

FINAL FILING COPY

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

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

DEAR JAMES:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS
FOR THE PERIOD ENDED DECEMBER 31, 2008 FOR:

MERCY HOUSING INC AS FOLLOWS...

- 2008 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
- 2008 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
- 2008 SCHEDULE B - SCHEDULE OF CONTRIBUTORS
- 2008 SCHEDULE C - POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES
- 2008 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS
- 2008 SCHEDULE I - GRANTS & OTHER ASSIST. TO ORG/GOV/IND. IN THE U.S
- 2008 SCHEDULE J - COMPENSATION INFORMATION
- 2008 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990
- 2008 SCHEDULE R - RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS
- 2008 CALIFORNIA FORM 199 - EXEMPT ORGANIZATION STATEMENT OF RETURN
- 2008 RRF-1 - REGISTRATION/RENEWAL FEE REPORT

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

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

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

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.

FINAL FILING COPY

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

SINCERELY,

ANTHONY V. PORTAL, CPA

FINAL FILING COPY

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

INSTRUCTIONS FOR FILING
MERCY HOUSING INC
FORM 990 - EXEMPT ORGANIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2008

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)
AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE AUGUST 17, 2009
WITH...

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT
YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE
ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED
MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS
APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE
DELIVERY SERVICE.

FINAL FILING COPY

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

INSTRUCTIONS FOR FILING
MERCY HOUSING INC
CA FORM 199
CALIFORNIA FORM 199 - EXEMPT ORGANIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2008

SIGNATURE...

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

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE AUGUST 17, 2009
WITH...

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

FINAL FILING COPY

REZNICK GROUP P.C.

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

INSTRUCTIONS FOR FILING
MERCY HOUSING INC

CALIFORNIA RRF-1 - REGISTRATION/RENEWAL FEE REPORT
FOR THE PERIOD ENDED DECEMBER 31, 2008

SIGNATURE...

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

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE AUGUST 17, 2009
WITH...

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

AN ANNUAL FILING FEE OF \$ 225. MUST BE SUBMITTED WITH THE REPORT
PAYABLE TO THE ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.

FINAL FILING COPY

2008 990-RET ELF Status for Batch ID 3776966:

Locator	Taxpayer Name	Client Code	Alerts	Jurisdiction	Service Center	Filing Type	Filing Status	Date Sent	Date Ack.	DCN Debts	PIN	EIC
75592C	MERCY PROPERTIES II, INC	47-202793-5046		FED		REG	Accepted	8/14/2009 4:20:00 PM	8/14/2009 5:00:00 PM			
OJ3181	MERCY HOUSING INC	47-202793-5003		FED		REG	Accepted	8/14/2009 10:11:00 PM	8/14/2009 10:30:00 PM			
SF4569	SOUTH OF MARKET MERCY HOUSING	47-201575-5094		FED		REG	Accepted	8/14/2009 4:20:00 PM	8/14/2009 5:00:00 PM			

3 records returned.

Refresh

Cancel

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2008, or fiscal year beginning _____, 2008, and ending _____, 20__

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

2008

Name of exempt organization

MERCY HOUSING INC

Name and title of officer

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>18528069.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☐ I authorize _____ to enter my PIN _____ as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 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 2008 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 EFIN followed by your five-digit self-selected PIN.

5 2 0 8 1 6 _____
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 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.

Form **8879-EO** (2008)

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

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

OMB No. 1545-0047

2008**Open to Public
Inspection****A For the 2008 calendar year, or tax year beginning , 2008, 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"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>MERCY HOUSING INC</u> Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1999 BROADWAY SUITE 1000</u> City or town, state or country, and ZIP + 4 <u>DENVER, CO 80202</u>	D Employer identification number <u>47-0646706</u> E Telephone number <u>(303) 830-3300</u> G Gross receipts \$ <u>18,528,069.</u> H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: <u>RICHARD BANKS</u> <u>SAME AS C ABOVE</u>		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ <u>WWW.MERCYHOUSING.ORG</u> K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: <u>1981</u> M State of legal domicile: <u>NE</u>	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: _____ <u>TO DEVELOP, OWN, AND OPERATE LOW-INCOME HOUSING AND PROVIDE SERVICES</u> <u>TO LOW-INCOME FAMILIES, ELDERLY, HANDICAPPED, HOMELESS, POTENTIALLY</u> <u>HOMELESS, OR OTHERWISE DISADVANTAGED PERSONS.</u>	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 <u>18</u>
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>18</u>
5	Total number of employees (Part V, line 2a)	5 <u>391</u>
6	Total number of volunteers (estimate if necessary)	6 <u>NONE</u>
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a _____
b	Net unrelated business taxable income from Form 990-T, line 34	7b _____
8	Contribution and grants (Part VIII, line 1h)	Prior Year <u>2,696,662.</u> Current Year <u>13,402,051.</u>
9	Program service revenue (Part VIII, line 2g)	<u>3,312,490.</u> <u>3,072,647.</u>
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>2,660,418.</u> <u>2,053,371.</u>
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>NONE</u>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>8,669,570.</u> <u>18,528,069.</u>
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>2,240,971.</u> <u>6,079,445.</u>
14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>NONE</u>
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>3,826,064.</u> <u>4,252,562.</u>
16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>NONE</u>
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ <u>1,474,016.</u>	<u>NONE</u>
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>5,982,673.</u> <u>6,431,566.</u>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>12,049,708.</u> <u>16,763,573.</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>-3,380,138.</u> <u>1,764,496.</u>
20	Total assets (Part X, line 16)	Beginning of Year <u>48,695,319.</u> End of Year <u>52,478,930.</u>
21	Total liabilities (Part X, line 26)	<u>38,603,735.</u> <u>40,622,850.</u>
22	Net assets or fund balances. Subtract line 21 from line 20.	<u>10,091,584.</u> <u>11,856,080.</u>

Part II Signature Block

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

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

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

Form **990** (2008)

Form **8868**

(Rev. April 2008)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

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

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

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

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

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

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

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

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

- The books are in the care of ► VINCE DODDS, CFO, MHI

Telephone No. ► 303 830-6221 FAX No. ►

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2008 or
 ► ☐ tax year beginning _____, _____, and ending _____, _____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

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

Form **8868** (Rev. 4-2008)

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

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 13,045,884. including grants of \$ 6,079,445.) (Revenue \$ 5,906,156.)

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 ► \$ 13,045,884. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	201
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	391
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body	1a	18
b	Enter the number of voting members that are independent	1b	18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization?	15b	X
	Describe the process in Schedule O. (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► SEE STATEMENT 2

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

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

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

Part VIII Statement of Revenue

47-0646706

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	525,690.			
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	12,876,361.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	STMT. 4 . ▶	13,402,051.			
Program Service Revenue				Business Code			
	2a	DEVELOPER FEES	531390	5,000.	5,000.		
	b	SERVICE FEES	531390	365,641.	365,641.		
	c	CONSULTING FEES	531390	867,003.	867,003.		
	d	MISC REVENUE	531390	1,835,003.	1,835,003.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	3,072,647.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	STMT. 15 . ▶	2,053,371.			2,053,371.
	4	Income from investment of tax-exempt bond proceeds . . . ▶		NONE			
	5	Royalties		NONE			
			(i) Real (ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses . . .					
	c	Rental income or (loss) . .					
	d	Net rental income or (loss)	▶	NONE			
	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)	▶	NONE			
	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	▶	NONE			
	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	▶	NONE			
	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.	▶	NONE				
Miscellaneous Revenue			Business Code				
11a	OTHER REVENUE						
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d	▶	NONE				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	18,528,069.	3,072,647.		2,053,371.	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	6,079,445.	6,079,445.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,254,459.	1,269,550.	858,599.	126,310.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	1,337,320.	972,534.	NONE	364,786.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	48,825.	36,394.	10,221.	2,210.
9 Other employee benefits	359,496.	237,997.	60,909.	60,590.
10 Payroll taxes	252,462.	150,836.	37,707.	63,919.
11 Fees for services (non-employees):				
a Management	1,085,621.	828,208.	65,922.	191,491.
b Legal	49,379.	27,941.	18,828.	2,610.
c Accounting	32,750.	NONE	32,750.	NONE
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	186,819.	95,528.	35,078.	56,213.
12 Advertising and promotion	68,236.	2,146.	4,564.	61,526.
13 Office expenses	238,613.	112,202.	93,345.	33,066.
14 Information technology	158,434.	97,737.	48,745.	11,952.
15 Royalties	NONE			
16 Occupancy	149,933.	29,709.	120,224.	NONE
17 Travel	320,578.	196,814.	19,929.	103,835.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	41,139.	3,169.	1,720.	36,250.
20 Interest	566,426.	213,287.	353,139.	NONE
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	336,128.	NONE	336,128.	NONE
23 Insurance	16,454.	5,480.	10,974.	NONE
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a RESERVE FOR LOAN LOSSES -----	1,527,991.	1,527,991.	NONE	NONE
b RESERVE FOR IMPAIRED ASSETS -----	534,513.	534,513.	NONE	NONE
c PARTNERSHIP INVESTMENT -----	314,834.	314,834.	NONE	NONE
d EVENTS_EXP/ANNIVERSARY_GALA -----	288,250.	NONE	NONE	288,250.
e MISCELLANEOUS_ADMIN -----	110,733.	93,466.	4,671.	12,596.
f All other expenses -----	404,735.	216,103.	130,220.	58,412.
25 Total functional expenses. Add lines 1 through 24f	16,763,573.	13,045,884.	2,243,673.	1,474,016.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	16,423,665.	2	19,579,068.
	3 Pledges and grants receivable, net	1,574,508.	3	3,792,263.
	4 Accounts receivable, net	897,970.	4	475,489.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,196,197.	7	1,146,842.
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	150,442.	9	183,906.
	10a Land, buildings, and equipment: cost basis	10a 4,209,624.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 2,515,715.		
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	3,673,040.	13	5,044,486.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	23,210,055.	15	20,562,967.
16 Total assets. Add lines 1 through 15 (must equal line 34)	48,695,319.	16	52,478,930.	
Liabilities	17 Accounts payable and accrued expenses	4,192,918.	17	4,381,759.
	18 Grants payable		18	
	19 Deferred revenue	308,723.	19	1,463,562.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	32,455,887.	23	26,536,753.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	1,646,207.	25	8,240,776.
	26 Total liabilities. Add lines 17 through 25.	38,603,735.	26	40,622,850.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,506,247.	27	6,161,307.
	28 Temporarily restricted net assets	830,337.	28	4,939,773.
	29 Permanently restricted net assets	755,000.	29	755,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	10,091,584.	33	11,856,080.
	34 Total liabilities and net assets/fund balances	48,695,319.	34	52,478,930.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 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?	2c	X
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?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	X

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

OMB No. 1545-0047

2008**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: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 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).** (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of on or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 590(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 590(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

h Provide the following information about the organizations the organization supports.

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

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See instructions.)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,524,940.	2,478,523.	1,926,686.	2,696,662.	13,402,051.	29,028,862.
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	2,359,992.	4,626,224.	1,604,131.	3,312,490.	3,072,647.	14,975,484.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	10,884,932.	7,104,747.	3,530,817.	6,009,152.	16,474,698.	44,004,346.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	STMT 16 3,597,403.	STMT 17 383,118.	STMT 18 1,835,075.	STMT 19 3,746,556.	STMT 20 3,155,048.	12,717,200.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	STMT 21 6,160.	STMT 22 840,121.	STMT 23 534,233.	STMT 24 127,661.	STMT 25 53,913.	1,562,088.
c Add lines 7a and 7b.	3,603,563.	1,223,239.	2,369,308.	3,874,217.	3,208,961.	14,279,288.
8 Public support (Subtract line 7c from line 6.)						29,725,058.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.	10,884,932.	7,104,747.	3,530,817.	6,009,152.	16,474,698.	44,004,346.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	499,052.	1,209,775.	612,413.	2,660,418.	2,053,371.	7,035,029.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	499,052.	1,209,775.	612,413.	2,660,418.	2,053,371.	7,035,029.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						51,039,375.
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 2008 (line 8, column (f) divided by line 13, column (f)).	15	58.24 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	91.37 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	13.78 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	8.63 %

19a 33 1/3% support tests - 2008. 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 <input checked="" type="checkbox"/>	
b 33 1/3% support tests - 2007. 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 <input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>	

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008**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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

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

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SOUTH OF MARKET MERCY HOUSING 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	\$ 525,690.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
2	JOHN STEWART 285 TELEGRAPH HILL BLVD. SAN FRANCISCO, CA 94133	\$ 9,323.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
3	MICHAEL ZOELLNER 5555 E. 17TH AVE. DENVER, CO 80220	\$ 15,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
4	MICHAEL BLASZYK 6257 VIRGO ROAD OAKLAND, CA 94611	\$ 5,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
5	ROGER PASTORE 1080 COUNTRY CLUB ESTATES DRIVE CASTLE PINES VILLAGE, CO 80108	\$ 5,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
6	CAROL JAMES 4599 SOUTH DASA DRIVE ENGLEWOOD, CO 80110	\$ 5,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	JOHN NEAL 309 STERLING ROAD KENILWORTH, IL 60043	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MICHAEL CLUNE 9 BROADLEYS COURT BANNOCKBURN, IL 60015	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	H. RICK FUMO 1212 NORTH LAKE SHORE DRIVE, # 12CN CHICAGO, IL 60610	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	CHARLES HOCH 631 SOUTH HARVEY DRIVE OAK PARK, IL 60304	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	BRENDA GAINES 1414 WEST WRIGHTSWOOD AVENUE, NO. D CHICAGO, IL 60614	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	KATHRYN ROCK 927 15TH STREET NW, SUITE 600 WASHINGTON, DC 20005	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	MAURA MCGILL MUDD 3900 WISCONSIN AVENUE NW WASHINGTON, DC 20016	\$ 15,500.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> (Complete Part II if there is a noncash contribution.)
14	STEVEN WADE 27451 ALTAMONT ROAD LOS ALTOS HILLS, CA 94002	\$ 5,000.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> (Complete Part II if there is a noncash contribution.)
15	HELEN DUNLAP 104 EAST 32ND STREET CHICAGO, IL 60616	\$ 7,500.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> (Complete Part II if there is a noncash contribution.)
16	BETH MULLEN 2701 F STREET SACRAMENTO, CA 58648	\$ 5,000.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> (Complete Part II if there is a noncash contribution.)
17	SHOREBANK 7054 SOUTH JEFFREY BLVD. CHICAGO, IL 60649	\$ 5,000.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> (Complete Part II if there is a noncash contribution.)
18	US BANK 800 NICOLLET MALL MINNEAPOLIS, MN 55402	\$ 37,500.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> (Complete Part II if there is a noncash contribution.)

