

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, 2014 FOR:

MERCY HOUSING INC AS FOLLOWS...

2014 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
2014 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
2014 SCHEDULE B - SCHEDULE OF CONTRIBUTORS
2014 SCHEDULE C - POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES
2014 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS
2014 SCHEDULE I - GRANTS & OTHER ASSIST. TO ORG/GOV/IND. IN THE U.S
2014 SCHEDULE J - COMPENSATION INFORMATION
2014 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ
2014 SCHEDULE R - RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS
2014 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
2014 CALIFORNIA FORM 199 - EXEMPT ORGANIZATION STATEMENT OF RETURN
2014 RRF-1 - REGISTRATION/RENEWAL FEE REPORT
2014 CALIFORNIA 8453-EO E-FILE RETURN AUTHORIZATION FOR EXEMPT ORG.

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

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

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

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

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

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

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

SINCERELY,

KATHY BLACKBURN

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

INSTRUCTIONS FOR FILING
MERCY HOUSING INC
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2014

SIGNATURE...

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

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

CHAREFILE@COHNREZNICK.COM

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

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

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

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY
TRANSMIT YOUR RETURN WHICH IS DUE ON AUGUST 17, 2015. WE
WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE
AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL
REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED.
YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE
SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE
DATE OF YOUR RETURN.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning _____, 2014, and ending _____, 20__

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

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

2014

Department of the Treasury
Internal Revenue Service

Name of exempt organization

MERCY HOUSING INC

Name and title of officer

VINCE DODDS, TREASURER

Employer identification number

47-0646706

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>12560307.</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, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize COHNREZNICK LLP to enter my PIN

8	5	2	3	8
---	---	---	---	---

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

on the organization's tax year 2014 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 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ _____

Part III Certification and Authentication

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

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

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ _____

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

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning, 2014, and ending, 20

Form header section containing organization name (MERCY HOUSING INC), address (1999 BROADWAY SUITE 1000 DENVER, CO 80202), EIN (47-0646706), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expense breakdown.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature, preparer name (KATHY BLACKBURN), firm name (COHNREZNICK LLP), and firm address.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

[] Yes [X] No

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

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

[] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,164,670. including grants of \$ 2,202,112.) (Revenue \$ 5,631,105.)

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

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

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

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

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

4e Total program service expenses 5,164,670.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-part, and Yes/No columns. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: STEVE SPEARS 1999 BROADWAY SUITE 1000 DENVER, CO 80202 303-830-3300

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LARRY DALE DIRECTOR	1.00 0	X					0	0	0	
(2) BARRY ZIGAS DIRECTOR/CHAIRMAN	1.00 0	X					0	0	0	
(3) SR PAT MCDERMOTT DIRECTOR	1.00 0	X					0	0	0	
(4) RICH STATUTO DIRECTOR	1.00 0	X					0	0	0	
(5) LESLIE WITTMANN DIRECTOR	1.00 0	X					0	0	0	
(6) SR ROSEMARIE JASINSKI DIRECTOR	1.00 0	X					0	0	0	
(7) SR LINDA WERTHMAN DIRECTOR	1.00 0	X					0	0	0	
(8) YVONNE CAMACHO DIRECTOR	1.00 0	X					0	0	0	
(9) ADRIENNE CROWE DIRECTOR/ VICE CHAIRMAN	1.00 0	X					0	0	0	
(10) SR BARBARA BUSCH DIRECTOR	1.00 0	X					0	0	0	
(11) SR DIANE HEJNA DIRECTOR	1.00 0	X					0	0	0	
(12) SUZANNE SWIFT DIRECTOR	1.00 0	X					0	0	0	
(13) CAROL WETMORE DIRECTOR	1.00 0	X					0	0	0	
(14) BARBARA KELLEY DIRECTOR	1.00 0	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BOB TETRAULT ----- DIRECTOR	1.00 0	X					0	0	0	
(16) DOUG JUTTE ----- DIRECTOR	1.00 0	X					0	0	0	
(17) JIM PARK ----- DIRECTOR	1.00 0	X					0	0	0	
(18) PATRICIA COCHRAN ----- DIRECTOR	1.00 0	X					0	0	0	
(19) SCOTT POCOCK ----- DIRECTOR	1.00 0	X					0	0	0	
(20) JANE GRAF ----- CHIEF EXECUTIVE OFFICER	40.00 0			X			273,342.	0	10,803.	
(21) CHERYLL O'BRYAN ----- SENIOR VP/PRESIDENT MHM	0 40.00			X			0	238,229.	22,660.	
(22) VINCE DODDS ----- VICE PRESIDENT	40.00 0			X			151,363.	0	18,880.	
(23) MICHELE MAMET ----- SR. VICE PRESIDENT/CAO	40.00 0			X			204,572.	0	23,635.	
(24) CAROL BRESLAU ----- SENIOR VICE PRESIDENT	40.00 0			X			136,357.	0	4,746.	
(25) CHRIS BURCKHARDT ----- SENIOR VICE PRESIDENT/ COO	40.00 0			X			236,681.	0	24,396.	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							3,641,309.	433,219.	367,326.	
d Total (add lines 1b and 1c)							3,641,309.	433,219.	367,326.	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 15

