTH DAKOTA I, 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING SOUTH DAKOTA II, 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	SD	N/A	RELATED				X			X	
(2) MERCY HOUSING UTAH I 02-056455 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	UT	N/A	RELATED				X			X	
(3) MERCY HOUSING WASHINGTON III 9 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(4) MERCY HOUSING WASHINGTON IX, L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(5) MERCY HOUSING WASHINGTON V 84- 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	OR	N/A	RELATED				X			X	
(6) MERCY HOUSING WASHINGTON VI 84 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) MERCY HOUSING WASHINGTON VII 9 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING WASHINGTON VIII 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) MERCY HOUSING WASHINGTON X, LL 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(3) MERCY LOAN FUND SUB-CDE , LLC 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(4) MERCY PROPERTIES WASHINGTON I, 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(5) MERCY PROPERTIES WASHINGTON II 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) MERCY PROPERTIES WASHINGTON II 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) MHC HEALTH 1 LP 47-3554305 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MHNW 9 OTHELLO EAST LP 47-1620 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(2) MHNW 10 OTHELLO WEST LP 47-161 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(3) MHNW 11 WOODLAKES LP 47-233496 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(4) MHNW 12 ELEANOR APARTMENTS LLL 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(5) MHNW 13 BUILDING 9 SOUTH LP 47 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(6) MHNW 14 BUILDING 9 NORTH LP 47 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(7) MHSE ADAMSVILLE GREEN SENIOR P 1999 BROADWAY, SUITE 1000 DENV	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MHSE BAILEY STATION SENIOR LP 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(2) MHSE MERCY PARK LP 61-1757712 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(3) MHSE PINELAKE LP 80-0616765 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(4) MHSE PINELAKE I LP 90-0856866 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(5) MHSE REYNOLDSTOWN SENIOR LP 46 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(6) MSHE WILSON SENIOR RESIDENCE L 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(7) MONROE VILLA 77-0601463 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
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(4)									
(5)									
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MONSIGNOR LYNE, LP 65-1308080 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(2) MORTGAGE RESOLUTION FUND LLC 4 120 LASALLE SUITE 1850 CHICAGO	MANAGEMENT	IL	N/A	RELATED				X			X	
(3) MOSES LAKE ESTATES 20-1031378 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(4) MPI HIGHLAND PLACE APARTMENTS, 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(5) NEAR NORTH PARTNERSHIP 32-0143 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(6) NEARY LAGOON PARTNERS 77-02563 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(7) NEW DANA STRAND IV-A, LP 47-30 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW DANA STRAND PARTNERS I, LP 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) NEW DANA STRAND TOWNHOMES 51-0 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) NEW STERLING PARK LLC 27-25235 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(4) NEW STERLING PARK MM LLC 27-25 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(5) NEW TACOMA PHASE II MERCY LLC 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) NEW TACOMA SENIOR HOUSING PHAS 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) NORTHGLEN, LP 32-0139512 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	NE	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
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(4)									
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) OAK HARBOR 77-0601463 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(2) OLYMPIC 77-0601463 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(3) PARK TERRACE APTS. (PARK TERRA 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(4) PARKSIDE TERRACE LP 36-3914505 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(5) PILCHUCK 77-0601463 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(6) PINE ROAD VILLAGE 20-1031378 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(7) PINWOOD COURT APARTMENTS 68-0 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) RAINER VISTA BLOCK 43 OWNER LP 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(2) RED DOOR LIMITED PARTNERSHIP 3 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(3) REYNOLDSTOWN SENIOR APTS (RENO 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(4) ROCK CREEK TERRACE 20-1031378 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(5) ROSELAND LIMITED PARTNERHSIP 3 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(6) ROSELAND PLACE LP 80-0195044 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(7) SAN FELIPE HOMES (SAN FELIPE H 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SANDSTONE 20-1031378 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(2) SC RESIDENCE LLC 26-0675562 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WI	N/A	RELATED				X			X	
(3) SILVERCREST 20-1031378 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(4) SKAGIT VILLAGE 77-0601463 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(5) SOMERSET SENIOR HSG. 74-276556 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	TX	N/A	RELATED				X			X	
(6) SOUTH LOOP APARTMENTS 36-40274 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(7) ST. ANDREW COMMUNITY, LP 65-13 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	