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	INDYMAC BANK 888 EAST WALNUT STREET PASADENA, CA 91101	\$ 10,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> </div> </div> (Complete Part II if there is a noncash contribution.)
20	LINN-MATHES, INC. 309 SOUTH GREEN STREET CHICAGO, IL 60607	\$ 10,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> </div> </div> (Complete Part II if there is a noncash contribution.)
21	RED MORTGAGE CAPITAL 2 MIRANOVA PLACE, 12TH FLOOR COLUMBUS, OH 43215	\$ 25,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> </div> </div> (Complete Part II if there is a noncash contribution.)
22	MORTGAGE SERVICES CENTER 300 LEADENHALL ROAD MOUNT LAUREL, NJ 08054	\$ 5,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> </div> </div> (Complete Part II if there is a noncash contribution.)
23	WELLS FARGO HOME MORTGAGE ONE HOME CAMPUS X2401-064 DES MOINES, IA 50328	\$ 25,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> </div> </div> (Complete Part II if there is a noncash contribution.)
24	LOCKTON COMPANIES 8110 E. UNION AVENUE, SUITE 700 DENVER, CO 80237	\$ 10,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> </div> </div> (Complete Part II if there is a noncash contribution.)

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">THE WILLIAMS CAPITAL GROUP</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">650 FIFTH AVENUE, 11TH FLOOR</div> <div style="border-bottom: 1px solid black;">NEW YORK, NY 10019</div>	\$ 5,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> </div> </div> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>
26	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">UMB BANK</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">1670 BROADWAY</div> <div style="border-bottom: 1px solid black;">DENVER, CO 80202</div>	\$ 10,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> </div> </div> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>
27	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">BAXTER INTERNATIONAL</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">ONE BAXTER PARKWAY, DF-2-2E</div> <div style="border-bottom: 1px solid black;">DEERFIELD, IL 60015</div>	\$ 5,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> </div> </div> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>
28	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">THE NORTHERN TRUST CO</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">1573 MARKET STREET</div> <div style="border-bottom: 1px solid black;">DENVER, CO 80202</div>	\$ 5,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> </div> </div> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>
29	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">REZNICK GROUP</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">525 NORTH TRYON STREET, SUITE 1000</div> <div style="border-bottom: 1px solid black;">CHARLOTTE, NC 28202</div>	\$ 5,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> </div> </div> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>
30	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">EQUITY RESIDENTIAL</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">TWO NORTH RIVERSIDE PLAZA</div> <div style="border-bottom: 1px solid black;">CHICAGO, IL 60606</div>	\$ 510,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> </div> </div> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	<u>ALEGENT HEALTH</u> <u>1010 NORTH 96TH STREET, SUITE 200</u> <u>OMAHA, NE 68114</u>	\$ <u>11,000.</u>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
32	<u>CATHOLIC HEALTHCARE WEST</u> <u>185 BERRY STREET, SUITE 300</u> <u>SAN FRANCISCO, CA 94107</u>	\$ <u>5,000.</u>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
33	<u>CREDIT SUISSE SECURTIES</u> <u>7033 LOUIS STEPHENS DRIVE</u> <u>RESEARCH TRIANGLE PARK, NC 27709</u>	\$ <u>10,000.</u>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
34	<u>CHRISTOPHER B BURKE ENGINEER</u> <u>9575 WEST HIGGINS ROAD, SUITE 605</u> <u>ROSEMONT, IL 60018</u>	\$ <u>5,000.</u>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
35	<u>HERBERT MCLAUGHLIN</u> <u>2315 BROADWAY</u> <u>SAN FRANCISCO, IL 94115</u>	\$ <u>10,000.</u>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
36	<u>WELLS FARGO FOUNDATION</u> <u>90 SOUTH 7TH STREET, MAC #N9305-192</u> <u>MINNEAPOLIS, MN 55479</u>	\$ <u>50,000.</u>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	<u>ADMIRAL HEATING AND VENTILATION</u> <u>4150 LITT DRIVE</u> <u>HILLSIDE, IL 60162</u>	\$ <u>5,000.</u>	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
38	<u>HILL MECHANICAL GROUP</u> <u>11045 GAGE AVENUE</u> <u>FRANKLIN PARK, IL 60131</u>	\$ <u>5,000.</u>	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
39	<u>FREDDIE MAC</u> <u>8200 JONES BRANCH DRIVE</u> <u>MCLEAN, VA 22102</u>	\$ <u>25,000.</u>	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
40	<u>CLUNE CONSTRUCTION</u> <u>10 SOUTH LASALLE STREET, SUITE 300</u> <u>CHICAGO, IL 60603</u>	\$ <u>30,000.</u>	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
41	<u>THE PRIVATE BANK & TRUST</u> <u>70 WEST MADISON STREET, SUITE 200</u> <u>CHICAGO, IL 60602</u>	\$ <u>5,000.</u>	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
42	<u>TIFFINY DECORATING CO</u> <u>1325 NORTH WELLS STREET</u> <u>CHICAGO, IL 60610</u>	\$ <u>5,000.</u>	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	DOUGHERTY MORTGAGE LLC 90 SOUTH 7TH STREET, SUITE 4300 MINNEAPOLIS, MN 55042	\$ 5,000.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
44	BLUE CROSS BLUE SHIELD 300 EAST RANDOLPH STREET CHICAGO, IL 60601	\$ 10,000.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
45	SHELBOURNE DEVELOPMENT GROUP 11 SOUTH WACKER DRIVE, SUITE5001 CHICAGO, IL 60606	\$ 5,000.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
46	CONTINENTAL ELECTRICAL CONST 5900 HOWARD STREET SKOKIE, IL 60077	\$ 5,000.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
47	DYKEMA GOSSETT 10 SOUTH WACKER DRIVE, SUITE 2300 CHICAGO, IL 60606	\$ 5,000.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
48	THE RELATED COMPANIES OF CA 18201 VON KARMEN AVENUE, SUITE 900 IRVINE, CA 92612	\$ 5,000.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	KELSO-BURNETT CO 5200 NEWPORT DRIVE ROLLING MEADOWS, IL 60008	\$ 5,000.	<div style="display: flex; justify-content: space-between;"> <div> Person Payroll Noncash </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
50	CB RICHARD ELLIS INC 311 SOUTH WACKER DRIVE, SUITE 400 CHICAGO, IL 60606	\$ 5,000.	<div style="display: flex; justify-content: space-between;"> <div> Person Payroll Noncash </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
51	KAISER PERMANENTE 1950 FRANKLIN STREET, 3RD FLOOR OAKLAND, CA 94612	\$ 25,000.	<div style="display: flex; justify-content: space-between;"> <div> Person Payroll Noncash </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
52	WASHINGTON MUTUAL BANK P.O. BOX 834 SEATTLE, WA 98111	\$ 10,000.	<div style="display: flex; justify-content: space-between;"> <div> Person Payroll Noncash </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
53	HARLEY ELLIS DEVEREAUX 401 WEST SUPERIOR STREET CHICAGO, IL 60610	\$ 5,000.	<div style="display: flex; justify-content: space-between;"> <div> Person Payroll Noncash </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
54	ANSON INDUSTRIES 1959 ANSON DRIVE MELROSE PARK, IL 60160	\$ 5,000.	<div style="display: flex; justify-content: space-between;"> <div> Person Payroll Noncash </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	<u>ENTERPRISE COMMUNITY INVESTMENT</u> <u>10227 WINCOPIN CIRCLE, SUITE 810</u> <u>COLUMBIA, MD 21044</u>	\$ <u>10,000.</u>	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
56	<u>USG CORPORATION</u> <u>550 WEST ADAMS STREET</u> <u>CHICAGO, IL 60661</u>	\$ <u>100,000.</u>	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
57	<u>UNION BANK OF CALIFORNIA</u> <u>200 PRINGLE AVENUE, SUITE 355</u> <u>WALNUT CREEK, CA 94596</u>	\$ <u>25,000.</u>	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
58	<u>SUPERIOR MECHANICAL SYSTEMS</u> <u>7515 SANTA FE DRIVE</u> <u>HODGKINS, IL 60525</u>	\$ <u>5,000.</u>	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
59	<u>JP MORGAN CHASE</u> <u>BUILDING CODE 02317-33</u> <u>NEW YORK, NY 10017</u>	\$ <u>25,000.</u>	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
60	<u>TITAN ELECTRIC CONTRACTING</u> <u>401 EAST NORTH AVENUE</u> <u>VILLA PARK, IL 60181</u>	\$ <u>5,000.</u>	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> X </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	GREAT LAKES PLUMBING 4521 WEST DIVERSEY AVENUE CHICAGO, IL 60639	\$ 5,000.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
62	CATHOLIC HEALTHCARE INITIATIVES 1999 BROADWAY, SUITE 2600 DENVER, CO 80202	\$ 6,010,000.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
63	CITIGROUP FOUNDATION 850 THIRD AVE., 13TH FLOOR NEW YORK, NY 10022	\$ 600,000.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
64	MERCY PROPERTIES CALIFORNIA 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	\$ 1,230,000.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
65	FANNIE MAE 3900 WISCONSIN AVENUE, NW WASHINGTON, DC 20016	\$ 407,500.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>
66	BANK OF AMERICA FOUNDATION 101 SOUTH TRYON STREET CHARLOTTE, NC 28255	\$ 1,126,000.	<div style="display: flex; justify-content: space-between;"> <div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>(Complete Part II if there is a noncash contribution.)</p>

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67	HELLMAN FAMILY FOUNDATION 1 MARITIME PLAZA, SUITE 1200 SAN FRANCISCO, CA 94111	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	FRANKLIN RAINES 3006 ALBEMARLE STREET, NW WASHINGTON, DC 20008	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	PNC FOUNDATION 110 BROADWAY CAMDEN, NJ 08102	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	MACARTHUR FOUNDATION 140 SOUTH DEARBORN STREET, SUITE 1200 CHICAGO, IL 60603	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	DAUGHTERS OF CHARITY, WEST 26000 ALTAMONT ROAD LOS ALTOS HILLS, CA 94022	\$ 25,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	SISTERS OF ST JOSEPH OF ORANGE 480 SOUTH BATAVIA STREET ORANGE, CA 92868	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

 Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73	<div>PROVENA HEALTH</div> <div>19065 HICKORY CREEK DRIVE # 300</div> <div>MOKENA, IL 60448</div>	\$ 25,000.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> <div>(Complete Part II if there is a noncash contribution.)</div>
74	<div>NATIONAL HOUSING TRUST</div> <div>1101 30TH STREET NW, SUITE 400</div> <div>WASHINGTON, DC 20007</div>	\$ 5,400.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> <div>(Complete Part II if there is a noncash contribution.)</div>
75	<div>CATHOLIC HEALTHCARE PARTNERS</div> <div>615 ELSINORE PLACE</div> <div>CINCINNATI, OH 45202</div>	\$ 5,000.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> <div>(Complete Part II if there is a noncash contribution.)</div>
76	<div>SISTERS OF MERCY OF THE AMERICAS, INC.</div> <div>8380 COLESVILLE ROAD, SUITE300</div> <div>SILVER SPRINGS, MD 20910</div>	\$ 10,000.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> <div>(Complete Part II if there is a noncash contribution.)</div>
77	<div>SC MINISTRY FOUNDATION</div> <div></div> <div></div>	\$ 5,000.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> <div>(Complete Part II if there is a noncash contribution.)</div>
78	<div>BON SECOURS</div> <div>1505 MARRIOTTSVILLE ROAD</div> <div>MARRIOTTSVILLE, MD 21104</div>	\$ 25,000.	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> <div>(Complete Part II if there is a noncash contribution.)</div>

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79	SISTERS OF MERCY NORTHEAST COMMUNITY 15 HIGHLAND VIEW ROAD CUMBERLAND, RI 02864	\$ 5,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> (Complete Part II if there is a noncash contribution.)
80	ADRIAN DOMINCAN SISTERS 1257 EAST SIENA HEIGHTS DRIVE ADRIAN, MI 49221	\$ 5,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> (Complete Part II if there is a noncash contribution.)
81	SISTERS OF MERCY BURLINGAME 2300 ADELINE DRIVE BURLINGAME, CA 94010	\$ 5,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> (Complete Part II if there is a noncash contribution.)
82	NATIONAL EQUITY FUND, INC. 120 SOUTH RIVERSIDE PLAZA, 15TH FLOOR CHICAGO, IL 60606	\$ 25,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> (Complete Part II if there is a noncash contribution.)
83	SISTERS OF MERCY, CHICAGO 10024 SOUTH CENTRAL PARK AVENUE CHICAGO, IL 60655	\$ 10,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> (Complete Part II if there is a noncash contribution.)
84	MISCELLANEOUS CONTRIBUTIONS < \$5,000 	\$ 23,426.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> (Complete Part II if there is a noncash contribution.)

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
85	ASCENSION HEALTH 4600 EDMUNDSON ROAD ST. LOUIS, MO 63134	\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	ST. JOSEPH HEALTH SYSTEM P. O. BOX 14132 ORANGE, CA 92863	\$ 386,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	CATHOLIC HEALTH INITIATIVES 1999 BROADWAY, SUITE 2600 DENVER, CO 80202	\$ 220,832.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	CHRISTUS 6363 NORTH HWY 161, SUITE 450 IRVING, TX 75038	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities**For Organizations Exempt From Income Tax Under section 501(c) and section 527**▶ **To be completed by organizations described below.**▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

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

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

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

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

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

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
 See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c)(3).
 See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
 See the instructions for Schedule C for details.

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

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

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

Schedule C (Form 990 or 990-EZ) 2008

JSA
8E1264 1.000

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.**A** Check ☐ if the filing organization belongs to an affiliated group.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?	X		8,500.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total lines 1c through 1i			8,500.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

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

Part IV Supplemental Information

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

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

Name of the organization

MERCY HOUSING INC

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Employer identification number

47-0646706

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

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

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

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

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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

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

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

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

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

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		855,000.		855,000.
b Buildings			NONE	
c Leasehold improvements		71,748.	24,540.	47,208.
d Equipment		2,746,632.	2,099,876.	646,756.
e Other		536,244.	391,299.	144,945.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,693,909.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,528,069.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,763,573.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,764,496.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,764,496.

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

1	Total revenue, gains, and other support per audited financial statements	1	18,547,938.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	19,869.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	19,869.
3	Subtract line 2e from line 1	3	18,528,069.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	18,528,069.

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

1	Total expenses and losses per audited financial statements	1	16,783,442.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	19,869.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	19,869.
3	Subtract line 2e from line 1	3	16,763,573.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	16,763,573.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48

PART XI

THE COMPANY HAS ELECTED TO DEFER APPLICATION OF FIN 48, AS PERMITTED BY

FSP FIN 48-3, "EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 FOR CERTAIN

NONPUBLIC ENTERPRISES," UNTIL 2009. THE COMPANY DOES NOT ANTICIPATE THAT

THE PROVISIONS OF FIN 48 WILL HAVE ANY SIGNIFICANT IMPACT ON ITS

FINANCIAL STATEMENTS. HOWEVER, ADDITIONAL DISCLOSURES MAY BE REQUIRED OF

SITUATIONS, IF ANY, WHERE THE COMPANY'S TAX POSITIONS ARE CONSIDERED

UNCERTAIN. CURRENTLY, THE FASB IS DELIBERATING THE MANNER AND EXTENT TO

WHICH PASS-THROUGH ENTITIES SUCH AS THE COMPANY WILL NEED TO APPLY THE

PROVISIONS OF FIN 48.