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) BILL RUMPF ----- SENIOR VICE PRESIDENT	40.00 ----- 0			X			157,659.	0	19,735.	
(27) JOHN MARCOLINA ----- VICE PRESIDENT	40.00 ----- 0			X			116,994.	0	22,702.	
(28) DOUGLAS SHOEMAKER ----- SENIOR VICE PRESIDENT	40.00 ----- 0			X			184,005.	0	11,133.	
(29) CHRISTY RICHARDSON ----- SENIOR VICE PRESIDENT	40.00 ----- 0			X			154,693.	0	21,444.	
(30) STEVE SPEARS ----- SENIOR VICE PRESIDENT/CFO	40.00 ----- 0			X			247,374.	0	6,088.	
(31) VALERIE AGOSTINO ----- VICE PRESIDENT	40.00 ----- 0			X			167,890.	0	18,594.	
(32) MARK ANGELINI ----- SENIOR VICE PRESIDENT	40.00 ----- 0			X			178,047.	0	6,686.	
(33) MELISSA CLAYTON ----- SENIOR VICE PRESIDENT	40.00 ----- 0			X			170,993.	0	14,534.	
(34) CADE SCHOLL ----- VICE PRESIDENT	40.00 ----- 0			X			137,369.	0	14,699.	
(35) RONALD JACKSON ----- VICE PRESIDENT/SECRETARY	40.00 ----- 0			X			132,849.	0	16,421.	
(36) MICHAEL REED ----- VICE PRESIDENT	0 ----- 40.00			X			0	194,990.	8,656.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) CINDY HOLLER ----- SENIOR VICE PRESIDENT	40.00 ----- 0			X				182,486.	0	15,189.
(38) FRANCENA MARIE LOWE ----- SENIOR VICE PRESIDENT	40.00 ----- 0			X				88,678.	0	354.
(39) SR LILLIAN MURPHY ----- CERTIFIED EXECUTIVE OFFICER	40.00 ----- 0			X				0	0	0
(40) EDWARD HOLDER ----- EMPLOYEE	40.00 ----- 0					X		168,538.	0	22,561.
(41) DAVID LYON ----- EMPLOYEE	40.00 ----- 0					X		145,170.	0	22,680.
(42) DAVID MEVIS ----- EMPLOYEE	40.00 ----- 0					X		139,748.	0	19,260.
(43) BENJAMIN PHILLIPS ----- EMPLOYEE	40.00 ----- 0					X		133,358.	0	12,997.
(44) LINDA BRACE ----- EMPLOYEE	40.00 ----- 0					X		133,143.	0	8,473.
-----	-----									
-----	-----									
-----	-----									
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	2,429,257.				
	e Government grants (contributions),	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,039,815.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			6,469,072.			
Program Service Revenue	2a <u>SERVICE FEES</u>	Business Code	531390	2,964,631.	2,964,631.		
	b <u>LOSS ON INVESTMENT IN PARTNERSHIP</u>		531390	-4,774.	-4,774.		
	c <u>LOSS ON INVESTMENT IN CAPITAL ASSETS</u>		531390	-3,365.	-3,365.		
	d <u>LEASE INCOME</u>		531390	43,829.	43,829.		
	e <u>LOAN FEES</u>		531390	98,827.	98,827.		
	f All other program service revenue			2,531,957.	2,531,957.		
	g Total. Add lines 2a-2f ▶			5,631,105.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 4 ▶			460,130.		460,130.	
	4 Income from investment of tax-exempt bond proceeds ▶			0			
	5 Royalties ▶			0			
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			0			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
b Less: direct expenses b							
c Net income or (loss) from fundraising events ▶			0				
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶			0				
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory ▶			0				
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			0				
12 Total revenue. See instructions ▶			12,560,307.	5,631,105.		460,130.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,202,112.	2,202,112.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,774,733.	307,350.	1,823,125.	644,258.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	7,665,154.	1,681,743.	5,693,680.	289,731.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	223,900.	39,356.	161,420.	23,124.
9 Other employee benefits	1,513,286.	234,269.	1,184,885.	94,132.
10 Payroll taxes	798,508.	154,486.	576,288.	67,734.
11 Fees for services (non-employees):				
a Management	119,416.	899.	35,017.	83,500.
b Legal	105,378.	466.	103,952.	960.
c Accounting	300,830.		300,830.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	357,904.	48,708.	307,056.	2,140.
12 Advertising and promotion	337,586.	695.	336,441.	450.
13 Office expenses	823,073.	40,398.	725,595.	57,080.
14 Information technology	445,136.	23,730.	414,362.	7,044.
15 Royalties	0			
16 Occupancy	707,622.	20,442.	644,543.	42,637.
17 Travel	608,510.	151,658.	262,144.	194,708.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	38,344.	1,228.	17,148.	19,968.
20 Interest	989,987.		989,987.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	19,969.		19,969.	
23 Insurance	35,322.	6,251.	27,641.	1,430.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>GAIN/LOSS SALE OF ASSETS</u>	-2,823.	-2,823.		
b <u>EVENTS EXPENSE</u>	37,101.			37,101.
c <u>FUNDRAISING EXPENSE</u>	22,044.			22,044.
d <u>OTHER RENTING EXPENSE</u>	283.	283.		
e All other expenses	-13,404,190.	253,419.	-12,626,013.	-1,031,596.
25 Total functional expenses. Add lines 1 through 24e	6,719,185.	5,164,670.	998,070.	556,445.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	20,190,199.	2	25,161,413.
	3 Pledges and grants receivable, net	91,792.	3	1,789,645.
	4 Accounts receivable, net	659,755.	4	525,627.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	7,197,596.	7	6,427,587.
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	282,629.	9	313,324.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,642,637.		
	b Less: accumulated depreciation	10b 3,757,871.	893,229.	10c 884,766.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	7,851,676.	13	8,096,342.
	14 Intangible assets	11,506.	14	7,500.
	15 Other assets. See Part IV, line 11	17,399,147.	15	20,784,456.
16 Total assets. Add lines 1 through 15 (must equal line 34)	54,577,529.	16	63,990,660.	
Liabilities	17 Accounts payable and accrued expenses	4,479,401.	17	5,959,087.
	18 Grants payable	0	18	0
	19 Deferred revenue	4,960,385.	19	5,527,739.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties ATCH 5	164,212.	23	0
	24 Unsecured notes and loans payable to unrelated third parties	21,548,870.	24	23,467,538.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	13,122,721.	25	12,893,234.
	26 Total liabilities. Add lines 17 through 25	44,275,589.	26	47,847,598.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,343,831.	27	12,329,965.
	28 Temporarily restricted net assets	1,203,109.	28	3,058,097.
	29 Permanently restricted net assets	755,000.	29	755,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	10,301,940.	33	16,143,062.
	34 Total liabilities and net assets/fund balances	54,577,529.	34	63,990,660.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,560,307.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,719,185.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,841,122.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,301,940.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,143,062.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