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								Yes	No
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SUNNYDALE DEVELOPMENT CO LLC 2 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(2) TAHOE VALLEY TOWNHOMES ASSOC. 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(3) THE KEATING BUILDING LITTLE VI 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(4) THIRD AND LECANTE LP 26-417649 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(5) VILLA COLUMBA MERCY RIVERSIDE, 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(6) VILLA COLUMBIA MERCY RIVERSIDE 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(7) VILLA KATHLEEN REDEVELOPMENT 7 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) VILLAGE PARK HOUSING ASSOCIATE 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) VISITATION VALLEY FAM. HSG. AS 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) WAPATO GARDENS 20-1031378 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(4) WASHINGTON SQUARE 20-1031378 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(5) WENTWORTH COMMONS 30-0082553 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(6) WEST 28TH STREET 95-4550003 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) WESTERN MANOR, LP 26-4578652 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNG	NE	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) WOODLAKE MANOR 77-0601463 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(2) WOODLAKE MANOR II 77-0601463 1999 BROADWAY, SUITE 1000 DENV	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	NORTHSIDE NAMPA	(A)	68,114.	CASH
(2)	MERCY HOUSING CALIFORNIA	(A)	77,604.	CASH
(3)	MERCY HOUSING LAKEFRONT	(A)	92,782.	CASH
(4)	MERCY HOUSING CALIFORNIA	(B)	508,852.	CASH
(5)	MERCY HOUSING LAKEFRONT	(B)	183,000.	CASH
(6)	MERCY HOUSING NORTHWEST	(B)	53,830.	CASH

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MERCY HOUSING SOUTHEAST	(C)	116,820.	CASH
(2) MERCY HOUSING COLORADO	(C)	1,257,663.	CASH
(3) MERCY HOUSING CALIFORNIA	(C)	3,673,468.	CASH
(4) MERCY LOAN FUND	(C)	250,000.	CASH
(5) MERCY HOUSING CALIFORNIA PREDEVELOPMENT	(D)	418,978.	CASH
(6) MERCY HOUSING NORTHWEST PREDEVELOPMENT	(D)	676,501.	CASH

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MERCY HOUSING SOUTHEAST PREDEVELOPMENT	(D)	26,715.	CASH
(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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

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

INSTRUCTIONS FOR FILING
MERCY HOUSING INC
CA FORM 199
CALIFORNIA FORM 199 - EXEMPT ORGANIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2015

SIGNATURE...

THE ORIGINAL 8453-EO SHOULD BE SIGNED AND DATED BY AN
AUTHORIZED OFFICER OF THE CORPORATION.

FILING...

RETURN YOUR SIGNED 8453-EO AUTHORIZATION TO:

CHAREFILE@COHNREZNICK.COM

DO NOT SEPARATELY FILE YOUR TAX RETURN WITH THE STATE. DOING SO WILL
DELAY THE PROCESS OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT
YOUR RETURN, WHICH IS DUE ON DECEMBER 15, 2016. WE WOULD APPRECIATE
YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE
PROCESSING OF YOUR RETURN. THE STATE WILL NOTIFY US WHEN YOUR RETURN
IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE STATE
CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR
RETURN.

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR	California e-file Return Authorization for Exempt Organizations	FORM
2015		8453-EO

Exempt Organization name MERCY HOUSING INC	Identifying number 47-0646706
--	---

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	19,283,279.
2 Total gross income (Form 199, line 8)	2	19,283,279.
3 Total expenses and disbursements (Form 199, Line 9)	3	11,120,381.

Part II Settle Your Account Electronically for Taxable Year 2015

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

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

5 Routing number _____ 7 Type of account: Checking Savings
 6 Account number _____

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here _____ AA _____
 Signature of Officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	FEIN		ZIP code	

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

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	FEIN		ZIP code

COHNREZNICK LLP
525 N. TRYON STREET STE 1000
CHARLOTTE NC 28202

California Exempt Organization Annual Information Return

2015

199

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)
Corporation/Organization name: MERCY HOUSING INC
California corporation number: 1847229
FEIN: 47-0646706
Street address (suite or room): 1999 BROADWAY SUITE 1000
City: DENVER
State: CO
Zip code: 80202

A First Return
B Amended Return
C IRC Section 4947(a)(1) trust
D Final Information Return?
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed?
G Is this a group filing?
H Is this organization in a group exemption?
I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?
P Is federal Form 1023/1024 pending?