Part III

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

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

Part IV

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

PART I

PART I # 2

THE MAJORITY OF GRANTS EXPENSE REPRESENTS CONTRIBUTIONS TO AFFILIATED 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 RESTRICTIONS.

**SCHEDULE I-1
(Form 990)****Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**► Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

Name of the organization

Employer identification number

MERCY HOUSING INC

47-0646706

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HOUSING SOUTHWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	86-0743192	501(C)(3)	80,000.				LOW-INCOME HOUSING
MERCY HOUSING LAKEFRONT 1999 BROADWAY, SUITE 1000 DNEVER, CO 80202	36-3453183	501(C)(3)	694,581.				LOW-INCOME HOUSING
MASON 1012 SOUTH 4TH STREET OMAHA, NE 68108	42-1301449		364,070.				LOW-INCOME HOUSING
INTERCOMMUNITY MERCY HOUSING 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	91-1546525	501(C)(3)	920,015.				LOW-INCOME HOUSING
MERCY HOUSE 2904 NORTH 45TH STREET OMAHA, NE 68104	37-1068780	501(C)(3)	21,893.				LOW-INCOME HOUSING
MERCY HOUSING COLORADO 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	20-158332	501(C)(3)	71,000.				LOW-INCOME HOUSING
MERCY HOUSING CALIFORNIA 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	94-3081666	501(C)(3)	628,449.				LOW-INCOME HOUSING
MERCY HOUSING SOUTHEAST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	56-1993872	501(C)(3)	90,000.				LOW-INCOME HOUSING
MERCY HOUSING, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	47-0646706	501(C)(3)	358,735.				LOW-INCOME HOUSING
NATIONAL LOW INCOME HOUSING COALITION 727 15TH ST. NW, 6TH FLOOR	52-1089824	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
MERCY PORTFOLIO SERVICES 247 S. STATE STREET, SUITE 810	26-4002114	501(C)(3)	500,000.				CHARITABLE CONTRIBUT
WESTERN MANOR 2200 WEST Q STREET, UNIT 8	47-0785349	501(C)(3)	218,078.				CHARITABLE CONTRIBUT
SHERWOOD PLACE 2335 SHERWOOD DRIVE	84-1284752		204,846.				CHARITABLE CONTRIBUT
MERCY NORTHGLEN 3205 PORTIA STREET LINCOLN, NE 68521	47-0779681	501(C)(3)	305,257.				CHARITABLE CONTRIBUT
CAPITAL CORNERS 2200 WEST Q STREET LINCOLN, NE 68528	84-1449163	501(C)(3)	57,373.				CHARITABLE CONTRIBUT

2 Enter total number of Section 501(c)(3) and government organizations **19****3** Enter total number of other organizations **6****For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule I-1 (Form 990) 2008**

**SCHEDULE J
(Form 990)****Compensation Information**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.**2008****Open to Public
Inspection**

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.☐ First-class or charter travel☐ Travel for companions☐ Tax indemnification and gross-up payments☒ Discretionary spending account☐ Housing allowance or residence for personal use☐ Payments for business use of personal residence☐ Health or social club dues or initiation fees☐ Personal services (e.g., maid, chauffeur, chef)**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.☐ Compensation committee☐ Independent compensation consultant☐ Form 990 of other organizations☐ Written employment contract☒ Compensation survey or study☒ Approval by the board or compensation committee**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:**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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

If "Yes" to line 6a or 6b, describe in Part III.

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

Yes No

1b X**2** X**4a** X**4b** X**4c** X**5a** X**5b** X**6a** X**6b** X**7** X**8** X

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

Schedule J (Form 990) 2008

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RICHARD BANKS	(i)	278,947.	NONE	NONE	NONE	12,936.	291,883.	NONE
	(ii)							
CINDY HOLLER	(i)	163,797.	NONE	3,411.	NONE	5,904.	173,112.	NONE
	(ii)							
JANE GRAF	(i)	180,176.	NONE	8,060.	NONE	1,394.	189,630.	NONE
	(ii)							
CHARLES MCKINNEY	(i)	190,815.	NONE	960.	NONE	13,078.	204,853.	NONE
	(ii)							
BRIAN SHUMAN	(i)	240,819.	NONE	2,634.	NONE	12,748.	256,201.	NONE
	(ii)							
CHERYLL OBRYAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	199,859.	NONE	2,245.	NONE	6,166.	208,270.	NONE
EUGENE P WALKER	(i)	154,310.	NONE	NONE	NONE	948.	155,258.	NONE
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I

PART I 6A & 6B

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

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

ITS RELATED CORPORATE OPERATING COMPANIES (INCLUDING THE ORGANIZATION).

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

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

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

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

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

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

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

TO EMPLOYEES.

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

MERCY HOUSING INC

Employer Identification number

47-0646706

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY DALE DIRECTOR	1.	X						NONE		NONE
MARK KORELL DIRECTOR	1.	X						NONE		NONE
ROSLYN HAFERTEPE DIRECTOR	1.	X						NONE		NONE
BARRY ZIGAS DIRECTOR	1.	X						NONE		NONE
SR KATHLEEN NOLAN DIRECTOR	1.	X						NONE		NONE
JACK DIEPENBROCK DIRECTOR	1.	X						NONE		NONE
PAT MCDERMOTT CHAIRMAN	1.	X						NONE		NONE
CHARLES EDSON DIRECTOR	1.	X						NONE		NONE
MICHAEL ZOELLNER DIRECTOR	1.	X						NONE		NONE
ROGER PASTORE DIRECTOR	1.	X						NONE		NONE
BRAD JAMES VICE CHAIR	1.	X						NONE		NONE
W DEAN HENRY DIRECTOR	1.	X						NONE		NONE
JACK MANNING DIRECTOR	1.	X						NONE		NONE
RICH STATUTO DIRECTOR	1.	X						NONE		NONE
LESLIE WITTMANN DIRECTOR	1.	X						NONE		NONE
SR PAT ECK DIRECTOR	1.	X						NONE		NONE
SR NORITA COONEY DIRECTOR	1.	X						NONE		NONE
STACEY STEWARD DIRECTOR	1.	X						NONE		NONE
JULIA GOULD SR VICE PRESIDENT	1.			X				130,022.		3,139.
LILLIAN MURPHY CEO	1.			X				NONE		NONE
RICHARD BANKS PRESIDENT	1.			X				278,947.		12,936.

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1.000

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**SCHEDULE J-2
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008**Open to Public
Inspection**

Name of the Organization

Employer Identification number

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CINDY HOLLER VICE PRESIDENT	1.			X				167,208.		5,904.
JANE GRAF SR VICE PRESIDENT	1.			X				188,236.		1,394.
LISA CELANIA SECRETARY	1.			X				59,979.		4,884.
PATRICIA NELSON ASST. SECRETARY	1.			X				50,735.		4,879.
JENNIFER ERIXON VICE PRESIDENT	1.			X				127,745.		11,208.
TRACY GARGARO TREASURER	1.			X				92,380.		11,605.
MARK HOLMES VICE PRESIDENT	1.			X				121,467.		5,665.
CHARLES MCKINNEY SR VICE PRESIDENT	1.			X				191,775.		13,078.
CHRISTOPHER SHOTT VICE PRESIDENT	1.			X				90,946.		9,188.
BRIAN SHUMAN COO	1.			X				243,453.		12,748.
JEFFREY TRUAX VICE PRESIDENT	1.			X				101,891.		11,992.
CHERYLL OBRYAN VICE PRESIDENT	1.			X				NONE	202,104.	6,166.
CYNTHIA PARKER VICE PRESIDENT	1.			X				126,256.		11,326.
VINCE DODDS CFO	1.			X				32,116.		3.
GARY TUITT SR VICE PRESIDENT	1.			X				79,289.		219.
GARTH JORDAN SR VICE PRESIDENT	1.			X				79,043.		383.
EUGENE P WALKER VICE PRESIDENT	1.			X				154,310.		948.

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1.000

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**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

PART VI SECTION A

PART VI SECTION A # 6, #7 A&B AND #10

#2:

RICHARD STATUTO AND SISTER PAT ECK HAVE A BUSINESS RELATIONSHIP.

#6:

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

RELIGIOUS.

#7 A & B:

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

RELIGIOUS WHO APPOINT CORPORATE MEMBERS. THE RESERVED RIGHTS HELD BY THE

CORPORATE MEMBERS, WHICH MAY BE 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 NEW ENTITIES; PLEDGING, MORTGAGING OR DISPOSING OF ALL OR

SUBSTANTIALLY ALL ASSETS; APPOINTMENT OR REMOVAL OF GOVERNING BOARD

MEMBERS AND OFFICERS.

#10:

FORM 990 IS PRESENTED TO ALL BOARD MEMBERS AND COMMENTS AND QUESTIONS ARE

ADDRESSED PRIOR TO THE FORM 990 BEING FILED.

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

PART VI SECTION B

PART VI SECTION B # 12C AND #15B

12C:

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

15B:

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

Name of the organization

Employer identification number

MERCY HOUSING INC

47-0646706

PART VI SECTION C

PART VI SECTION C # 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

Employer identification number

MERCY HOUSING INC

47-0646706

PART XI

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

2B:

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED IN ACCORDANCE WITH

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THE

AUDITED FINANCIAL STATEMENTS ARE REPORTED WITHIN THE CONSOLIDATED

FINANCIAL STATEMENTS AND SUPPLEMENTAL

INFORMATION OF MERCY HOUSING, INC.

2C:

RESPONSIBILITY FOR SELECTION OF AN INDEPENDENT ACCOUNTANT AND OVERSIGHT

OF THE ANNUAL AUDIT IS RESERVED BY THE MERCY HOUSING, INC. BOARD OF

TRUSTEES.

3:

THE ORGANIZATION RECEIVED FEDERAL LOANS OR AWARDS AND ACCORDINGLY WAS

INCLUDED IN THE SINGLE AUDIT ACT AND OMB

CIRCULAR A-133 AUDIT AS REPORTED WITHIN THE CONSOLIDATED FINANCIAL

STATEMENTS AND SUPPLEMENTAL INFORMATION OF

MERCY HOUSING, INC.

Name of the organization

Employer identification number

MERCY HOUSING INC

47-0646706

PART VII

PART VII SECTION A

SISTER LILLIAN MURPHY, RSM, SERVES AS THE CHIEF EXECUTIVE OFFICER OF

MERCY HOUSING, INC. THE SISTERS OF MERCY OF THE AMERICAS WEST MIDWEST

HAVE ENTERED INTO A CONTRACT WHEREBY SISTER MURPHY HAS BEEN ASSIGNED TO

MERCY HOUSING, INC. TO PERFORM SERVICES AND PROVIDE EXECUTIVE LEADERSHIP

FOR MERCY HOUSING, INC. AND ITS SUBSIDIARIES. SISTER MURPHY IS A MEMBER

OF A RELIGIOUS COMMUNITY AND HAS TAKEN A VOW OF POVERTY AND THEREFORE

DOES NOT RECEIVE ANY PERSONAL INCOME. SISTER MURPHY IS NOT AN EMPLOYEE OF

MERCY HOUSING, INC. MERCY HOUSING, INC. MAKES PAYMENTS DIRECTLY TO THE

SISTERS OF MERCY OF THE AMERICAS WEST MIDWEST FOR MONTHLY STIPEND

PAYMENTS AND BENEFITS RELATING TO THE SERVICES PERFORMED BY SISTER

MURPHY. THE SISTERS OF MERCY OF THE AMERICAS WEST MIDWEST ARE

RESPONSIBLE FOR PROVIDING THE LIVING EXPENSES OF SISTER MURPHY. FOR

2008 MERCY HOUSING, INC. PAID \$431,420 FOR THE ANNUAL STIPEND FEE AND

BENEFITS EQUIVALENT.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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
SEE SCHEDULE R-1					

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
SEE SCHEDULE R-1											

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
SEE SCHEDULE R-1							

Part V Transactions With Related Organizations

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

		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 (iv) rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to other organization(s)	1b	X	
c Gift, grant, or capital contribution from other organization(s)	1c	X	
d Loans or loan guarantees to or for other organization(s)	1d	X	
e Loans or loan guarantees by other organization(s)	1e	X	
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

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

(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1) SEE SCHEDULE R-1		
(2)		
(3)		
(4)		
(5)		
(6)		

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

[illegible]

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
MERCY HOUSING, INC. ----- 47-0646706					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	9	N/ A
MERCY LOAN FUND ----- 84-1559406					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	9	N/ A
MERCY SERVICES CORPORATION ----- 82-0376108					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11 A	N/ A
MERCY PORTFOLIO SERVICES ----- 26-4002114					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501(C) (3)	11 C	N/ A
MERCY HOUSING PROPERTIES, INC. ----- 84-1262403					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501(C) (3)	11 A	N/ A
BROOK OAKS SENIOR RESIDENCES ----- 20-4295604					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	TX	501(C) (3)	7	N/ A
MERCY COMMERCIAL FINANCE PROPERTIES ----- 84-1164880					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501(C) (3)	11 A	N/ A
ATLANTIC CITY AFFORDABLE HOUSING LLC ----- 20-1759151					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NJ	501(C) (3)	11 C	N/ A
MERCY HOUSING SOUTHWEST ----- 86-0743192					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501(C) (3)	11 A	N/ A
AVONDALE SENIOR VILLAGE ----- 86-0980810					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501(C) (3)	11 C	N/ A
CAMELOT CASITAS ----- 86-0980809					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501(C) (3)	11 C	N/ A
CASA DE MERCED ----- 86-0808941					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501(C) (3)	11 C	N/ A
CASA DE SHANTI ----- 86-0728526					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501(C) (3)	11 C	N/ A
EL MIRAGE SENIOR ----- 86-0847975					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501(C) (3)	11 C	N/ A
MESA SENIOR MEADOWS ----- 86-0897708					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501(C) (3)	11 C	N/ A

Schedule R-1 (Form 990) 2008

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
GUADALUPE SENIOR VILLAGE ----- 86-0897709					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501(C) (3)	11C	N/ A
PEORIA PLACE ----- 86-0980811					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501(C) (3)	11C	N/ A
PLAZAS DE MERCED ----- 86-0758961					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501(C) (3)	11C	N/ A
VISTA ALEGRE ----- 86-0947230					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501(C) (3)	11C	N/ A
CDG-MHSW, LLC (VILLAS MONTANAS) ----- 31-1821952					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501(C) (3)	11C	N/ A
DECATUR PLACE ----- 84-1062097					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501(C) (3)	11C	N/ A
HOLLY PARK EAST ----- 84-1347445					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501(C) (3)	11C	N/ A
WILLOW STREET APARTMENTS ----- 84-1334167					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501(C) (3)	11C	N/ A
MERCY PROPERTIES ARIZONA ----- 86-0772987					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AR	501(C) (3)	11A	N/ A
LOS ARCOS ----- 86-0772987					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501(C) (3)	11C	N/ A
MERCY COURT ----- 86-0772987					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501(C) (3)	11C	N/ A
MERCY HOUSING COLORADO ----- 20-1583332					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501(C) (3)	11A	N/ A
HOLLY PARK COMMUNITY CENTER LLC ----- 38-3715668					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501(C) (3)	11C	N/ A
HOMES FOR GREELEY ----- 84-1349918					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501(C) (3)	11C	N/ A
MERCY HOUSING CALIFORNIA ----- 94-3081666					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	9	N/ A