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

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2014; 15 Public support percentage from 2013 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2014; b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,183,495.	9,760,218.	1,503,872.	3,700,214.	6,909,558.	24,057,357.
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	2,240,104.	6,517,231.	1,723,254.	2,977,151.	4,598,819.	18,056,559.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	4,423,599.	16,277,449.	3,227,126.	6,677,365.	11,508,377.	42,113,916.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	153,500.			29,610.	437,136.	620,246.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1,650,235.	5,262,430.		941,574.	342,057.	8,196,296.
c Add lines 7a and 7b.	1,803,735.	5,262,430.		971,184.	779,193.	8,816,542.
8 Public support (Subtract line 7c from line 6.)						33,297,374.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.	4,423,599.	16,277,449.	3,227,126.	6,677,365.	11,508,377.	42,113,916.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	821,895.	905,354.	426,504.	385,643.	1,492,416.	4,031,812.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	821,895.	905,354.	426,504.	385,643.	1,492,416.	4,031,812.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1				948,188.		948,188.
13 Total support. (Add lines 9, 10c, 11, and 12.)	5,245,494.	17,182,803.	3,653,630.	8,011,196.	13,000,793.	47,093,916.
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 2014 (line 8, column (f) divided by line 13, column (f))	15	70.70 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	62.26 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	8.56 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	8.76 %

- 19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
GALA FUNDRAISING EVENT				948,188.		948,188.
TOTALS				<u>948,188.</u>		<u>948,188.</u>

Schedule of Contributors

2014

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

Name of the organization MERCY HOUSING INC	Employer identification number 47-0646706
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Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BANK OF AMERICA FOUNDATION 101 SOUTH TRYON STREET CHARLOTTE, NC 28255	\$ 345,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BARRY ZIGAS 3335 QUESADA ST NW WASHINGTON, DC 20015	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JANE GRAF 3722 ATLAS AVE OAKLAND, CA 94619	\$ 7,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BETH MULLEN 2701 F STREET SACRAMENTO, CA 58648	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	TDF FOUNDATION 2 WISCONSIN CIRCLE, STE 920 CHEVY CHASE, MD 20815	\$ 28,715.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ENTERPRISE COMMUNITY PARTNERS, INC. 1100 BROKEN LAND PARKWAY, STE 700 COLUMBIA, MD 21044	\$ 21,613.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	U.S. BANK 800 NICOLLET MALL MINNEAPOLIS, MN 55402	\$ 30,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	HELEN DUNLAP 104 EAST 32ND STREET CHICAGO, IL 60616	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	YVONNE CAMACHO 547 COOK STREET DENVER, CO 80206	\$ 8,661.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BILL YOUNG 1119 SHERIDAN ROAD WINNETKA, IL 60093	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BRAD JAMES 4599 S DASA DRIVE ENGLEWOOD, CO 80111	\$ 5,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CAROL WETMORE 1703 W. WABANSIA AVENUE CHICAGO, IL 60622-1414	\$ 6,586.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DLD INSURANCE BROKERS (DANA DOWERS) 17712 MITCHELL NORTH IRVINE, CA 92614	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	LESLIE WHITTMAN 6257 VIRGO ROAD OAKLAND, CA 94611	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	CITIGROUP 850 THIRD AVE., 13TH FLOOR NEW YORK, NY 10022	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	COHNREZNICK 7501 WISCONSIN AVE., STE 400E BETHESDA, MD 20814	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	INDEPENDENT CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, STE 340 LARKSPUR, CA 94939	\$ 5,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	NEIGHBORWORKS 999 N. CAPITAL ST NE STE. 900 WASHINGTON, DC 20002	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MERCY HOUSING INC**

Employer identification number
47-0646706

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SIMPSON GARRITY INNES 601 GATEWAY BLVD SUITE 950 SOUTH SAN FRANCISCO, CA 94080	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	THE JOHN STEWART CO 285 TELEGRAPH HILL BLVD. SAN FRANCISCO, CA 94133	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	BARBARA J DUFFNER 4213 SADDLE NOTCH DR FORT COLLINS, CO 80526	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	CARING FOR COLORADO 4100 EAST MISSISSIPPI AVE. SUITE 605 DENVER, CO 80246	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	EQUITY RESIDENTIAL FOUNDATION TWO NORTH RIVERSIDE PLAZA CHICAGO, IL 60606	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	JPMORGAN CHASE FOUNDATION BUILDING CODE 02317-33 MAILCODE NY1-K655 NEW YORK, NY 10017	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MERCY HOUSING INC**

Employer identification number
47-0646706

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	CATHOLIC HEALTH INITIATIVES 1999 BROADWAY, SUITE 2600 DENVER, CO 80202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	DIGNITY HEALTH 185 BERRY STREET, SUITE 300 SAN FRANCISCO, CA 94107	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	SISTERS OF BON SECOURS 1505 MARRIOTTSTVILLE ROAD MARRIOTTSTVILLE, MD 21104	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	ASCENSION HEALTH 4600 EDMUNDSON ROAD ST. LOUIS, MO 63134	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	ST. JOSEPH HEALTH P.O. BOX 14132 ORANGE, CA 92863	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	MERCY HOUSING NORTHWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	\$ 68,737.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	MERCY HOUSING CALIFORNIA ----- 1999 BROADWAY, SUITE 1000 ----- DENVER, CO 80202 -----	\$ 294,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	MERCY HOUSING MOUNTAIN PLAINS ----- 1999 BROADWAY, SUITE 1000 ----- DENVER, CO 80202 -----	\$ 44,491.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	MERCY HOUSING LAKEFRONT ----- 1999 BROADWAY, SUITE 1000 ----- DENVER, CO 80202 -----	\$ 38,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	1028 HOWARD ST. ASSOCIATES ----- 1999 BROADWAY, SUITE 1000 ----- DENVER, CO 80202 -----	\$ 15,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	ALL HALLOWS COMMUNITY ----- 1999 BROADWAY, SUITE 1000 ----- DENVER, CO 80202 -----	\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	VALLE DE MERCED ----- 1999 BROADWAY, SUITE 1000 ----- DENVER, CO 80202 -----	\$ 609,802.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MERCY HOUSING INC	Employer identification number 47-0646706
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	MERCY HOUSING SOUTHEAST ----- 1999 BROADWAY, SUITE 1000 ----- DENVER, CO 80202 -----	\$ 253,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MERCY HOUSING INC**

Employer identification number

47-0646706

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

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

Name of organization **MERCY HOUSING INC**

Employer identification number
47-0646706

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2014

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

MEMBERSHIP DUES

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

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

MERCY HOUSING INC

47-0646706

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2014

JSA 4E1268 1.000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages in lines 2a, 2b, and 2c should equal 100%.

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

Table with 3 columns: (i) unrelated organizations, (ii) related organizations, 3b. Includes sub-rows 3a(i), 3a(ii), 3b.