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

Table with 3 columns: Description, Line Number, Amount. Includes Receipts and Revenues (Total gross receipts: 19,283,279.00), Expenses (Total expenses: 11,120,381.00), and Filing Fee (Balance due: 8,162,898.00). Includes a declaration section and preparer information for COHNREZNICK LLP.

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	5,131,865.00
	2	Interest	•	2	00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income. Attach schedule	•	7	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	5,131,865.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	2,055,864.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11	2,579,686.00
	12	Other salaries and wages	•	12	7,078,709.00
	13	Interest	•	13	1,175,527.00
	14	Taxes	•	14	693,782.00
	15	Rents	•	15	2,326,108.00
	16	Depreciation and depletion (See instructions)	•	16	16,839.00
	17	Other Expenses and Disbursements. Attach schedule	•	17	-4,806,134.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	11,120,381.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		25,161,413.		30,089,309.
2 Net accounts receivable		525,627.		935,411.
3 Net notes receivable		8,217,232.		10,649,610.
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock	ATCH 5	8,096,342.		7,927,640.
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	4,642,637.		4,701,124.	
b Less accumulated depreciation	(3,757,871)	884,766.	(3,774,710)	926,414.
11 Land				
12 Other assets. Attach schedule	ATCH 6	21,105,280.		21,719,614.
13 Total assets		63,990,660.		72,247,998.
Liabilities and net worth				
14 Accounts payable		5,959,087.		5,874,822.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule	ATCH 7	41,888,511.		42,067,216.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		16,143,062.		24,305,960.
22 Total liabilities and net worth		63,990,660.		72,247,998.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	8,162,898.	7	Income recorded on books this year not included in this return. Attach schedule	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8	•	
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6	•	8,162,898.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5	•	8,162,898.				

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
WAPITI MEADOWS 1999 BROADWAY, SUITE 1000 DENVER, CO 80202		1,241,697.
MISSION STREET 1999 BROADWAY, SUITE 1000 DENVER, CO 80202		2,196,571.
CASA SAN JUAN 838 W. 5TH STREET OXNARD, CA 93030		1,454,797.
MERCY LOAN FUND 1999 BROADWAY, SUITE 1000 DENVER, CO 80202		250,000.
GRAND & VENICE 1500 SOUTH GRAND AVE LOS ANGELES, CA 90015		20,913.
SERNA VILLAGE 5836 DUDLEY BLVD MCCLELLAN, CA 95652		1,187.
FRANCIS PEAK VIEW 600 W MUTTON HOLLOW ROAD KAYSVILLE, UT 80437		15,966.
CHP/MERCY HOUSING SOUTHEAST 6521 NORTH AVENUE, SUITE A 150 ATLANTA, GA 30308		116,820.

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
BETH MULLEN 2701 F STREET SACRAMENTO, CA 58648		5,000.
CARLA & WILLIAM J YOUNG 1119 SHERIDAN ROAD WINNETKA, IL 60093		10,000.
HELEN M DUNLAP 104 E 32ND STREET CHICAGO, IL 60616		10,500.
SCHWAB CHARITABLE 211 MAIN STREET, FLOOR 10 SAN FRANCISCO, CA 94105		5,000.
ENTERPRISE GRANT 11000 BROKEN LAND PARKWAY, SUITE 700 COLUMBIA, MD 21044		13,000.
BANK OF AMERICA 125 DUPONT DRIVE, RI 1-211-01-30 PROVIDENCE, RI 02907		300,000.
CBS CORPORATION 51 W 52ND STREET NEW YORK, NY 10019		129,742.
CAPITAL ONE GRANT 1680 CAPITAL ONE DRIVE MCLEAN, VA 22102		50,000.