Schedule R-1 (Form 990) 2008

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
ALL HALLOWS COMMUNITY ----- 94-2722870					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
FAIRFAX NONPROFIT HOUSING DEVELOP CORP ----- 94-2772546					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
MARIN HOMES FOR INDEPENDENT LIVING ----- 94-2787430					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
CANTEBRIA SENIOR HOMES ----- 94-3361794					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
MERCY SENIOR HOUSING OXNARD ----- 94-3224446					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
MACLEAV NONPROFIT HOUSING DEVELOP CORP ----- 94-2762529					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
EH/CC HOUSING CORP. (EDEN HOUSE) ----- 94-3234538					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
FRANCIS OF ASSISI COMMUNITY ----- 94-2366315					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
GAULT STREET SENIOR ----- 75-2983979					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
JOHN W. KING SENIOR COMMUNITY ----- 94-3282891					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
MARIA B. FREITAS SENIOR HOUSING CORP. ----- 94-3190261					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
MARIN HOUSING CORP. ----- 94-1358291					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
MERCY GARDENS ----- 33-0809069					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
MOST HOLY REDEEMER SENIOR HOUSING ----- 94-3044873					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
NOTRE DAME SENIOR HOUSING CORP. ----- 94-3209503					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A

Schedule R-1 (Form 990) 2008

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
OCEANA SENIOR HOUSING CORP. ----- 94-3167825					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
PRESENTATION SENIOR COMMUNITY ----- 94-3264209					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
MERCY RIVERSIDE MANOR, INC. ----- 68-0002157					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
RUSSELL MANOR ----- 93-1189914					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
ST. ANDREW SENIOR HOUSING CORP. ----- 94-3088260					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
TIERRA DEL SOL, INC. ----- 75-3004763					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	9	N/ A
ST. ELIZABETH HOUSING CORP. ----- 94-2705149					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
GARDEN PARK APT COMMUNITY ----- 68-0484147					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	9	N/ A
MERCY OAKS VILLAGE ----- 75-3134134					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	7	N/ A
MERCY PROPERTIES CALIFORNIA ----- 68-0233835					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	9	N/ A
FOSTER YOUTH ----- 68-0233835					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
THE HAVEN ----- 68-0233835					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
POWER INN ----- 68-0233835					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
LELAND HOUSE ----- 68-0233835					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
OSOCALES (MCINTOSH MOBILE HOMES) ----- 68-0233835					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A

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RICHMOND HILLS ----- 68-0233835					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
SYCAMORE CENTER (RED BLUFF) ----- 68-0233835					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
WHERRY HOUSING ----- 68-0233835					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
SURREAL ESTATES ----- 68-0233835					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
SIERRA VISTA ----- 68-0233835					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
MAGNOLIA VILLAGE, LLC ----- 32-0139519					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501(C) (3)	11C	N/ A
MERCY OAK FOREST, LLC ----- 32-0139517					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501(C) (3)	11C	N/ A
MERCY HOUSING IDAHO, INC. ----- 82-0458396					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501(C) (3)	11A	N/ A
EAGLE SENIOR VILLAGE ----- 03-0410639					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501(C) (3)	11C	N/ A
MERCY SOUTHEAST IDAHO, INC. ----- 84-1284293					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11A	N/ A
MERCY MOSCOW, INC. (HAWTHORNE) ----- 82-0475388					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501(C) (3)	11C	N/ A
INDEPENDENCE HILL ----- 72-1545927					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501(C) (3)	11C	N/ A
MERCY TWIN FALLS, INC. (WILLSWOOD) ----- 82-0492940					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501(C) (3)	11C	N/ A
MERCY HOUSING LAKEFRONT ----- 36-3453183					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501(C) (3)	7	N/ A
LAVERNGE COURTS, LLC ----- 36-4535351					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501(C) (3)	11C	N/ A

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WASHINGTON COURTS, LLC ----- 32-0084370					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501(C) (3)	11C	N/ A
WHITMORE APARTMENTS LLC ----- 47-0924267					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	IL	501(C) (3)	11C	N/ A
MERCY HOUSING OHIO, INC. ----- 20-2373936					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501(C) (3)	11C	N/ A
MERCY PROPERTIES, INC. (MPI) ----- 84-1173689					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
MERCY PROPERTIES II, INC. ----- 82-0485862					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	ID	501(C) (3)	11C	N/ A
NEARY LAGOON, INC. ----- 77-0214799					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
SAN JUAN HOUSING CORP. ----- 68-0378676					
1999 BROADWAY, SUITE 1000 DENVER, CA 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
MERCY HOUSING MIDWEST ----- 47-0772351					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501(C) (3)	11A	N/ A
MERCY CRESTVIEW VILLAGE ----- 47-0785351					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501(C) (3)	11C	N/ A
HEARTLAND HOUSING INITIATIVE (HARP) ----- 42-1359133					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501(C) (3)	11A	N/ A
MERCY HOUSE ----- 37-1068780					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501(C) (3)	11C	N/ A
MERCY NORTHGLEN ----- 47-0779681					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501(C) (3)	11C	N/ A
MERCY OAKWOOD GARDENS ----- 84-1344220					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AZ	501(C) (3)	9	N/ A
MERCY MIDWEST PROPERTIES (RIDGEVIEW) ----- 43-1584918					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	MO	501(C) (3)	11C	N/ A
MERCY WESTERN MANOR ----- 47-0785349					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NE	501(C) (3)	11C	N/ A

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MERCY VILLAGE JOPLIN ----- 37-1459692					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	MO	501(C) (3)	11C	N/ A
MERCY HOUSING SOUTHEAST ----- 56-1993872					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NC	501(C) (3)	11A	N/ A
MERCY PLACE BELMONT, INC. ----- 80-0034784					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	NC	501(C) (3)	11C	N/ A
MERCY HOUSING PEMBROKE, INC. ----- 13-4224803					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501(C) (3)	11C	N/ A
RENDU TERRACE WEST, INC. ----- 20-0707382					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	AL	501(C) (3)	11A	N/ A
MERCY HOUSING GEORGIA HOLDINGS, LLC ----- 20-1233986					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501(C) (3)	11C	N/ A
MARSHSIDE VILLAGE, INC. ----- 20-1910771					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	SC	501(C) (3)	11A	N/ A
ALLEGRE POINT SENIOR RESIDENCES ----- 20-429472					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	501(C) (3)	11A	N/ A
MERCY PROPERTIES GEORGIA, INC. (MPGI) ----- 58-2425127					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	501(C) (3)	11C	N/ A
INTERCOMMUNITY MERCY HOUSING ----- 91-1546525					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501(C) (3)	11A	N/ A
INTERCOMMUNITY PROPERTIES (APPIAN WAY) ----- 91-1708437					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501(C) (3)	11C	N/ A
INTERCOMMUNITY HOUSING FERNDAL ----- 91-1667138					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501(C) (3)	11C	N/ A
STERLING SENIOR HOUSING ----- 14-1866405					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501(C) (3)	11A	N/ A
VILLA CARIDAD ----- 68-0387620					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	9	N/ A
PARK VILLAGE APTS ----- 68-0292975					
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A

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MERCY HOUSING, 2904 N 45TH ST, OMAHA 37-1068780	LOW-INC HSNG	NE	501(C) (3)	11C	N/ A
1999 BROADWAY, SUITE 1000 DENVER, CO 80202					
HARRINGTON HOMES PROGRAM 47-0716140	LOW-INC HSNG	NE	501(C) (3)	11C	N/ A
1999 BROADWAY, SUITE 1000 DENVER, CO 80202					
MERCY COMMUNITY HOUSING NORTH CAROLINA 56-2155324	LOW-INC HSNG	NC	501(C) (3)	11C	N/ A
1999 BROADWAY, SUITE 1000 DENVER, CO 80202					
MERCY WEST I 68-0254564	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
1999 BROADWAY, SUITE 1000 DENVER, CO 80202					
FLORIN HOUSING CORP. 68-0336533	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
1999 BROADWAY, SUITE 1000 DENVER, CO 80202					
FRANCISCAN HOMES III, INC. 31-1394513	LOW-INC HSNG	OH	501(C) (3)	11C	N/ A
1999 BROADWAY, SUITE 1000 DENVER, CO 80202					
MERCY HOUSING CALWEST 94-2963228	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
1999 BROADWAY, SUITE 1000 DENVER, CO 80202					
MERCY BOND PROPERTIES ARIZONA III 77-0342735	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
1999 BROADWAY, SUITE 1000 DENVER, CO 80202					
MERCY BOND PROPERTIES NEBRASKA I 68-0378674	LOW-INC HSNG	NE	501(C) (3)	9	N/ A
1999 BROADWAY, SUITE 1000 DENVER, CO 80202					
MERCY BOND PROPERTIES COLORADO I 94-3286321	LOW-INC HSNG	CO	501(C) (3)	9	N/ A
1999 BROADWAY, SUITE 1000 DENVER, CO 80202					
HOMES AGAIN PROGRAM 84-1164880	LOW-INC HSNG	CO	501(C) (3)	11C	N/ A
1999 BROADWAY, SUITE 1000 DENVER, CO 80202					
WALNUT GROVE 68-0233835	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
1999 BROADWAY, SUITE 1000 DENVER, CO 80202					
SANTA MONICA 68-0233835	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
1999 BROADWAY, SUITE 1000 DENVER, CO 80202					
ACACIA MEADOWS 68-0233835	LOW-INC HSNG	CA	501(C) (3)	11C	N/ A
1999 BROADWAY, SUITE 1000 DENVER, CO 80202					
SOUTH OF MARKET MERCY 94-3199902	LOW-INC HSNG	CA	501(C) (3)	9	N/ A
1999 BROADWAY, SUITE 1000 DENVER, CO 80202					

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							Yes	No		Yes	No
MERCY FAMILY PLAZA L.P. 94-309 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
BENNETT HOUSE, LP 65-1308081 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
DOROTHY DAY COMMUNITY, LP 65-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
JUNIPERO SERRA, LP 65-1308082 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MONSIGNOR LYNE, LP 65-1308080 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
ST. ANDREW COMMUNITY, LP 65-13 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
VILLA COLUMBA MERCY RIVERSIDE, 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XL 26 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XXXVI 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
365 FULTON LP (PARCEL G) 26-15 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XLII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XLIV 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XLIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY COMMUNITY HOUSING GEORGI 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING GEORGIA I 58-246 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING GEORGIA IV 56-23 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING GEORGIA V, LP 90 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A	NONE	NONE		X			X

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							Yes	No		Yes	No
MERCY HOUSING GEORGIA VI, LP 2 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A	NONE	NONE		X			X
ACQUISITION PROPERTIES GEORGIA 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING GEORGIA VIII LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A	NONE	NONE		X			X
ACQUISITION PROPERTIES GEORGIA 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A	NONE	NONE		X			X
MERCY PROPERTIES WASHINGTON 91 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
INTERCOMMUNITY MERCY WASHINGTO 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
INTERCOMMUNITY MERCY WASHINGTO 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING WASHINGTON VIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING WASHINGTON VI 84 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING WASHINGTON V 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	OR	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING WASHINGTON VII 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING WASHINGTON IX, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING WASHINGTON X, LL 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
MERCY PROPERTIES WASHINGTON II 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
PILCHUCK 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
WOODLAKE MANOR II 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
WOODLAKE MANOR 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X

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							Yes	No		Yes	No
VILLA KATHLEEN 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
SKAGIT VILLAGE 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
OAK HARBOR 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
OLYMPIC 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
MONROE VILLA 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
LAKE VILLAGE EAST 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
LAKE STEVENS 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
FIRCREST 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
FERNDAL VILLA 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
EVERGREEN MANOR 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
CEDARWOOD I 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
CEDARWOOD IV 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
CASCADE APARTMENTS 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
BOUNDARY VILLAGE 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
MERCY PROPERTIES WASHINGTON II 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
MERCY PROPERTIES WASHINGTON I, 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
BAYSHORE COURT 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X

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							Yes	No		Yes	No
CAMBRIDGE APARTMENTS 20-103137 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
CASCADE VILLAGE 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
CHENEY GARDENS 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
MABTON GARDENS 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
MOSES LAKE ESTATES 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
PINE ROAD VILLAGE 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
ROCK CREEK TERRACE 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
SANDSTONE 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
SILVERCREST 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
WAPATO GARDENS 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
WASHINGTON SQUARE 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
MERCY BOND PROPERTIES ARIZONA 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	AZ	N/A	N/A	NONE	NONE		X			X
ORANGEWOOD APARTMENTS 94-31427 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	AZ	N/A	N/A	NONE	NONE		X			X
WISHING WELL II 94-3142767 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	AZ	N/A	N/A	NONE	NONE		X			X
WISHINGWELL VILLAS 94-3142767 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	AZ	N/A	N/A	NONE	NONE		X			X
MERCY BOND PROPERTIES ARIZONA 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	AZ	N/A	N/A	NONE	NONE		X			X
MERCY TIMBERCREEK LLC 68-03786 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X

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							Yes	No		Yes	No
PADRE APARTMENTS COMMUNITY 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
FRANCONIA LLC 80-0008567	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
ROSELAND LIMITED PARTNERSHIP 3 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A	NONE	NONE		X			X
111 JONES STREET ASSOC. (111 J 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
BRITTON STREET ASSOC. (BRITTON 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING NEBRASKA I 84-14 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	NE	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA VII 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
SOMERSET SENIOR HSG. 74-276556 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	TX	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA II 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING COLORADO VIII 93 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING COLORADO-I, LTD 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XI 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MARLETON AFFORDABLE HSG. ASSOC 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MASON APARTMENTS (MASON SCHOOL 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA V 94- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
PARK TERRACE APTS. (PARK TERRA 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
QUINN COTTAGES, L.P. (QUINN CO 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X

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							Yes	No		Yes	No
MERCY HOUSING CALIFORNIA X (TH 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
SAN FELIPE HOMES (SAN FELIPE H 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
2220 10TH AVENUE ASSOC. (SANTA 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA VIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING IOWA II L.P. 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA I 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING ARIZONA I 86-079 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	AZ	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING GEORGIA II 58-26 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING COLORADO-IX 87-0 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING ARIZONA II (PAGE 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	AZ	N/A	N/A	NONE	NONE		X			X
COLUMBUS PARK PROPERTIES LLC 3 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A	NONE	NONE		X			X
PARKSIDE TERRACE APT LLC 36-39 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A	NONE	NONE		X			X
PARKSIDE TERRACE LP 36-3914505 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A	NONE	NONE		X			X
MULBERRY COURT LLC 20-8008017 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING SOUTH CAROLINA I 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	SC	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING GEORGIA III 43-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING SOUTH DAKOTA I, 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	SD	N/A	N/A	NONE	NONE		X			X