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENTS - PROGRAM RELATED	8,096,342.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	8,096,342.	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	13,856,107.
(2) LOAN TO AFFILIATES	6,928,349.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	20,784,456.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	12,794,133.
(3) ACCRUED INTEREST	99,101.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,893,234.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)

PART X, QUESTION 2

MERCY HOUSING, INC. (MHI) AND ITS CONSOLIDATED NONPROFIT CORPORATIONS ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND COMPARABLE STATE STATUTES AND DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2014. DUE TO THEIR TAX EXEMPT STATUS, MHI AND THE CONSOLIDATED NONPROFIT CORPORATIONS ARE NOT SUBJECT TO INCOME TAXES. MHI AND THE CONSOLIDATED NONPROFIT CORPORATIONS ARE REQUIRED TO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THERE ARE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. INCOME TAX RETURNS FILED BY THE CORPORATION ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, TAX YEARS SINCE 2011 REMAIN OPEN.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MERCY HOUSING LAKEFRONT 120 SOUTH LASALLE STREET, SUITE 1850	36-3453183	501 (C) (3)	58,000.				LOW-INCOME HOUSING
(2) MERCY HOUSING COLORADO 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	20-1583332	501 (C) (3)	62,000.				LOW-INCOME HOUSING
(3) MERCY HOUSING CALIFORNIA 130 MISSION STREET, SUITE 300	94-3081666	501 (C) (3)	85,000.				LOW-INCOME HOUSING
(4) MERCY HOUSING SOUTHEAST 6521 NORTH AVENUE, SUITE A 150	56-1993872	501 (C) (3)	21,000.				LOW-INCOME HOUSING
(5) MERCY PORTFOLIO SERVICES 120 SOUTH LASALLE STREET, SUITE 1850	26-4002114	501 (C) (3)	22,500.				LOW-INCOME HOUSING
(6) MERCY LOAN FUND 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	84-1559406	501 (C) (3)	22,500.				LOW-INCOME HOUSING
(7) MERCY HOUSING NORTHWEST 2505 THIRD AVENUE, SUITE 204	91-1546525	501 (C) (3)	22,000.				LOW-INCOME HOUSING
(8) MERCY HOUSING SOUTHWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	86-0743192	501 (C) (3)	6,000.				LOW-INCOME HOUSING
(9) MISCELLANEOUS < \$5,000 1999 BROADWAY, SUITE 1000 DENVER, CO 80202			70,318.				LOW-INCOME HOUSING
(10) MERCY HOUSING IOWA II 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	84-1284752	503C(3)	37,716.				LOW-INCOME HOUSING
(11) MERCY TERRACE, LLC 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	22-1478099	503C(3)	1,785,078.				LOW-INCOME HOUSING
(12) SISTERS OF MERCY OF THE AMERICAS 1125 PRAIRIE DRIVE NE, CEDAR RAPIDS IA	42-0680250	501 (3) (C)	10,000.				LOW-INCOME HOUSING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 11.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

JSA

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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY HOUSING INC

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

47-0646706

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JANE GRAF CHIEF EXECUTIVE OFFICER	(i)	273,342.	0	0	0	0	273,342.	0
	(ii)	0	0	0	0	0	0	0
2 CHERYLL O'BRYAN SENIOR VP/PRESIDENT MHM	(i)	0	0	0	0	0	0	0
	(ii)	238,229.	0	0	0	0	238,229.	0
3 VINCE DODDS VICE PRESIDENT	(i)	151,363.	0	0	0	0	151,363.	0
	(ii)	0	0	0	0	0	0	0
4 MICHELE MAMET SR. VICE PRESIDENT/CAO	(i)	204,572.	0	0	0	0	204,572.	0
	(ii)	0	0	0	0	0	0	0
5 CHRIS BURCKHARDT SENIOR VICE PRESIDENT/ COO	(i)	236,681.	0	0	0	0	236,681.	0
	(ii)	0	0	0	0	0	0	0
6 BILL RUMPF SENIOR VICE PRESIDENT	(i)	157,659.	0	0	0	0	157,659.	0
	(ii)	0	0	0	0	0	0	0
7 DOUGLAS SHOEMAKER SENIOR VICE PRESIDENT	(i)	184,005.	0	0	0	0	184,005.	0
	(ii)	0	0	0	0	0	0	0
8 CHRISTY RICHARDSON SENIOR VICE PRESIDENT	(i)	154,693.	0	0	0	0	154,693.	0
	(ii)	0	0	0	0	0	0	0
9 STEVE SPEARS SENIOR VICE PRESIDENT/CFO	(i)	247,374.	0	0	0	0	247,374.	0
	(ii)	0	0	0	0	0	0	0
10 VALERIE AGOSTINO VICE PRESIDENT	(i)	167,890.	0	0	0	0	167,890.	0
	(ii)	0	0	0	0	0	0	0
11 MARK ANGELINI SENIOR VICE PRESIDENT	(i)	178,047.	0	0	0	0	178,047.	0
	(ii)	0	0	0	0	0	0	0
12 MELISSA CLAYTON SENIOR VICE PRESIDENT	(i)	170,993.	0	0	0	0	170,993.	0
	(ii)	0	0	0	0	0	0	0
13 CADE SCHOLL VICE PRESIDENT	(i)	137,369.	0	0	0	0	137,369.	0
	(ii)	0	0	0	0	0	0	0
14 MICHAEL REED VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	194,990.	0	0	0	0	194,990.	0
15 CINDY HOLLER SENIOR VICE PRESIDENT	(i)	182,486.	0	0	0	0	182,486.	0
	(ii)	0	0	0	0	0	0	0
16 EDWARD HOLDER EMPLOYEE	(i)	168,538.	0	0	0	0	168,538.	0
	(ii)	0	0	0	0	0	0	0

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID LYON EMPLOYEE	(i)	145,170.	0	0	0	0	145,170.	0
	(ii)	0	0	0	0	0	0	0
2 DAVID MEVIS EMPLOYEE	(i)	139,748.	0	0	0	0	139,748.	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY HOUSING INC

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

47-0646706

PART VI SECTION A

#1A: MERCY HOUSING, INC. IS CO-SPONSORED BY NINE CONGREGATIONS OF RELIGIOUS WOMEN WHO APPOINT MEMBERS TO THE SPONSOR COUNCIL. THE SPONSOR COUNCIL APPOINTS THE CORPORATE MEMBER GROUP. THE RESERVED RIGHTS HELD BY THE CORPORATE MEMBER GROUP INCLUDE APPROVAL OF THE FOLLOWING ACTIVITIES: CERTAIN REVISIONS TO ARTICLES AND BYLAWS, MERGERS AND ACQUISITIONS, PLEDGING, MORTGAGING, OR DISPOSING OF ALL OR SUBSTANTIALLY ALL ASSETS, AND APPOINTMENT OR REMOVAL OF GOVERNMENT BOARD MEMBERS AND OFFICERS AND APPOINTMENT/TERMINATION OF THE CHIEF EXECUTIVE OFFICER.