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

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
US BANK 800 NICOLLET MALL MINNEAPOLIS, MN 55402		5,000.
WILLIAM RANDOLPH HEARST FOUNDATION 90 NEW MONTGOMERY STREET, SUITE 1212 SAN FRANCISCO, CA 94105		150,000.
THE CHARITABLE GIFT PO BOX 770001 CINCINNATI, OH 45277		5,000.
JPMORGAN CHASE FOUNDATION BLDG CODE 02317-33, MALLCODE NY1-K655 NEW YORK, NY 10017		2,500,000.
NATION AFFORDABLE HOUSING TRUST INCOME 2245 N BANK DRIVE, SUITE 200 COLUMBUS, OH 43220		68,837.
DIGNITY HEALTH 185 BERRY STREET, SUITE 300 SAN FRANCISCO, CA 94107		200,000.
BON SECOURS 1505 MARRIOTTSVILLE ROAD MARRIOTTSVILLE, MD 21104		25,000.
BANK OF AMERICA FOUNDATION 125 DUPONT DRIVE, RI 1-121-01-30 PROVIDENCE, RI 02907		45,000.

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORS

ATTACHMENT 1 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
BON SECOUR HEALTH SYSTEM PO BOX 6189 ELLCOTT CITY, MD 21042		25,000.
TOTAL CONTRIBUTION AMOUNTS		<u>8,845,030.</u>

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 2

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
<u>GRANTS PAID</u>			
MERCY HOUSING LAKEFRONT 120 SOUTH LASALLE STREET, SUITE 1850 CHICAGO, IL 60603	RELATED ORGANIZATION 501(C)(3)	LOW-INCOME HOUSING	183,000.
MERCY HOUSING MOUNTAIN PLAINS 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION 501(C)(3)	LOW-INCOME HOUSING	18,525.
MERCY HOUSING CALIFORNIA 130 MISSION STREET, SUITE 300 SAN FRANCISCO, CA 94103	RELATED ORGANIZATION 501(C)(3)	LOW-INCOME HOUSING	508,852.
MERCY HOUSING SOUTHEAST 6521 NORTH AVENUE, SUITE A 150 ATLANTA, GA 30308	RELATED ORGANIZATION 501(C)(3)	LOW-INCOME HOUSING	34,130.
NATIONAL LOW INCOME HOUSING COALITION 727 15TH ST. NW, 6TH FLOOR WASHINGTON, DC 20005	UNRELATED ORGANIZATION 501(C)(3)	CHARITABLE CONTRIBUTION	
MERCY PORTFOLIO SERVICES 120 SOUTH LASALLE STREET, SUITE 1850 CHICAGO, IL 60603	RELATED ORGANIZATION 501(C)(3)	LOW-INCOME HOUSING	22,500.
MERCY LOAN FUND 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION 501(C)(3)	LOW-INCOME HOUSING	522,500.
MERCY HOUSING NORTHWEST 2505 THIRD AVENUE, SUITE 204 SEATTLE, WA 98121	RELATED ORGANIZATION 501(C)(3)	LOW-INCOME HOUSING	53,830.

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 2 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
MERCY HOUSING SOUTHWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION 501(C)(3)	LOW-INCOME HOUSING	6,000.
MISCELLANEOUS < \$5,000 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	UNRELATED ORGANIZATION	LOW-INCOME HOUSING	50,000.
MERCY HOUSING MIDWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION 503C(3)	LOW-INCOME HOUSING	10,525.
MERCY TERRACE, LLC 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	503C(3)	LOW-INCOME HOUSING	646,002.
SISTERS OF MERCY OF THE AMERICAS 1125 PRAIRIE DRIVE NE CEDAR RAPIDS, IA 52402	501(3)(C)	LOW-INCOME HOUSING	
TOTAL CONTRIBUTIONS PAID			<u>2,055,864.</u>