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							Yes	No		Yes	No
MERCY HOUSING SOUTH DAKOTA II, 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	SD	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING COLORADO XI, LLC 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A	NONE	NONE		X			X
COMMONS ON MAIN GP LLC 20-8033 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	OH	N/A	N/A	NONE	NONE		X			X
COMMONS ON MAIN LP 20-8033896 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	OH	N/A	N/A	NONE	NONE		X			X
AROMOR MERCY LLC (AROMOR APART 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A	NONE	NONE		X			X
GALEWOOD SLF ASSOCIATES, LP 20 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A	NONE	NONE		X			X
MERCY ALSTON LAKE LLC 20-29488 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	SC	N/A	N/A	NONE	NONE		X			X
FHD HOLDINGS LLC 20-1356271 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	OH	N/A	N/A	NONE	NONE		X			X
FRANCISCAN HOMES III, LP 31-13 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	OH	N/A	N/A	NONE	NONE		X			X
FRANCISCAN HOMES IV, LP 31-146 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	OH	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING UTAH I 02-056455 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	UT	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING IDAHO IV 82-0487 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	ID	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING IDAHO V (SISTERS 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	ID	N/A	N/A	NONE	NONE		X			X
2101 TELEGRAPH AVENUE, INC. 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
2101 TELEGRAPH AVENUE ASSOC. 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
BISHOPS BLOCK (BISHOPS BLOCK) 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IA	N/A	N/A	NONE	NONE		X			X
1028 HOWARD ST. ASSOCIATES 94- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X

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							Yes	No		Yes	No
1101 HOWARD ST. ASSOCIATES 94- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA VI 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
1475 167TH AVENUE ASSOC. 94-32 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
CENTRO PARTNERS 77-0295344 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
LA PLAYA RESIDENTIAL 77-027861 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
WEST 28TH STREET 95-4550003 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
16TH & CHURCH STREET ASSOC. 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA III 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA IX 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA IV 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
VISITACION VALLEY AFFORDABLE H 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
VISITATION VALLEY FAM. HSG. AS 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
NEAR LAGOON PARTNERS 77-025631 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING WEST 68-0254564 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XIV 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XV 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XVII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X

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							Yes	No		Yes	No
MERCY HOUSING CALIFORNIA XXIV 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XVIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XX 36 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XVI 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XXIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XII 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
VILLAGE PARK HOUSING ASSOCIATE 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XXI 4 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XIX 0 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XXV 8 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
PINEWOOD COURT APARTMENTS 68-0 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XXII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XXVI 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XLI 2 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XIV 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XXVII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X

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							Yes	No		Yes	No
MERCY HOUSING CALIFORNIA XXVII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY TERRACE, LLC 68-0254564 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XXIX 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XXX 6 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
NEW DANA STRAND TOWNHOMES 51-0 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XXXII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XXXVI 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XXXI 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XXXV 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XXXII 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XXXVI 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
COLONIA SAN MARTIN ASSOCIATES, 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING CALIFORNIA XXXIX 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
KENNEDY ESTATES HSG. ASSOC. 68 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
TAHOE VALLEY TOWNHOMES ASSOC. 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
FLORIN WOOD ASSOC. 68-0318012 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING IDAHO II 84-1212 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	ID	N/A	N/A	NONE	NONE		X			X

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							Yes	No		Yes	No
MERCY HOUSING COLORADO VII 84-1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING COLORADO-II, LTD 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING IOWA I (84-1178 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING WASHINGTON IV 91 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	MO	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING MISSOURI-I, L. P. 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	MO	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING COLORADO VI 84-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING IDAHO III 84-125 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	ID	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING IDAHO I 84-12120 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	ID	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING COLORADO V 84-13 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING MISSOURI II 84-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	MO	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING COLORADO III 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING WASHINGTON III 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING COLORADO IV 84-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CO	N/A	N/A	NONE	NONE		X			X
MARLTON AFFORDABLE HOUSING COR 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
BRENTWOOD GREEN VALLEY APTS 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
NEW DANA STRAND PARTNERS I, LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
MAGNOLIA LIMITED PARTNERSHIP 3 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A	NONE	NONE		X			X

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							Yes	No		Yes	No
RED DOOR LIMITED PARTNERSHIP 3 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A	NONE	NONE		X			X
4707 MALDEN LTD PARTNERSHIP 36 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A	NONE	NONE		X			X
MALDEN LIMITED PARTNERSHIP II 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A	NONE	NONE		X			X
MPI HIGHLAND PLACE APARTMENTS, 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A	NONE	NONE		X			X
ARLINGTON HOTEL 26-1398920 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
2220 TENTH AVE 94-3140163 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
SOUTH LOOP APARTMENTS 36-40274 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A	NONE	NONE		X			X
5042 WINTHROP APARTMENTS LP 36 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A	NONE	NONE		X			X
NEAR NORTH PARTNERSHIP 32-0143 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING UTAH 02-0564555 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	UT	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING S. CAROLINA 59-3 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	SC	N/A	N/A	NONE	NONE		X			X
MERCY TERRACE 68-0254564 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	N/A	NONE	NONE		X			X
WENTWORTH COMMONS 30-0082553 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A	NONE	NONE		X			X
MALDEN ARMS APARTMENTS 36-3679 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A	NONE	NONE		X			X
901 WEST 63RD LP (ENGLEWOOD AP 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	N/A	NONE	NONE		X			X
MERCY HOUSING GEORGIA IX, LP 2 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	N/A	NONE	NONE		X			X

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
BELRAY APARTMENTS CORPORATIO _____ 36-4027474							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP	NONE	NONE	NONE
HAROLD WASHINGTON APARTMENTS _____ 36-3556291							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP	NONE	NONE	NONE
ROSELAND APARTMENTS CORPORAT _____ 36-4304417							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP	NONE	NONE	NONE
SOUTH LOOP APARTMENTS CORPOR _____ 36-4027475							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP	NONE	NONE	NONE
WINTHROP APARTMENTS CORPORAT _____ 36-3855355							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP	NONE	NONE	NONE
NEAR NORTH APARTMENTS CORP. _____ 36-4570431							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP	NONE	NONE	NONE
MCHG PARTNERS, INC. (MCHG) _____ 20-8824753							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP	NONE	NONE	NONE
MERCY LITHONIA PARK VIEW, IN _____ 20-8829364							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP	NONE	NONE	NONE
MALDEN ARMS CORPORATION _____ 36-3815990							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP	NONE	NONE	NONE
MALDEN ARMS CORP II NFP _____ 36-3815990							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP	NONE	NONE	NONE
MERCY GALEWOOD SLF, INC. _____ 20-5825081							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP	NONE	NONE	NONE
MCDERMOTT PLACE _____ 47-0779682							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IA	N/A	C CORP	NONE	NONE	NONE
MERCY AFFORDABLE HOUSING, IN _____ 82-0489878							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	ID	N/A	C CORP	NONE	NONE	NONE
AFFORDABLE HOUSING CORP _____ 84-1173690							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP	NONE	NONE	NONE
AFFORDABLE HOUSING INITIATIV _____ 94-3096988							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP	NONE	NONE	NONE
ENGLEWOOD APARTMENTS NFP _____ 26-1233523							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP	NONE	NONE	NONE
MERCY SCOTTDAL OAK FOREST, _____ 20-8825042							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP	NONE	NONE	NONE
MERCY PARK VIEW PARTNERS, IN _____ 20-8829242							
1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP	NONE	NONE	NONE

Part IV

Schedule R-1 (Form 990) 2008

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) EVERGREEN VISTA	(A)	265,019.
(8) FAMILY TREE	(A)	597,770.
(9) NORTHSIDE NAMPA	(A)	129,519.
(10) MERCY PROPERTIES CALIFORNIA	(A)	185,000.
(11) DRIFTWOOD ESTATES	(A)	69,172.
(12) NORTHERN HEIGHTS	(A)	55,930.
(13) MERCY HOUSING CALIFORNIA	(A)	50,290.
(14) ATLANTIC CITY	(A)	111,943.
(15) INTERCOMMUNITY MERCY HOUSING	(B)	920,015.
(16) MERCY HOUSING COLORADO	(B)	70,000.
(17) MERCY PORTFOLIO SERVICES	(B)	1,000,000.
(18) MERCY HOUSING LAKEFRONT	(B)	694,581.
(19) MERCY HOUSING CALIFORNIA	(B)	628,449.
(20) MERCY HOUSING SOUTHEAST	(B)	90,000.
(21) MERCY HOUSING SOUTHWEST	(B)	80,000.
(22) WESTERN MANOR	(B)	218,077.
(23) SHERWOOD PLACE	(B)	204,846.
(24) MERCY NORTHGLEN	(B)	305,257.

Schedule R-1 (Form 990) 2008

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) CAPITAL CORNERS	(B)	57,373.
(8) CRESTVIEW VILLAGE	(B)	184,411.
(9) MASON	(B)	364,070.
(10) TIMBERCREEK	(B)	1,350,537.
(11) SMMH - FAMILY TREE	(C)	525,690.
(12) MERCY PROPERTIES CALIFORNIA	(C)	1,230,000.
(13) MERCY HOUSING LAKEFRONT	(D)	400,000.
(14) ACACIA MEADOWS	(D)	750,000.
(15) MERCY LOAN FUND	(D)	1,812,584.
(16) INTERCOMMUNITY MERCY HOUSING	(D)	425,825.
(17) MERCY HOUSING COLORADO	(D)	272,041.
(18) MERCY HOUSING OHIO	(D)	167,134.
(19) MERCY HOUSING LAKEFRONT	(D)	1,307,192.
(20) MERCY HOUSING CALIFORNIA	(D)	2,458,032.
(21) MERCY HOUSING SOUTHEAST	(D)	790,625.
(22) MERCY HOUSING SOUTHWEST	(D)	15,891.
(23) ATLANTIC CITY	(D)	1,463,442.
(24) MERCY HOUSING MIDWEST	(D)	22,405.

Schedule R-1 (Form 990) 2008

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) MERCY PROPERTIES INC	(D)	615,281.
(8) MERCY PROPERTIES CALIFORNIA	(D)	3,700,000.
(9) VALLE DE MERCED	(D)	497,050.
(10) EVERGREEN VISTA	(D)	436,950.
(11) FAMILY TREE	(D)	436,950.
(12) GRACE APTS	(D)	1,030,000.
(13) HOLLY PARK WEST	(D)	69,089.
(14) HOMES AGAIN GREELEY	(D)	82,752.
(15) LAWLOR GARVEY	(D)	94,810.
(16) MERCED DE LAS ANIMAS	(D)	91,709.
(17) NEW HOPE APTS	(D)	73,694.
(18) NORTHSIDE NAMPA	(D)	314,787.
(19) PADRE PALOU	(D)	451,591.
(20) PLAZA ON PLATTE	(D)	177,834.
(21) REGINA TERRACE	(D)	148,852.
(22) SPRINGFIELD COURT	(D)	324,044.
(23) DRIFTWOOD ESTATES	(D)	1,271,688.
(24) NORTHERN HEIGHTS	(D)	992,247.

Schedule R-1 (Form 990) 2008

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) APPIAN WAY MERCY	(D)	300,000.
(8) MERCY SERVICES CORPORATION	(D)	7,528,976.
(9) MERCY HOUSING SOUTHEAST	(D)	2,208,512.
(10) MERCY HOUSING OHIO	(D)	126,824.
(11) MERCY HOUSING COLORADO	(D)	4,280,059.
(12) MERCY HOUSING IDAHO	(D)	280,620.
(13) MERCY LOAN FUND	(E)	3,000,000.
(14) MERCY COURT	(E)	470,000.
(15) MERCY PORTFOLIO SERVICES	(K)	138,529.
(16) MERCY HOUSING COLORADO	(K)	55,250.
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Schedule R-1 (Form 990) 2008

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

FORM 990, PART VI, LINE 17 - STATES
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AL, AK, AZ, AR, CA, CO, CT,
DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV,

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

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
CGLIC-PHOENIX EASC (CIGNA) 5476 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0054	INSURANCE	2,003,550.
REZNICK GROUP 525 N. TRYON STREET, SUITE 1000 CHARLOTTE, NC 28202	ACCOUNTING	1,564,878.
EVENT ARCHITECTS 311 WEST WALTON STREET CHICAGO, IL 60610	ARCHITECTURE	274,104.
REZNICK GROUP 2002 SUMMIT BLVD, SUITE 1000 ATLANTA, GA 30319-1470	ACCOUNTING	575,210.
KAISER PERMANENTE PO BOX 60000 FILE 73030 SAN FRANCISCO, CA 94160-3030	INSURANCE	250,715.

	TOTAL COMPENSATION	4,668,457.
		=====

FORM 990, PART VIII - CONTRIBUTIONS

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NAME AND ADDRESS -----	DATE ----	FEDERATED CAMPAIGNS -----	MEMBERSHIP DUES -----	FUNDRAISING EVENTS -----	RELATED ORGANIZATIONS -----	GOVERNMENT GRANTS -----	ALL OTHER CONTRIBUTIONS -----
SOUTH OF MARKET MERCY HOUSING 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	12/31/2008				525,690.		
JOHN STEWART 285 TELEGRAPH HILL BLVD. SAN FRANCISCO, CA 94133	12/31/2008						9,323.
MICHAEL ZOELLNER 5555 E. 17TH AVE. DENVER, CO 80220	12/31/2008						15,000.
MICHAEL BLASZYK 6257 VIRGO ROAD OAKLAND, CA 94611	12/31/2008						5,000.
ROGER PASTORE 1080 COUNTRY CLUB ESTATES DRIVE CASTLE PINES VILLAGE, CO 80108	12/31/2008						5,000.
CAROL JAMES 4599 SOUTH DASA DRIVE ENGLEWOOD, CO 80110	12/31/2008						5,000.
JOHN NEAL 309 STERLING ROAD KENILWORTH, IL 60043	12/31/2008						5,000.
MICHAEL CLUNE 9 BROADLEYS COURT BANNOCKBURN, IL 60015	12/31/2008						25,000.

FORM 990, PART VIII - CONTRIBUTIONS

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NAME AND ADDRESS -----	DATE ----	FEDERATED CAMPAIGNS -----	MEMBERSHIP DUES -----	FUNDRAISING EVENTS -----	RELATED ORGANIZATIONS -----	GOVERNMENT GRANTS -----	ALL OTHER CONTRIBUTIONS -----
H. RICK FUMO 1212 NORTH LAKE SHORE DRIVE, # 12CN CHICAGO, IL 60610	12/31/2008						5,000.
CHARLES HOCH 631 SOUTH HARVEY DRIVE OAK PARK, IL 60304	12/31/2008						5,000.
BRENDA GAINES 1414 WEST WRIGHTSWOOD AVENUE, NO. D CHICAGO, IL 60614	12/31/2008						5,000.
KATHRYN ROCK 927 15TH STREET NW, SUITE 600 WASHINGTON, DC 20005	12/31/2008						6,500.
MAURA MCGILL MUDD 3900 WISCONSIN AVENUE NW WASHINGTON, DC 20016	12/31/2008						15,500.
STEVEN WADE 27451 ALTAMONT ROAD LOS ALTOS HILLS, CA 94002	12/31/2008						5,000.
HELEN DUNLAP 104 EAST 32ND STREET CHICAGO, IL 60616	12/31/2008						7,500.
BETH MULLEN 2701 F STREET SACRAMENTO, CA 58648	12/31/2008						5,000.