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

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

PART VI SECTION B

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

Name of the organization MERCY HOUSING INC	Employer identification number 47-0646706
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AND IF, WITHIN 7 DAYS, THERE ARE NO FURTHER COMMENTS, QUESTIONS OR MODIFICATIONS, THE FORM 990 IS FILED WITH THE IRS.

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

#15B: ANNUALLY THE HUMAN RESOURCES COMMITTEE WITHIN THE MERCY HOUSING, INC. BOARD OF TRUSTEES WILL REVIEW EXECUTIVE SALARIES TO ENSURE COMPETITIVENESS WITH EXTERNAL MARKETS AND FOR INTERNAL EQUITY IN RELATION TO GENERAL EMPLOYEE WAGES AND BENEFITS, INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE, AND THE FINANCIAL RESOURCES OF THE ORGANIZATION.

PART VI SECTION C #19

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

PART XII

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

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

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

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

OF MERCY HOUSING, INC.

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 2014 MERCY HOUSING, INC. PAID \$232,692 FOR THE ANNUAL STIPEND FEE AND BENEFITS EQUIVALENT.

ATTACHMENT 1

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

THE MISSION AND CHARITABLE PURPOSE OF MERCY HOUSING, INC. IS TO
MANAGE OR DIRECT ENTITIES WHICH ARE ORGANIZED FOR THE PURPOSE OF
CREATING STABLE, VIBRANT AND HEALTHY COMMUNITIES BY DEVELOPING,
FINANCING, AND OPERATING AFFORDABLE, PROGRAM-ENRICHED HOUSING FOR
FAMILIES, SENIORS, AND PEOPLE WITH SPECIAL NEEDS WHO LACK THE
ECONOMIC RESOURCES TO ACCESS QUALITY, SAFE HOUSING OPPORTUNITIES.

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

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

MERCY HOUSING, INC., EITHER DIRECTLY OR INDIRECTLY, WILL SUPPORT OR FOSTER THE DEVELOPMENT, ACQUISITION, FINANCING, OPERATION AND MANAGEMENT OF QUALITY, AFFORDABLE PROGRAM-ENRICHED HOUSING FOR LOW AND MODERATE INCOME PERSONS.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COHNREZNICK 525 N. TRYON STREET, SUITE 1000 CHARLOTTE, NC 28202	AUDIT & TAX SERVICES	2,851,515.
CHLIC-CHICAGO 5476 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	HEALTH INSURANCE	1,485,318.
DENVER SERIES OF LOCKTON COMPANIES LLC PO BOX 173850 DENVER, CO 80217	PROP/LIAB INSURANCE	998,255.
MOGAVERO NOTESTINE ASSOCIATES INC 2012 K STREET SACRAMENTO, CA 95811	ARCHITECTURE	608,378.
KAISER FOUNDATION HEALTH PO BOX 80204 LOS ANGELES, CA 90080	HEALTH INSURANCE	534,054.

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

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	460,130.			460,130.
TOTALS	<u>460,130.</u>			<u>460,130.</u>

ATTACHMENT 5

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: SF REDEVELOPMENT AGENCY
 MATURITY DATE: 05/15/2041
 SECURITY PROVIDED: SECURED BY THE PROPERTY

BEGINNING BALANCE DUE	164,212.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>164,212.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 2101 TELEGRAPH AVENUE, INC. 94-3222935 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CA	501 (C) (3)	11A	N/A		X
(2) ALL HALLOWS COMMUNITY 94-2722870 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X
(3) ALLEGRE POINT SENIOR RESIDENCES 20-4295472 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CO	501 (C) (3)	9	N/A		X
(4) AVONDALE SENIOR VILLAGE 86-0980810 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	AZ	501 (C) (3)	9	N/A		X
(5) CAMELOT CASITAS 86-0980809 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	AZ	501 (C) (3)	9	N/A		X
(6) CANTEBRIA SENIOR HOMES 94-3361794 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X
(7) CASA DE MERCED 86-0808941 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	AZ	501 (C) (3)	9	N/A		X

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Schedule R (Form 990) 2014

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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2014

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Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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Schedule R (Form 990) 2014

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

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Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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Schedule R (Form 990) 2014

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

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

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▶ **Attach to Form 990.**

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Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GAULT STREET SENIOR 75-2983979 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X
(2) GUADALUPE SENIOR VILLAGE 86-0897709 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	AZ	501 (C) (3)	9	N/A		X
(3) HOMES FOR GREELEY 84-1349918 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CO	501 (C) (3)	9	N/A		X
(4) INDEPENDENCE HILL, INC. 72-1545927 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	ID	501 (C) (3)	11A	N/A		X
(5) INTERCOMMUNITY HOUSING FERNDALE 91-1667138 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	WA	501 (C) (3)	9	N/A		X
(6) INTERCOMMUNITY MERCY HOUSING 91-1546525 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	WA	501 (C) (3)	9	N/A		X
(7) JOHN W. KING SENIOR COMMUNITY 94-3282891 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X

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Schedule R (Form 990) 2014

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

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Internal Revenue Service

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Name of the organization

MERCY HOUSING INC

Employer identification number

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(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) KANE COUNTY NEIGHBORHOOD STABILIZATION C 27-2239991 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	IL	501 (C) (3)	9	N/A		X
(2) MACLEAV NON-PROFT HOUSING DEVELOPMENT 94-2762529 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X
(3) MARIA B. FREITAS SENIOR HOUSING CORP. 94-3190261 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X
(4) MARIN HOMES FOR INDEPENDENT LIVING 94-2787430 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CA	501 (C) (3)	11A	N/A		X
(5) MARIN HOUSING CORP. 94-1358291 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CA	501 (C) (3)	11A	N/A		X
(6) MARLTON AFFORDABLE HOUSING CORP 91-2164481 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CA	501 (C) (3)	11A	N/A		X
(7) MARSHSIDE VILLAGE, INC. 20-1910771 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	SC	501 (C) (3)	9	N/A		X