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

<u>NAME</u>	<u>TITLE</u>	<u>COMPENSATION</u>
JANE GRAF	CHIEF EXECUTIVE OFFICER	0.
CHERYLL O'BRYAN	SENIOR VP/PRESIDENT MHM	0.
VINCE DODDS	VICE PRESIDENT	0.
MICHELE MAMET	SR. VICE PRESIDENT/CAO	0.
CAROL BRESLAU	SENIOR VICE PRESIDENT	0.
CHRIS BURCKHARDT	SENIOR VICE PRESIDENT/ COO	0.
BILL RUMPF	SENIOR VICE PRESIDENT	0.
JOHN MARCOLINA	VICE PRESIDENT	0.
DOUGLAS SHOEMAKER	SENIOR VICE PRESIDENT	0.
CHRISTY RICHARDSON	SENIOR VICE PRESIDENT	0.
STEVE SPEARS	SENIOR VICE PRESIDENT/CFO	0.
VALERIE AGOSTINO	SENIOR VICE PRESIDENT	0.
MARK ANGELINI	SENIOR VICE PRESIDENT	0.
MELISSA CLAYTON	SENIOR VICE PRESIDENT	0.
CADE SCHOLL	VICE PRESIDENT	0.
RONALD JACKSON	VICE PRESIDENT/SECRETARY	0.
CINDY HOLLER	SENIOR VICE PRESIDENT	0.
FRANCENA MARIE LOWE	SENIOR VICE PRESIDENT	0.
CHRISTOPHER REED	VICE PRESIDENT	0.

TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

PART II - OTHER EXPENSES

PENSION EXPENSE	222,716.
EMPLOYEE BENEFITS	1,682,499.
MANAGEMENT FEE	88,381.
LEGAL EXPENSES	68,779.
ACCOUNTING EXPENSE	176,059.
OTHER FEES FOR SVCS	78,353.
ADVERTISING	171,452.
OFFICE EXPENSES	830,880.
INFO. TECHNOLOGY	479,730.
TRAVEL EXPENSES	426,444.
CONFERENCES	31,134.
INSURANCE	38,056.
RESERVE FOR LOAN LOSSES	651,918.
CONTRACT LABOR-TEMP	427,658.
BANK SERVICE CHARGES	416,627.
PARTNERSHIP INVEST. GAIN/LOSS	203,247.
MISCELLANEOUS ADMIN	149,650.
FUND RAISING EXPENSES	68,433.
MISC FINANCIAL FEES EXPENSES	67,270.
STAFF DEV/TRAINING	46,220.
OTHER TAXES, LICENSES PERMITS	28,206.
BAD DEBTS	8,904.
STRATEGIC PLANNING	5,430.
CONSULTING-PROFESSIONAL	5,118.
MISCELLANEOUS RS	2,302.
MISC ADMIN/FOOD-DRINK	1,486.
EVENTS EXPENSE	532.
PAGER/CELL PHONE	218.
INDIRECT COST	-10,167,008.
DIRECT COST ALLOCATION	-1,016,828.
TOTAL OTHER EXPENSES	<u><u>-4,806,134.</u></u>

SCHEDULE L - INVESTMENTS IN STOCK

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
INVESTMENTS - PROGRAM RELATED	8,096,342.	7,927,640.
TOTAL INVESTMENTS IN STOCK	<u>8,096,342.</u>	<u>7,927,640.</u>

ATTACHMENT 6SCHEDULE L - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
DUE FROM AFFILIATES	13,856,107.	12,954,870.
LOAN TO AFFILIATES	6,928,349.	6,884,065.
INTANGIBLE	7,500.	
PREPAID EXPENSES	313,324.	1,880,679.
TOTAL OTHER ASSETS	<u>21,105,280.</u>	<u>21,719,614.</u>

SCHEDULE L - OTHER LIABILITIES

CORPORATE NAME: MERCY HOUSING, INC.
 EIN OF BUSINESS: 47-0646706

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
DEFERRED REVENUE	5,527,739.	8,430,954.
OTHER LIABILITIES	12,893,234.	12,582,559.
UNSECURED NOTES PAYABLE	23,467,538.	21,053,703.
 TOTAL CORPORATION OTHER LIABILITIES	 <u>41,888,511.</u>	 <u>42,067,216.</u>
 TOTAL OTHER LIABILITIES	 <u>41,888,511.</u>	 <u>42,067,216.</u>