FORM 990, PART VIII - CONTRIBUTIONS

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NAME AND ADDRESS -----	DATE ----	FEDERATED CAMPAIGNS -----	MEMBERSHIP DUES -----	FUNDRAISING EVENTS -----	RELATED ORGANIZATIONS -----	GOVERNMENT GRANTS -----	ALL OTHER CONTRIBUTIONS -----
SHOREBANK 7054 SOUTH JEFFREY BLVD. CHICAGO, IL 60649	12/31/2008						5,000.
US BANK 800 NICOLLET MALL MINNEAPOLIS, MN 55402	12/31/2008						37,500.
INDYMAC BANK 888 EAST WALNUT STREET PASADENA, CA 91101	12/31/2008						10,000.
LINN-MATHES, INC. 309 SOUTH GREEN STREET CHICAGO, IL 60607	12/31/2008						10,000.
RED MORTGAGE CAPITAL 2 MIRANOVA PLACE, 12TH FLOOR COLUMBUS, OH 43215	12/31/2008						25,000.
MORTGAGE SERVICES CENTER 300 LEADENHALL ROAD MOUNT LAUREL, NJ 08054	12/31/2008						5,000.
WELLS FARGO HOME MORTGAGE ONE HOME CAMPUS X2401-064 DES MOINES, IA 50328	12/31/2008						25,000.
LOCKTON COMPANIES 8110 E. UNION AVENUE, SUITE 700 DENVER, CO 80237	12/31/2008						10,000.

FORM 990, PART VIII - CONTRIBUTIONS

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NAME AND ADDRESS -----	DATE ----	FEDERATED CAMPAIGNS -----	MEMBERSHIP DUES -----	FUNDRAISING EVENTS -----	RELATED ORGANIZATIONS -----	GOVERNMENT GRANTS -----	ALL OTHER CONTRIBUTIONS -----
THE WILLIAMS CAPITAL GROUP 650 FIFTH AVENUE, 11TH FLOOR NEW YORK, NY 10019	12/31/2008						5,000.
UMB BANK 1670 BROADWAY DENVER, CO 80202	12/31/2008						10,000.
BAXTER INTERNATIONAL ONE BAXTER PARKWAY, DF-2-2E DEERFIELD, IL 60015	12/31/2008						5,000.
THE NORTHERN TRUST CO 1573 MARKET STREET DENVER, CO 80202	12/31/2008						5,000.
REZNICK GROUP 525 NORTH TRYON STREET, SUITE 1000 CHARLOTTE, NC 28202	12/31/2008						5,000.
EQUITY RESIDENTIAL TWO NORTH RIVERSIDE PLAZA CHICAGO, IL 60606	12/31/2008						510,000.
ALEGENT HEALTH 1010 NORTH 96TH STREET, SUITE 200 OMAHA, NE 68114	12/31/2008						11,000.
CATHOLIC HEALTHCARE WEST 185 BERRY STREET, SUITE 300 SAN FRANCISCO, CA 94107	12/31/2008						5,000.

FORM 990, PART VIII - CONTRIBUTIONS

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NAME AND ADDRESS -----	DATE ----	FEDERATED CAMPAIGNS -----	MEMBERSHIP DUES -----	FUNDRAISING EVENTS -----	RELATED ORGANIZATIONS -----	GOVERNMENT GRANTS -----	ALL OTHER CONTRIBUTIONS -----
CREDIT SUISSE SECURITIES 7033 LOUIS STEPHENS DRIVE RESEARCH TRIANGLE PARK, NC 27709	12/31/2008						10,000.
CHRISTOPHER B BURKE ENGINEER 9575 WEST HIGGINS ROAD, SUITE 605 ROSEMONT, IL 60018	12/31/2008						5,000.
HERBERT MCLAUGHLIN 2315 BROADWAY SAN FRANCISCO, IL 94115	12/31/2008						10,000.
WELLS FARGO FOUNDATION 90 SOUTH 7TH STREET, MAC #N9305-192 MINNEAPOLIS, MN 55479	12/31/2008						50,000.
ADMIRAL HEATING AND VENTILATION 4150 LITT DRIVE HILLSIDE, IL 60162	12/31/2008						5,000.
HILL MECHANICAL GROUP 11045 GAGE AVENUE FRANKLIN PARK, IL 60131	12/31/2008						5,000.
FREDDIE MAC 8200 JONES BRANCH DRIVE MCLEAN, VA 22102	12/31/2008						25,000.
CLUNE CONSTRUCTION 10 SOUTH LASALLE STREET, SUITE 300 CHICAGO, IL 60603	12/31/2008						30,000.

FORM 990, PART VIII - CONTRIBUTIONS

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NAME AND ADDRESS -----	DATE ----	FEDERATED CAMPAIGNS -----	MEMBERSHIP DUES -----	FUNDRAISING EVENTS -----	RELATED ORGANIZATIONS -----	GOVERNMENT GRANTS -----	ALL OTHER CONTRIBUTIONS -----
THE PRIVATE BANK & TRUST 70 WEST MADISON STREET, SUITE 200 CHICAGO, IL 60602	12/31/2008						5,000.
TIFFINY DECORATING CO 1325 NORTH WELLS STREET CHICAGO, IL 60610	12/31/2008						5,000.
DOUGHERTY MORTGAGE LLC 90 SOUTH 7TH STREET, SUITE 4300 MINNEAPOLIS, MN 55042	12/31/2008						5,000.
BLUE CROSS BLUE SHIELD 300 EAST RANDOLPH STREET CHICAGO, IL 60601	12/31/2008						10,000.
SHELBOURNE DEVELOPMENT GROUP 11 SOUTH WACKER DRIVE, SUITE5001 CHICAGO, IL 60606	12/31/2008						5,000.
CONTINENTAL ELECTRICAL CONST 5900 HOWARD STREET SKOKIE, IL 60077	12/31/2008						5,000.
DYKEMA GOSSETT 10 SOUTH WACKER DRIVE, SUITE 2300 CHICAGO, IL 60606	12/31/2008						5,000.
THE RELATED COMPANIES OF CA 18201 VON KARMEN AVENUE, SUITE 900 IRVINE, CA 92612	12/31/2008						5,000.

FORM 990, PART VIII - CONTRIBUTIONS

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NAME AND ADDRESS -----	DATE ----	FEDERATED CAMPAIGNS -----	MEMBERSHIP DUES -----	FUNDRAISING EVENTS -----	RELATED ORGANIZATIONS -----	GOVERNMENT GRANTS -----	ALL OTHER CONTRIBUTIONS -----
KELSO-BURNETT CO 5200 NEWPORT DRIVE ROLLING MEADOWS, IL 60008	12/31/2008						5,000.
CB RICHARD ELLIS INC 311 SOUTH WACKER DRIVE, SUITE 400 CHICAGO, IL 60606	12/31/2008						5,000.
KAISER PERMANENTE 1950 FRANKLIN STREET, 3RD FLOOR OAKLAND, CA 94612	12/31/2008						25,000.
WASHINGTON MUTUAL BANK P.O. BOX 834 SEATTLE, WA 98111	12/31/2008						10,000.
HARLEY ELLIS DEVEREAUX 401 WEST SUPERIOR STREET CHICAGO, IL 60610	12/31/2008						5,000.
ANSON INDUSTRIES 1959 ANSON DRIVE MELROSE PARK, IL 60160	12/31/2008						5,000.
ENTERPRISE COMMUNITY INVESTMENT 10227 WINCOPIN CIRCLE, SUITE 810 COLUMBIA, MD 21044	12/31/2008						10,000.
USG CORPORATION 550 WEST ADAMS STREET CHICAGO, IL 60661	12/31/2008						100,000.

FORM 990, PART VIII - CONTRIBUTIONS

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NAME AND ADDRESS -----	DATE ----	FEDERATED CAMPAIGNS -----	MEMBERSHIP DUES -----	FUNDRAISING EVENTS -----	RELATED ORGANIZATIONS -----	GOVERNMENT GRANTS -----	ALL OTHER CONTRIBUTIONS -----
UNION BANK OF CALIFORNIA 200 PRINGLE AVENUE, SUITE 355 WALNUT CREEK, CA 94596	12/31/2008						25,000.
SUPERIOR MECHANICAL SYSTEMS 7515 SANTA FE DRIVE HODGKINS, IL 60525	12/31/2008						5,000.
JP MORGAN CHASE BUILDING CODE 02317-33 NEW YORK, NY 10017	12/31/2008						25,000.
TITAN ELECTRIC CONTRACTING 401 EAST NORTH AVENUE VILLA PARK, IL 60181	12/31/2008						5,000.
GREAT LAKES PLUMBING 4521 WEST DIVERSEY AVENUE CHICAGO, IL 60639	12/31/2008						5,000.
CATHOLIC HEALTHCARE INITIATIVES 1999 BROADWAY, SUITE 2600 DENVER, CO 80202	12/31/2008						6,010,000.
CITIGROUP FOUNDATION 850 THIRD AVE., 13TH FLOOR NEW YORK, NY 10022	12/31/2008						600,000.
MERCY PROPERTIES CALIFORNIA 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	12/31/2008						1,230,000.

FORM 990, PART VIII - CONTRIBUTIONS

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NAME AND ADDRESS -----	DATE ----	FEDERATED CAMPAIGNS -----	MEMBERSHIP DUES -----	FUNDRAISING EVENTS -----	RELATED ORGANIZATIONS -----	GOVERNMENT GRANTS -----	ALL OTHER CONTRIBUTIONS -----
FANNIE MAE 3900 WISCONSIN AVENUE, NW WASHINGTON, DC 20016	12/31/2008						407,500.
BANK OF AMERICA FOUNDATION 101 SOUTH TRYON STREET CHARLOTTE, NC 28255	12/31/2008						1,126,000.
HELLMAN FAMILY FOUNDATION 1 MARITIME PLAZA, SUITE 1200 SAN FRANCISCO, CA 94111	12/31/2008						25,000.
FRANKLIN RAINES 3006 ALBEMARLE STREET, NW WASHINGTON, DC 20008	12/31/2008						25,000.
PNC FOUNDATION 110 BROADWAY CAMDEN, NJ 08102	12/31/2008						15,000.
MACARTHUR FOUNDATION 140 SOUTH DEARBORN STREET, SUITE 1200 CHICAGO, IL 60603	12/31/2008						500,000.
DAUGHTERS OF CHARITY, WEST 26000 ALTAMONT ROAD LOS ALTOS HILLS, CA 94022	12/31/2008						25,800.
SISTERS OF ST JOSEPH OF ORANGE 480 SOUTH BATAVIA STREET ORANGE, CA 92868	12/31/2008						10,000.

FORM 990, PART VIII - CONTRIBUTIONS

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NAME AND ADDRESS -----	DATE ----	FEDERATED CAMPAIGNS -----	MEMBERSHIP DUES -----	FUNDRAISING EVENTS -----	RELATED ORGANIZATIONS -----	GOVERNMENT GRANTS -----	ALL OTHER CONTRIBUTIONS -----
PROVENA HEALTH 19065 HICKORY CREEK DRIVE # 300 MOKENA, IL 60448	12/31/2008						25,000.
NATIONAL HOUSING TRUST 1101 30TH STREET NW, SUITE 400 WASHINGTON, DC 20007	12/31/2008						5,400.
CATHOLIC HEALTHCARE PARTNERS 615 ELSINORE PLACE CINCINNATI, OH 45202	12/31/2008						5,000.
SISTERS OF MERCY OF THE AMERICAS, INC. 8380 COLESVILLE ROAD, SUITE300 SILVER SPRINGS, MD 20910	12/31/2008						10,000.
SC MINISTRY FOUNDATION	12/31/2008						5,000.
BON SECOURS 1505 MARRIOTTSTVILLE ROAD MARRIOTTSTVILLE, MD 21104	12/31/2008						25,000.
SISTERS OF MERCY NORTHEAST COMMUNITY 15 HIGHLAND VIEW ROAD CUMBERLAND, RI 02864	12/31/2008						5,000.
ADRIAN DOMINCAN SISTERS 1257 EAST SIENA HEIGHTS DRIVE ADRIAN, MI 49221	12/31/2008						5,000.
SISTERS OF MERCY BURLINGAME 2300 ADELINE DRIVE BURLINGAME, CA 94010	12/31/2008						5,000.

FORM 990, PART VIII - CONTRIBUTIONS

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NAME AND ADDRESS -----	DATE ----	FEDERATED CAMPAIGNS -----	MEMBERSHIP DUES -----	FUNDRAISING EVENTS -----	RELATED ORGANIZATIONS -----	GOVERNMENT GRANTS -----	ALL OTHER CONTRIBUTIONS -----
NATIONAL EQUITY FUND, INC. 120 SOUTH RIVERSIDE PLAZA, 15TH FLOOR CHICAGO, IL 60606	12/31/2008						25,000.
SISTERS OF MERCY, CHICAGO 10024 SOUTH CENTRAL PARK AVENUE CHICAGO, IL 60655	12/31/2008						10,000.
MISCELLANEOUS CONTRIBUTIONS < \$5,000	12/31/2008						23,426.
ASCENSION HEALTH 4600 EDMUNDSON ROAD ST. LOUIS, MO 63134	12/31/2008						900,000.
ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	12/31/2008						-76,170.
ST. JOSEPH HEALTH SYSTEM P.O. BOX 14132 ORANGE, CA 92863	12/31/2008						386,250.
CATHOLIC HEALTH INITIATIVES 1999 BROADWAY, SUITE 2600 DENVER, CO 80202	12/31/2008						220,832.
CHRISTUS 6363 NORTH HWY 161, SUITE 450 IRVING, TX 75038	12/31/2008						100,000.
TOTALS		-----	-----	-----	-----	-----	-----
		=====	=====	=====	525,690.	=====	12,876,361.
		=====	=====	=====	=====	=====	=====

FORM 990, PART VIII - INVESTMENT INCOME

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DESCRIPTION -----	(A) TOTAL REVENUE -----	(B) RELATED OR EXEMPT REVENUE -----	(C) UNRELATED BUSINESS REV. -----	(D) EXCLUDED REVENUE -----
INTEREST INCOME	2,053,371. -----	-----	-----	2,053,371. -----
TOTALS	2,053,371. =====	=====	=====	2,053,371. =====

SCHEDULE A, PART III - AMOUNTS RECEIVED FROM DISQUALIFIED PERSONS - 2004

DISQUALIFIED PERSON

AMOUNT

-----	-----
FANNIE MAE	1,585,301.
PULTE HOMES	782,301.
CHICAGO TITLE	861,290.
EVERGREEN VISTA	173,378.
FAMILY TREE	195,133.