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Schedule R (Form 990) 2014

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(Form 990)**

Related Organizations and Unrelated Partnerships

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Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MCAULEY MANOR, INC. 31-1548500 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	KY	501 (C) (3)	9	N/A		X
(2) MERCY BOND PROPERTIES AZ I 94-3142767 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	AZ	501 (C) (3)	11A	N/A		X
(3) MERCY BOND PROPERTIES COLORADO I 94-3286321 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CO	501 (C) (3)	11A	N/A		X
(4) MERCY BOND PROPERTIES NEBRASKA I 68-0378674 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	NE	501 (C) (3)	11A	N/A		X
(5) MERCY COMMUNITY HOUSING GEORGIA 58-2461689 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	GA	501 (C) (3)	11A	N/A		X
(6) MERCY GARDENS 33-0809069 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X
(7) MERCY HOLLY PARK EAST 84-1347445 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CO	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2014

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

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Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

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

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-7 contain data for various Mercy Housing entities.

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Schedule R (Form 990) 2014

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Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MERCY HOUSING MANAGEMENT GROUP 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 82-0376108	LOW-INC HSNB	IL	501 (C) (3)	9	N/A		X
(2) MERCY HOUSING MIDWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 47-0772351	LOW-INC HSNB	NE	501 (C) (3)	9	N/A		X
(3) MERCY HOUSING MOUNTAIN PLAINS 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 20-1583332	LOW-INC HSNB	CO	501 (C) (3)	9	N/A		X
(4) MERCY HOUSING NORTHWEST IDAHO, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 36-3453183	LOW-INC HSNB	ID	501 (C) (3)	11A	N/A		X
(5) MERCY HOUSING OHIO, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 20-2373936	LOW-INC HSNB	OH	501 (C) (3)	11A	N/A		X
(6) MERCY HOUSING PEMBROKE, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 13-4224803	LOW-INC HSNB	GA	501 (C) (3)	9	N/A		X
(7) MERCY HOUSING SOUTHEAST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 56-1993872	LOW-INC HSNB	NC	501 (C) (3)	9	N/A		X

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(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MERCY HOUSING SOUTHWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0743192	LOW-INC HSNB	AZ	501 (C) (3)	9	N/A		X
(2) MERCY HOUSING WEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 68-0254564	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X
(3) MERCY HOUSING, 2904 N 45TH ST, OMAHA 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 37-1068780	LOW-INC HSNB	NE	501 (C) (3)	9	N/A		X
(4) MERCY HOUSING, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 47-0646706	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X
(5) MERCY LOAN FUND 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 84-1559406	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X
(6) MERCY MANOR, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 61-1344092	LOW-INC HSNB	TN	501 (C) (3)	9	N/A		X
(7) MERCY MIDTOWN, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 68-0002157	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MERCY MOSCOW, INC. (HAWTHORNE) 82-0475388 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	ID	501 (C) (3)	9	N/A		X
(2) MERCY OAKS VILLAGE 75-3134134 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X
(3) MERCY OAKWOOD GARDENS 84-1344220 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	AZ	501 (C) (3)	9	N/A		X
(4) MERCY PLACE BELMONT INC. 80-0034784 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	NC	501 (C) (3)	9	N/A		X
(5) MERCY PORTFOLIO SERVICES 26-4002114 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CO	501 (C) (3)	9	N/A		X
(6) MERCY PROPERTIES ARIZONA 86-0772987 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	AR	501 (C) (3)	9	N/A		X
(7) MERCY PROPERTIES CALIFORNIA 68-0233835 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CA	501 (C) (3)	11A	N/A		X

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

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MESA SENIOR MEADOWS 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0897708	LOW-INC HSNB	AZ	501 (C) (3)	9	N/A		X
(2) MOST HOLY REDEEMER SENIOR HOUSING CORP 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-3044873	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X
(3) NEARY LAGOON, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 77-0214799	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X
(4) NOTRE DAME SENIOR HOUSING CORP. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-3209503	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X
(5) OCEANA SENIOR HOUSING CORP. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-3167825	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X
(6) PADRE APARTMENTS COMMUNITY 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 84-0789830	LOW-INC HSNB	CA	501 (C) (3)	11A	N/A		X
(7) PEORIA PLACE 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0980811	LOW-INC HSNB	AZ	501 (C) (3)	9	N/A		X

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(1)					
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PLAZAS DE MERCED 86-0758961 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	AZ	501 (C) (3)	9	N/A		X
(2) PRESENTATION SENIOR COMMUNITY 94-3264209 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X
(3) RIVERVIEW - ST. MARY'S INC.(ST. MARY'S 62-1782683 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	TN	501 (C) (3)	9	N/A		X
(4) ROSELAND PLACE INC NFP 26-2330256 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	IL	501 (C) (3)	9	N/A		X
(5) ROSELAND VILLAGE INC 26-4723017 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	IL	501 (C) (3)	9	N/A		X
(6) RUSSELL MANOR 93-1189914 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CA	501 (C) (3)	9	N/A		X
(7) SACRED HEART VILLAGE I, INC. 31-1411531 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	KY	501 (C) (3)	9	N/A		X

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Schedule R (Form 990) 2014

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SACRED HEART VILLAGE II, INC. 61-1339396 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	KY	501 (C) (3)	9	N/A		X
(2) SACRED HEART VILLAGE III, INC. 61-1367719 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	OH	501 (C) (3)	9	N/A		X
(3) SAN JUAN HOUSING CORP. 68-0378676 1999 BROADWAY, SUITE 1000 DENVER, CA 80202	LOW-INC HSNB	CA	501 (C) (3)	11A	N/A		X
(4) SAVANNAH GARDENS SENIOR RESIDENCES, INC 27-3400284 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	GA	501 (C) (3)	9	N/A		X
(5) SHAMROCK VILLAGE LLC 32-0139513 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	CO	501 (C) (3)	9	N/A		X
(6) SIENA SPRINGS (SIENA SPRINGS I) 31-1052772 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	OH	501 (C) (3)	9	N/A		X
(7) SIENA SPRINGS II 31-1591780 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	OH	501 (C) (3)	9	N/A		X