TOTAL	3,597,403.
	=====

SCHEDULE A, PART III - AMOUNTS RECEIVED FROM DISQUALIFIED PERSONS - 2005

DISQUALIFIED PERSON

AMOUNT

BANK OF AMERICA
EVERGREEN VISTA
FAMILY TREE

57,905.
50,799.
274,414.

TOTAL

383,118.
=====

SCHEDULE A, PART III - AMOUNTS RECEIVED FROM DISQUALIFIED PERSONS - 2006

DISQUALIFIED PERSON

AMOUNT

CITIGROUP FOUNDATION	529,384.
FANNIE MAE FOUNDATION	529,384.
EVERGREEN VISTA	37,704.
FAMILY TREE	220,222.
ST. JOHN COLONY	21,571.
NORTHERN HEIGHTS	139,203.
DRIFTWOOD ESTATES	122,963.
GREAT PLAINS IMPROVEMENT FOUNDATION	126,984.
AC AFFORDABLE HOUSING	63,799.
MCAULEY HEIGHTS	43,861.

TOTAL	1,835,075.
	=====

SCHEDULE A, PART III - AMOUNTS RECEIVED FROM DISQUALIFIED PERSONS - 2007

DISQUALIFIED PERSON

AMOUNT

CITIGROUP FOUNDATION	479,816.
FANNIE MAE FOUNDATION	1,131,416.
EVERGREEN VISTA	96,455.
FAMILY TREE	446,254.
AC AFFORDABLE HOUSING	187,251.
NORTHSIDE NAMPA	3,056.
MAGNOLIA VILLAGE	1,269,992.
PIONEER WOODS	132,316.

TOTAL	3,746,556.
	=====

SCHEDULE A, PART III - AMOUNTS RECEIVED FROM DISQUALIFIED PERSONS - 2008

DISQUALIFIED PERSON -----	AMOUNT -----
EQUITY RESIDENTIAL	839,494.
CITIGROUP FOUNDATION	270,506.
BANK OF AMERICA FOUNDATION	796,506.
MCARTHUR FOUNDATION	229,494.
EVERGREEN VISTA	67,006.
FAMILY TREE	268,276.
NORTHERN HEIGHTS	189,919.
MCAULEY HEIGHTS	493,847.

TOTAL	3,155,048.
	=====

SCHEDULE A, PART III-AMOUNTS RECEIVED FROM OTHER THAN DISQ. PERSONS - 2004

=====

OTHER EXCESS CONTRIBUTIONS

AMOUNT

SHOREBANK

6,160.

TOTAL

6,160.

=====

SCHEDULE A, PART III-AMOUNTS RECEIVED FROM OTHER THAN DISQ. PERSONS - 2005

OTHER EXCESS CONTRIBUTIONS

AMOUNT

COBBLE KNOLL I
COBBLE KNOLL II
NORTHSIDE NAMPA

56,798.
759,641.
23,682.

TOTAL

840,121.
=====

SCHEDULE A, PART III-AMOUNTS RECEIVED FROM OTHER THAN DISQ. PERSONS - 2006

OTHER EXCESS CONTRIBUTIONS

AMOUNT

NORTHSIDE NAMPA	14,852.
ATLANTIC CITY HOMES	19,914.
PAWNEE TOWNHOMES LP	14,168.
PIONEER WOODS	33,568.
RPS	376,068.
VILLA CARIDAD	23,835.
MERCY PROPERTIES CALIFORNIA	51,828.

TOTAL	534,233.
	=====

SCHEDULE A, PART III-AMOUNTS RECEIVED FROM OTHER THAN DISQ. PERSONS - 2007

OTHER EXCESS CONTRIBUTIONS

AMOUNT

MERCY PROPERTIES CALIFORNIA

98,304.

SISTERS OF ST. JOSEPH

29,357.

TOTAL

127,661.

SCHEDULE A, PART III-AMOUNTS RECEIVED FROM OTHER THAN DISQ. PERSONS - 2008

OTHER EXCESS CONTRIBUTIONS

AMOUNT

MERCY PROPERTIES CALIFORNIA
FLETCHER NORTHTOWN APARTMENTS733.
53,180.

TOTAL

53,913.

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

WEB SITE ADDRESS:

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

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

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

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

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2008 ending 12/31/2008) list:

Gross annual revenue \$ 18,528,069. Total assets \$ 52,478,930.

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes", provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes", provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes", provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

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

Organization's e-mail address _____

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

Signature of authorized officer _____

Printed Name _____

Title _____

Date _____

TAXABLE YEAR

2008

California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2008 or fiscal year beginning month day year, and ending month day year

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

Corporation/Organization Name
MERCY HOUSING INC
Address
1999 BROADWAY SUITE 1000
City
DENVER
State
CO
ZIP Code
80202

1999 BROADWAY SUITE 1000
City
DENVER
State
CO
ZIP Code
80202

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

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	5,126,018.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received. STMT. 1	3	13,402,051.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	4	18,528,069.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	18,528,069.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	16,812,952.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,715,117.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Title	Date
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	Preparer's SSN/PTIN	
	REZNICK GROUP P. C. 525 N. TRYON STREET, SUITE 1000 CHARLOTTE, NC 28202	FEIN 52-1088612	
	May the FTB discuss this return with the preparer shown above? See instructions	Telephone 704-332-9100	

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

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	• 1	3,072,647.00
	2 Interest	• 2	2,053,371.00
	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 STMT. 14	• 7	NONE00
Expenses and Disbursements	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	5,126,018.00
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule STMT. 15	• 9	6,079,445.00
	10 Disbursements to or for members	• 10	NONE00
	11 Compensation of officers, directors, and trustees. Attach schedule STMT. 19	• 11	2,254,459.00
	12 Other salaries and wages	• 12	1,337,320.00
	13 Interest	• 13	566,426.00
	14 Taxes	• 14	252,462.00
	15 Rents	• 15	149,933.00
	16 Depreciation and depletion (See instructions).	• 16	336,128.00
	17 Other. Attach schedule STMT. 13	• 17	5,836,779.00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	16,812,952.00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		16,423,665.		• 19,579,068.
2 Net accounts receivable		897,970.		• 475,489.
3 Net notes receivable. Attach schedule		2,770,705.		• 4,939,105.
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds. Attach schedule				•
7 Investments in stock. Attach schedule				•
8 Mortgage loans (number of loans _____)				•
9 Other investments. Attach schedule		3,673,040.		• 5,044,486.
10 a Depreciable assets	3,749,029.		4,209,624.	
b Less accumulated depreciation	(2,179,587.)	1,569,442.	(2,515,715.)	1,693,909.
11 Land				•
12 Other assets. Attach schedule STMT 26		23,360,497.		• 20,746,873.
13 Total assets		48,695,319.		52,478,930.
Liabilities and net worth				
14 Accounts payable		4,192,918.		• 4,381,759.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable. Attach schedule				•
17 Mortgages payable		32,455,887.		• 26,536,753.
18 Other liabilities. Attach schedule STMT 27		1,954,930.		9,704,338.
19 Capital stock or principle fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		10,091,584.		• 11,856,080.
22 Total liabilities and net worth		48,695,319.		52,478,930.

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

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	• 1,764,496.	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	1,764,496.
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5	1,764,496.		

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

=====

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----
SOUTH OF MARKET MERCY HOUSING 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	12/31/2008	525,690.
JOHN STEWART 285 TELEGRAPH HILL BLVD. SAN FRANCISCO, CA 94133	12/31/2008	9,323.
MICHAEL ZOELLNER 5555 E. 17TH AVE. DENVER, CO 80220	12/31/2008	15,000.
MICHAEL BLASZYK 6257 VIRGO ROAD OAKLAND, CA 94611	12/31/2008	5,000.
ROGER PASTORE 1080 COUNTRY CLUB ESTATES DRIVE CASTLE PINES VILLAGE, CO 80108	12/31/2008	5,000.
CAROL JAMES 4599 SOUTH DASA DRIVE ENGLEWOOD, CO 80110	12/31/2008	5,000.
JOHN NEAL 309 STERLING ROAD KENILWORTH, IL 60043	12/31/2008	5,000.
MICHAEL CLUNE 9 BROADLEYS COURT BANNOCKBURN, IL 60015	12/31/2008	25,000.

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

=====

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----
H. RICK FUMO 1212 NORTH LAKE SHORE DRIVE, # 12CN CHICAGO, IL 60610	12/31/2008	5,000.
CHARLES HOCH 631 SOUTH HARVEY DRIVE OAK PARK, IL 60304	12/31/2008	5,000.
BRENDA GAINES 1414 WEST WRIGHTSWOOD AVENUE, NO. D CHICAGO, IL 60614	12/31/2008	5,000.
KATHRYN ROCK 927 15TH STREET NW, SUITE 600 WASHINGTON, DC 20005	12/31/2008	6,500.
MAURA MCGILL MUDD 3900 WISCONSIN AVENUE NW WASHINGTON, DC 20016	12/31/2008	15,500.
STEVEN WADE 27451 ALTAMONT ROAD LOS ALTOS HILLS, CA 94002	12/31/2008	5,000.
HELEN DUNLAP 104 EAST 32ND STREET CHICAGO, IL 60616	12/31/2008	7,500.
BETH MULLEN 2701 F STREET SACRAMENTO, CA 58648	12/31/2008	5,000.

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

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NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----
SHOREBANK 7054 SOUTH JEFFREY BLVD. CHICAGO, IL 60649	12/31/2008	5,000.
US BANK 800 NICOLLET MALL MINNEAPOLIS, MN 55402	12/31/2008	37,500.
INDYMAC BANK 888 EAST WALNUT STREET PASADENA, CA 91101	12/31/2008	10,000.
LINN-MATHES, INC. 309 SOUTH GREEN STREET CHICAGO, IL 60607	12/31/2008	10,000.
RED MORTGAGE CAPITAL 2 MIRANOVA PLACE, 12TH FLOOR COLUMBUS, OH 43215	12/31/2008	25,000.
MORTGAGE SERVICES CENTER 300 LEADENHALL ROAD MOUNT LAUREL, NJ 08054	12/31/2008	5,000.
WELLS FARGO HOME MORTGAGE ONE HOME CAMPUS X2401-064 DES MOINES, IA 50328	12/31/2008	25,000.
LOCKTON COMPANIES 8110 E. UNION AVENUE, SUITE 700 DENVER, CO 80237	12/31/2008	10,000.

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORS
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NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----
THE WILLIAMS CAPITAL GROUP 650 FIFTH AVENUE, 11TH FLOOR NEW YORK, NY 10019	12/31/2008	5,000.
UMB BANK 1670 BROADWAY DENVER, CO 80202	12/31/2008	10,000.
BAXTER INTERNATIONAL ONE BAXTER PARKWAY, DF-2-2E DEERFIELD, IL 60015	12/31/2008	5,000.
THE NORTHERN TRUST CO 1573 MARKET STREET DENVER, CO 80202	12/31/2008	5,000.
REZNICK GROUP 525 NORTH TRYON STREET, SUITE 1000 CHARLOTTE, NC 28202	12/31/2008	5,000.
EQUITY RESIDENTIAL TWO NORTH RIVERSIDE PLAZA CHICAGO, IL 60606	12/31/2008	510,000.
ALEGENT HEALTH 1010 NORTH 96TH STREET, SUITE 200 OMAHA, NE 68114	12/31/2008	11,000.
CATHOLIC HEALTHCARE WEST 185 BERRY STREET, SUITE 300 SAN FRANCISCO, CA 94107	12/31/2008	5,000.

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

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NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----
CREDIT SUISSE SECURTIES 7033 LOUIS STEPHENS DRIVE RESEARCH TRIANGLE PARK, NC 27709	12/31/2008	10,000.
CHRISTOPHER B BURKE ENGINEER 9575 WEST HIGGINS ROAD, SUITE 605 ROSEMONT, IL 60018	12/31/2008	5,000.
HERBERT MCLAUGHLIN 2315 BROADWAY SAN FRANCISCO, IL 94115	12/31/2008	10,000.
WELLS FARGO FOUNDATION 90 SOUTH 7TH STREET, MAC #N9305-192 MINNEAPOLIS, MN 55479	12/31/2008	50,000.
ADMIRAL HEATING AND VENTILATION 4150 LITT DRIVE HILLSIDE, IL 60162	12/31/2008	5,000.
HILL MECHANICAL GROUP 11045 GAGE AVENUE FRANKLIN PARK, IL 60131	12/31/2008	5,000.
FREDDIE MAC 8200 JONES BRANCH DRIVE MCLEAN, VA 22102	12/31/2008	25,000.
CLUNE CONSTRUCTION 10 SOUTH LASALLE STREET, SUITE 300 CHICAGO, IL 60603	12/31/2008	30,000.

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

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NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----
THE PRIVATE BANK & TRUST 70 WEST MADISON STREET, SUITE 200 CHICAGO, IL 60602	12/31/2008	5,000.
TIFFINY DECORATING CO 1325 NORTH WELLS STREET CHICAGO, IL 60610	12/31/2008	5,000.
DOUGHERTY MORTGAGE LLC 90 SOUTH 7TH STREET, SUITE 4300 MINNEAPOLIS, MN 55042	12/31/2008	5,000.
BLUE CROSS BLUE SHIELD 300 EAST RANDOLPH STREET CHICAGO, IL 60601	12/31/2008	10,000.
SHELBOURNE DEVELOPMENT GROUP 11 SOUTH WACKER DRIVE, SUITE5001 CHICAGO, IL 60606	12/31/2008	5,000.
CONTINENTAL ELECTRICAL CONST 5900 HOWARD STREET SKOKIE, IL 60077	12/31/2008	5,000.
DYKEMA GOSSETT 10 SOUTH WACKER DRIVE, SUITE 2300 CHICAGO, IL 60606	12/31/2008	5,000.
THE RELATED COMPANIES OF CA 18201 VON KARMEN AVENUE, SUITE 900 IRVINE, CA 92612	12/31/2008	5,000.

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

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NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----
KELSO-BURNETT CO 5200 NEWPORT DRIVE ROLLING MEADOWS, IL 60008	12/31/2008	5,000.
CB RICHARD ELLIS INC 311 SOUTH WACKER DRIVE, SUITE 400 CHICAGO, IL 60606	12/31/2008	5,000.
KAISER PERMANENTE 1950 FRANKLIN STREET, 3RD FLOOR OAKLAND, CA 94612	12/31/2008	25,000.
WASHINGTON MUTUAL BANK P.O. BOX 834 SEATTLE, WA 98111	12/31/2008	10,000.
HARLEY ELLIS DEVEREAUX 401 WEST SUPERIOR STREET CHICAGO, IL 60610	12/31/2008	5,000.
ANSON INDUSTRIES 1959 ANSON DRIVE MELROSE PARK, IL 60160	12/31/2008	5,000.
ENTERPRISE COMMUNITY INVESTMENT 10227 WINCOPIN CIRCLE, SUITE 810 COLUMBIA, MD 21044	12/31/2008	10,000.
USG CORPORATION 550 WEST ADAMS STREET CHICAGO, IL 60661	12/31/2008	100,000.