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Related Organizations and Unrelated Partnerships

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

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Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SOUTH OF MARKET MERCY 94-3199902 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) ST. CATHERINE RESIDENCE, INC 39-0857537 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WI	501 (C) (3)	1	N/A		X
(3) ST. ELIZABETH HOUSING CORP. 94-2705149 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(4) ST. MARY'S VILLA AT RIVERVIEW II, INC. (31-1723287 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	TN	501 (C) (3)	11A	N/A		X
(5) ST. MARY'S VILLA, INC. 31-1548512 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	KY	501 (C) (3)	9	N/A		X
(6) ST. THERESA VILLAGE, INC. 31-1411529 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	OH	501 (C) (3)	9	N/A		X
(7) STERLING SENIOR HOUSING 14-1866405 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	501 (C) (3)	9	N/A		X

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Schedule R (Form 990) 2014

**SCHEDULE R
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Related Organizations and Unrelated Partnerships

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

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Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SUNSET LANE APARTMENTS LLC 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 45-3959651	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(2) TIERRA DEL SOL, INC. 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 75-3004763	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(3) TRANSBAY BLOCK 6 LLC 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 46-5357713	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(4) VILLA CARIDOD SENIOR HOUSING 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 68-0387620	LOW-INC HSNG	CA	501 (C) (3)	9	N/A		X
(5) VISITACION VALLEY AFFORDABLE HOUSING 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 94-3273336	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X
(6) VISTA ALEGRE 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 86-0947230	LOW-INC HSNG	AZ	501 (C) (3)	9	N/A		X
(7) WALNUT GROVE 1999 BROADWAY, SUITE 1000 DENVER, CO 80202 68-0233835	LOW-INC HSNG	CA	501 (C) (3)	11A	N/A		X

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Schedule R (Form 990) 2014

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

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

Attach to Form 990.

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

Name of the organization

MERCY HOUSING INC

Employer identification number

47-0646706

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

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

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

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Row 1: WILLOW STREET APARTMENTS, 84-1334167, 1999 BROADWAY, SUITE 1000, DENVER, CO 80202, LOW-INC HSNG, CO, 501 (C) (3), 9, N/A, No, X.

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Schedule R (Form 990) 2014

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 104TH STREET MM LLC 27-2754418 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(2) 111TH & WENTWORTH APARTMENTS CORP. 38-3648994 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(3) AFFORDABLE HOUSING CORP 84-1173690 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP					X
(4) AFFORDABLE HOUSING INITIATIVE (AHI) 94-3096988 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP					X
(5) ANTIOCH II, LLC 27-3209358 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP					X
(6) BELRAY APARTMENTS CORPORATION 36-4027474 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(7) BELVIDERE PLACE CORP., I, NFP 26-3800299 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNB	KY	N/A	C CORP					X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) COUNTRYSIDE SENIORS LLC 26-1483851 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(2) ENGLEWOOD APARTMENTS NFP 26-1233523 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(3) HAROLD WASHINGTON APARTMENTS CORPORATION 36-3556291 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(4) HWA 850 ENGLEWOOD GP 27-1257072 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(5) IMPACT FAMILY VILLAGE GP, LLC 36-4715432 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	WA	N/A	C CORP					X
(6) MALDEN ARMS CORP II NFP 36-3815990 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP					X
(7) MCDERMOTT PLACE 47-0779682 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IA	N/A	C CORP					X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MCHG PARTNERS, INC. (MCHG) 20-8824753 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP					X
(2) MERCY AFFORDABLE HOUSING, INC. (MAHI) 82-0489878 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	ID	N/A	C CORP					X
(3) MERCY COMMERCIAL CALIFORNIA 94-3382154 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	CA	N/A	C CORP					X
(4) MERCY GALEWOOD SLF, INC. 20-5825081 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(5) MERCY LITHONIA PARK VIEW, INC. (MLITHPV) 20-8829364 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP					X
(6) MERCY PARK VIEW PARTNERS, INC. 20-8829242 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	GA	N/A	C CORP					X
(7) MERCY STERLING NFP 27-4446431 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MHMP CO GP INC 61-1689475 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	N/A	C CORP					X
(2) MHSE ADAMSVILLGE GREEN SENIOR PARTNERS 27-1321251 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					X
(3) MHSE ARBORS LLC 27-3284075 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					X
(4) MHSE SAVANNAH GARDENS PHASE III LLC 58-2434289 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					X
(5) MHSE SAVANNAH GARDENS PHASE V GP LLC 46-2777338 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					X
(6) MPI HIGHLAND PLACE LLC 26-2380898 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					X
(7) NEAR NORTH APARTMENTS CORP. NF 36-4570431 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BAYSHORE COURT 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) BELRAY APARTMENTS 36-4027474 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(3) BENNETT HOUSE, LP 65-1308081 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) BISHOPS BLOCK (BISHOPS BLOCK) 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IA	N/A	RELATED				X			X	
(5) BLUFF MERCY, LLC 27-0954394 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(6) BOISE SENIOR 202 OWNER, LP 27- 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	ID	N/A	RELATED				X			X	
(7) BOUNDARY VILLAGE 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NEW TACOMA CONDOMINIUM ASSOCIATION 47-3225087 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	WA	N/A	C CORP					X
(2) ROSELAND APARTMENTS CORPORATION 36-4304417 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(3) SAVANNAH ROSE OF SHARON, LLC 20-3591948 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					X
(4) SOUTH LOOP APARTMENTS CORPORATION 36-4027475 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(5) STAPLETON II MERCY LLC 27-0954394 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CO	N/A	C CORP					X
(6) WINTHROP APARTMENTS CORPORATION 36-3855355 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	MANAGEMENT	IL	N/A	C CORP					X
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BRENTWOOD GREEN VALLEY APTS 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) BRITTON STREET ASSOC. (BRITTON 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) CAMBRIDGE APARTMENTS 20-103137 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(4) CASCADE APARTMENTS 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(5) CASCADE VILLAGE 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) CEDARWOOD I 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) CEDARWOOD IV 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CENTRO PARTNERS 77-0295344 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) CHENEY GARDENS 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(3) COASTSIDE SENIOR HOUSING LP 45 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) COLONIA SAN MARTIN ASSOCIATES, 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) COMMONS ON MAIN LP 20-8033896 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	OH	N/A	RELATED				X			X	
(6) COUNTRYSIDE SENIOR APARTMENTS 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(7) DANVILLE VETERANS HOUSING LLC 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) DOROTHY DAY COMMUNITY, LP 65-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) DOVE FAMILY HOUSING ASSOCIATES 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) EDEN HOUSE LP 46-2704216 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) EL MONTE LP 46-1360554 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) EVERGREEN MANOR 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) EVERGREEN VISTA 1 OWNER LP 27- 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) FAMILY TREE & LINCOLN WAY LLLP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	