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

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NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----
UNION BANK OF CALIFORNIA 200 PRINGLE AVENUE, SUITE 355 WALNUT CREEK, CA 94596	12/31/2008	25,000.
SUPERIOR MECHANICAL SYSTEMS 7515 SANTA FE DRIVE HODGKINS, IL 60525	12/31/2008	5,000.
JP MORGAN CHASE BUILDING CODE 02317-33 NEW YORK, NY 10017	12/31/2008	25,000.
TITAN ELECTRIC CONTRACTING 401 EAST NORTH AVENUE VILLA PARK, IL 60181	12/31/2008	5,000.
GREAT LAKES PLUMBING 4521 WEST DIVERSEY AVENUE CHICAGO, IL 60639	12/31/2008	5,000.
CATHOLIC HEALTHCARE INITIATIVES 1999 BROADWAY, SUITE 2600 DENVER, CO 80202	12/31/2008	6,010,000.
CITIGROUP FOUNDATION 850 THIRD AVE., 13TH FLOOR NEW YORK, NY 10022	12/31/2008	600,000.
MERCY PROPERTIES CALIFORNIA 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	12/31/2008	1,230,000.

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

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NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----
FANNIE MAE 3900 WISCONSIN AVENUE, NW WASHINGTON, DC 20016	12/31/2008	407,500.
BANK OF AMERICA FOUNDATION 101 SOUTH TRYON STREET CHARLOTTE, NC 28255	12/31/2008	1,126,000.
HELLMAN FAMILY FOUNDATION 1 MARITIME PLAZA, SUITE 1200 SAN FRANCISCO, CA 94111	12/31/2008	25,000.
FRANKLIN RAINES 3006 ALBEMARLE STREET, NW WASHINGTON, DC 20008	12/31/2008	25,000.
PNC FOUNDATION 110 BROADWAY CAMDEN, NJ 08102	12/31/2008	15,000.
MACARTHUR FOUNDATION 140 SOUTH DEARBORN STREET, SUITE 1200 CHICAGO, IL 60603	12/31/2008	500,000.
DAUGHTERS OF CHARITY, WEST 26000 ALTAMONT ROAD LOS ALTOS HILLS, CA 94022	12/31/2008	25,800.
SISTERS OF ST JOSEPH OF ORANGE 480 SOUTH BATAVIA STREET ORANGE, CA 92868	12/31/2008	10,000.

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

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NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----
PROVENA HEALTH 19065 HICKORY CREEK DRIVE # 300 MOKENA, IL 60448	12/31/2008	25,000.
NATIONAL HOUSING TRUST 1101 30TH STREET NW, SUITE 400 WASHINGTON, DC 20007	12/31/2008	5,400.
CATHOLIC HEALTHCARE PARTNERS 615 ELSINORE PLACE CINCINNATI, OH 45202	12/31/2008	5,000.
SISTERS OF MERCY OF THE AMERICAS, INC. 8380 COLESVILLE ROAD, SUITE300 SILVER SPRINGS, MD 20910	12/31/2008	10,000.
SC MINISTRY FOUNDATION	12/31/2008	5,000.
BON SECOURS 1505 MARRIOTTSVILLE ROAD MARRIOTTSVILLE, MD 21104	12/31/2008	25,000.
SISTERS OF MERCY NORTHEAST COMMUNITY 15 HIGHLAND VIEW ROAD CUMBERLAND, RI 02864	12/31/2008	5,000.
ADRIAN DOMINCAN SISTERS 1257 EAST SIENA HEIGHTS DRIVE ADRIAN, MI 49221	12/31/2008	5,000.
SISTERS OF MERCY BURLINGAME	12/31/2008	5,000.

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

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NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----
2300 ADELINE DRIVE BURLINGAME, CA 94010		
NATIONAL EQUITY FUND, INC. 120 SOUTH RIVERSIDE PLAZA, 15TH FLOOR CHICAGO, IL 60606	12/31/2008	25,000.
SISTERS OF MERCY, CHICAGO 10024 SOUTH CENTRAL PARK AVENUE CHICAGO, IL 60655	12/31/2008	10,000.
MISCELLANEOUS CONTRIBUTIONS < \$5,000	12/31/2008	23,426.
ASCENSION HEALTH 4600 EDMUNDSON ROAD ST. LOUIS, MO 63134	12/31/2008	900,000.
ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	12/31/2008	-76,170.
ST. JOSEPH HEALTH SYSTEM P.O. BOX 14132 ORANGE, CA 92863	12/31/2008	386,250.
CATHOLIC HEALTH INITIATIVES 1999 BROADWAY, SUITE 2600 DENVER, CO 80202	12/31/2008	220,832.
CHRISTUS 6363 NORTH HWY 161, SUITE 450 IRVING, TX 75038	12/31/2008	100,000.
TOTAL CONTRIBUTION AMOUNTS		----- 13,402,051. =====

PART II - OTHER EXPENSES

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RESERVE FOR LOAN LOSSES	1,527,991.
RESERVE FOR IMPAIRED ASSETS	534,513.
PARTNERSHIP INVESTMENT	314,834.
EVENTS EXP/ANNIVERSARY GALA	288,250.
MISCELLANEOUS ADMIN	110,733.
EVENTS EXPENSE	2,381.
FUND RAISING EXPENSES	36,236.
OTHER RENTING EXPENSE	322.
CEO'S DISCRETIONARY FUND	9,479.
CONTRACT LABOR - TEMP	106,038.
MGMT SUPERVISOR TRAINING	152.
STAFF DEVELOPMENT/TRAINING	25,157.
STRATEGIC PLANNING	263.
MISC ADMIN/CA CENTRAL	7.
MISC ADMIN/RS	312.
MISC ADMIN/FOOD-DRINK	1,471.
OTHER-TAXES, LLC., PERMITS&INS	54,093.
MISCELLANEOUS RS	29.
BANK SERVICE CHARGES	10,979.
MISC FINANCIAL FEES EXPENSES	20,425.
GOODWILL IMPAIRMENT	91,613.
PROJECT DEVEL-DISCONTINUED	45,778.
SUPPLIES	NONE
TELEPHONE EXPENSES	NONE
TRAVEL EXPENSES	320,578.
LEGAL EXPENSES	49,379.
PROFESSIONAL EXPENSE	NONE
PENSION EXPENSE	48,825.
POSTAGE EXPENSE	NONE
PRINTING EXPENSE	NONE
CONFERENCES	41,139.
ACCOUNTING EXPENSE	32,750.
EQUIPMENT EXPENSE	NONE
EMPLOYEE BENEFITS	359,496.
OFFICE EXPENSES	238,613.
INFO. TECHNOLOGY	158,434.
INSURANCE	16,454.
ADVERTISING	68,236.
MANAGEMENT	1,085,621.
LEGAL	49,379.
OTHER	186,819.

PART II - OTHER EXPENSES

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TOTAL OTHER EXPENSES

5,836,779.
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CA 199, PART II - OTHER INCOME
=====

DESCRIPTION -----	AMOUNT -----
INTEREST INCOME	-----
TOTAL	=====

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

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
GRANTS PAID =====			
MERCY HOUSING SOUTHWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	80,000.
MERCY HOUSING LAKEFRONT 1999 BROADWAY, SUITE 1000 DNEVER, CO 80202	RELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	694,581.
MASON 1012 SOUTH 4TH STREET OMAHA, NE 68108	UNRELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	364,070.
INTERCOMMUNITY MERCY HOUSING 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	920,015.
MERCY HOUSE 2904 NORTH 45TH STREET OMAHA, NE 68104	UNRELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	21,893.
MERCY HOUSING COLORADO 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	71,000.

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

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
MERCY HOUSING CALIFORNIA 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	628,449.
MERCY HOUSING SOUTHEAST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	90,000.
MERCY HOUSING, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION EXEMPT	LOW-INCOME HOUSING	358,735.
NATIONAL LOW INCOME HOUSING COALITION 727 15TH ST. NW, 6TH FLOOR WASHINGTON, DC 20005	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	10,000.
NATIONAL HOUSING TRUST 1101 30TH STREET NW, SUITE 400 WASHINGTON, DC 20007	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	5,000.
NETWORK 25 EAST STREET NW, SUITE 200 WASHINGTON, DC 20001	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	2,000.
MERCY PORTFOLIO SERVICES 247 S. STATE STREET, SUITE 810 CHICAGO, IL 60604	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	500,000.

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

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
SAHF 1101 30TH STREET NW, SUITE 400 WASHINGTON, DC 20007	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	2,000.
TRINITY UNITED METHODIST CHURCH 1820 BROADWAY DENVER, CO 80202	UNRELATED ORGANIZATION EXEMPT	CHARITABLE CONTRIBUTION	200.
LITTLE VOICE PRODUCTIONS 1731 EMERSON STREET DENVER, CO 80218	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	1,000.
HOUSING JUSTICE INC. 670 SANTA FE DRIVE DENVER, CO 80204	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	1,000.
SAMARITAN INSTITUTE 2696 S. COLORADO BLVD., SUITE 380 DENVER, CO 80222	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	4,000.
THE NATIONAL ALLIANCE TO END HOMELESSNESS 1518 K STREET NW, SUITE 206 WASHINGTON, DC 20005	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	5,000.
WESTERN MANOR 2200 WEST Q STREET, UNIT 8 LINCOLN, NE 68528	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	218,078.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR
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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
SHERWOOD PLACE 2335 SHERWOOD DRIVE COUNCIL BLUFFS, IA 51503	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	204,846.
MERCY NORTHGLEN 3205 PORTIA STREET LINCOLN, NE 68521	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	305,257.
CAPITAL CORNERS 2200 WEST Q STREET LINCOLN, NE 68528	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	57,373.
CRESTVIEW VILLAGE 7300 EDNA COURT LAVISTA, NE 68128	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	184,411.
TIMBERCREEK 6816 SOUTH 137TH PLAZA OMAHA, NE 68137	UNRELATED ORGANIZATION	CHARITABLE CONTRIBUTION	1,350,537.
TOTAL CONTRIBUTIONS PAID			6,079,445. =====

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS -----	TIME DEVOTED TO POSITION AND TITLE -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
LARRY DALE 1999 BROADWAY SUITE 1000 DENVER, CO 80202	DIRECTOR 1.	NONE	NONE	NONE
MARK KORELL 1999 BROADWAY SUITE 1000 DENVER, CO 80202	DIRECTOR 1.	NONE	NONE	NONE
ROSLYN HAFERTEPE 1999 BROADWAY SUITE 1000 DENVER, CO 80202	DIRECTOR 1.	NONE	NONE	NONE
BARRY ZIGAS 1999 BROADWAY SUITE 1000 DENVER, CO 80202	DIRECTOR 1.	NONE	NONE	NONE
SR KATHLEEN NOLAN 1999 BROADWAY SUITE 1000 DENVER, CO 80202	DIRECTOR 1.	NONE	NONE	NONE
JACK DIEPENBROCK 1999 BROADWAY SUITE 1000 DENVER, CO 80202	DIRECTOR 1.	NONE	NONE	NONE

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TIME DEVOTED TO POSITION AND TITLE -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
PAT MCDERMOTT 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. CHAIRMAN	NONE	NONE	NONE
CHARLES EDSON 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. DIRECTOR	NONE	NONE	NONE
JULIA GOULD 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. SR VICE PRESIDENT	130,022.	NONE	NONE
MICHAEL ZOELLNER 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. DIRECTOR	NONE	NONE	NONE
ROGER PASTORE 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. DIRECTOR	NONE	NONE	NONE
BRAD JAMES 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. VICE CHAIR	NONE	NONE	NONE
LILLIAN MURPHY	1. CEO	NONE	NONE	NONE

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TIME DEVOTED TO POSITION AND TITLE -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
1999 BROADWAY SUITE 1000 DENVER, CO 80202				
RICHARD BANKS 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. PRESIDENT	278,947.	NONE	NONE
CINDY HOLLER 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. VICE PRESIDENT	167,208.	3,411.	NONE
JANE GRAF 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. SR VICE PRESIDENT	188,236.	8,060.	NONE
LISA CELANIA 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. SECRETARY	59,979.	1,845.	NONE
PATRICIA NELSON 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. ASST. SECRETARY	50,735.	3,469.	NONE
W DEAN HENRY 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. DIRECTOR	NONE	NONE	NONE

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TIME DEVOTED TO POSITION AND TITLE -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
JACK MANNING 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. DIRECTOR	NONE	NONE	NONE
RICH STATUTO 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. DIRECTOR	NONE	NONE	NONE
JENNIFER ERIXON 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. VICE PRESIDENT	127,745.	2,722.	NONE
TRACY GARGARO 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. TREASURER	92,380.	1,498.	NONE
MARK HOLMES 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. VICE PRESIDENT	121,467.	1,201.	NONE
CHARLES MCKINNEY 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. SR VICE PRESIDENT	191,775.	960.	NONE

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS -----	TIME DEVOTED TO POSITION AND TITLE -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
CHRISTOPHER SHOTT 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. VICE PRESIDENT	90,946.	1,347.	NONE
BRIAN SHUMAN 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. COO	243,453.	2,634.	NONE
JEFFREY TRUAX 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. VICE PRESIDENT	101,891.	1,674.	NONE
CHERYLL OBRYAN 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. VICE PRESIDENT	202,104.	2,245.	NONE
CYNTHIA PARKER 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. VICE PRESIDENT	126,256.	404.	NONE
VINCE DODDS 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. CFO	32,116.	NONE	NONE
GARY TUITT	1. SR VICE PRESIDENT	79,289.	NONE	NONE

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS -----	TIME DEVOTED TO POSITION AND TITLE -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
1999 BROADWAY SUITE 1000 DENVER, CO 80202				
GARTH JORDAN 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. SR VICE PRESIDENT	79,043.	NONE	NONE
EUGENE P WALKER 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. VICE PRESIDENT	154,310.	NONE	NONE
LESLIE WITTMANN 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. DIRECTOR	NONE	NONE	NONE
SR PAT ECK 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. DIRECTOR	NONE	NONE	NONE
SR NORITA COONEY 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. DIRECTOR	NONE	NONE	NONE
STACEY STEWARD 1999 BROADWAY SUITE 1000 DENVER, CO 80202	1. DIRECTOR	NONE	NONE	NONE

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TIME DEVOTED TO POSITION AND TITLE -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
		-----	-----	-----
	GRAND TOTALS	2,486,432. =====	31,470. =====	NONE =====

CA 199 SCHEDULE L - OTHER ASSETS
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DUE FROM AFFILIATES	1,468,638.	1,765,994.
PREDEVELOPMENT PROJECT COSTS	530,589.	217,954.
INVESTMENT IN L. P.	250,077.	NONE
OTHER ASSETS	102,837.	NONE
LOAN FROM AFFILIATES	20,857,914.	18,579,019.
PREPAID EXPENSES	150,442.	183,906.
	-----	-----
TOTALS	23,360,497.	20,746,873.
	=====	=====

CA 199 SCHEDULE L - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DUE TO AFFILIATES	1,507,306.	8,137,311.
ACCRUED INTEREST	138,901.	103,465.
	-----	-----
TOTALS	1,646,207.	8,240,776.
	=====	=====