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

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

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

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

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

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

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

Table with 11 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership. Rows include GREENWICH PARK APARTMENTS LLC, HAROLD WASHINGTON APARTMENTS 3, HWA-850 EASTWOOD LP 27-1257130, IMPACT FAMILY VILLAGE GP LLC 3, IMPACT FAMILY VILLAGE LP 80-07, INTERCOMMUNITY MERCY WASHINGTON, and JFK TOWER, LP 47-3477829.

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

Table with 10 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? with Yes/No sub-columns. Rows are numbered (1) through (7).

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) JOHNSTON CENTER OUTLOTS LLC 27 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WI	N/A	RELATED				X			X	
(2) JOHNSTON CENTER RE-USE LP 30-0 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(3) JUNIPERO SERRA, LP 65-1308082 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(4) KANKAKEE STATION STREET SENIOR 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(5) KENNEDY ESTATES HSG. ASSOC. 68 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(6) LA PLAYA RESIDENTIAL 77-027861 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(7) LAKE STEVENS 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	RELATED				X			X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) LAKE VILLAGE EAST 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) MABTON GARDENS 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(3) MAGNOLIA LIMITED PARTNERSHIP 3 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(4) MALDEN LIMITED PARTNERSHIP II 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(5) MARLETON AFFORDABLE HSG. ASSOC 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MASON APARTMENTS (MASON SCHOOL 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	
(7) MERCY ALSTON LAKE LLC 20-29488 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	SC	N/A	RELATED				X			X	

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA 46, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA 47, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA 48, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA 49, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA 50, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA 51, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA 52, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA 53, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA 54 LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA 55, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA 56, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA 57, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA 58 LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA 59, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA 60, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA 61, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA 62, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA 63, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA 64, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA 65, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA 66, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING CALIFORNIA 67, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING CALIFORNIA I 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) MERCY HOUSING CALIFORNIA II 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) MERCY HOUSING CALIFORNIA III 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) MERCY HOUSING CALIFORNIA IV 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(6) MERCY HOUSING CALIFORNIA IX 94 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) MERCY HOUSING CALIFORNIA V 94- 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING IOWA I (LAWLOR G 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IA	N/A	RELATED				X			X	
(2) MERCY HOUSING IOWA II L.P. 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IA	N/A	RELATED				X			X	
(3) MERCY HOUSING MIDWEST NEBRASKA 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	NE	N/A	RELATED				X			X	
(4) MERCY HOUSING MISSOURI II 84-1 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	MO	N/A	RELATED				X			X	
(5) MERCY HOUSING MISSOURI-I, L.P. 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	MO	N/A	RELATED				X			X	
(6) MERCY HOUSING NEBRASKA I 84-14 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	NE	N/A	RELATED				X			X	
(7) MERCY HOUSING S. CAROLINA 59-3 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	SC	N/A	RELATED				X			X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING SENIOR PROPERTIE 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) MERCY HOUSING SOUTH CAROLINA I 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	SC	N/A	RELATED				X			X	
(3) MERCY HOUSING SOUTH DAKOTA I, 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	SD	N/A	RELATED				X			X	
(4) MERCY HOUSING SOUTH DAKOTA II, 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	SD	N/A	RELATED				X			X	
(5) MERCY HOUSING UTAH I 02-056455 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	UT	N/A	RELATED				X			X	
(6) MERCY HOUSING WASHINGTON III 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) MERCY HOUSING WASHINGTON IV 91 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY HOUSING WASHINGTON IX, L 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) MERCY HOUSING WASHINGTON V 84- 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(3) MERCY HOUSING WASHINGTON VI 84 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(4) MERCY HOUSING WASHINGTON VII 9 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(5) MERCY HOUSING WASHINGTON VIII 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) MERCY HOUSING WASHINGTON X, LL 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) MERCY LOAN FUND SUB-CDE , LLC 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CO	N/A	RELATED				X			X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MERCY PROPERTIES WASHINGTON I, 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) MERCY PROPERTIES WASHINGTON II 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(3) MERCY PROPERTIES WASHINGTON II 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(4) MHC HEALTH 1 LP 47-3554305 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) MHNW 9 OTHELLO EAST LP 47-1620 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) MHNW 10 OTHELLO WEST LP 47-161 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) MHNW 11 WOODLAKES LP 47-233496 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MHNW 12 ELEANOR APARTMENTS LLL 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) MHSE ADAMSVILLE GREEN SENIOR P 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(3) MHSE BAILEY STATION SENIOR LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(4) MHSE MERCY PARK LP 61-1757712 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(5) MHSE PINELAKE LP 80-0616765 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(6) MHSE PINELAKE I LP 90-0856866 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	
(7) MHSE REYNOLDSTOWN SENIOR LP 46 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	GA	N/A	RELATED				X			X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MSHE WILSON SENIOR RESIDENCE L 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(2) MONROE VILLA 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(3) MONSIGNOR LYNE, LP 65-1308080 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(4) MORTGAGE RESOLUTION FUND LLC 4 120 LASALLE SUITE 1850	MANAGEMENT	IL	N/A	RELATED				X			X	
(5) MOSES LAKE ESTATES 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(6) MPI HIGHLAND PLACE APARTMENTS, 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(7) NEAR NORTH PARTNERSHIP 32-0143 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	RELATED				X			X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEARY LAGOON PARTNERS 77-02563 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(2) NEW DANA STRAND IV-A, LP 47-30 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) NEW DANA STRAND PARTNERS I, LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) NEW DANA STRAND TOWNHOMES 51-0 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) NEW STERLING PARK LLC 27-25235 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(6) NEW STERLING PARK MM LLC 27-25 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(7) NEW TACOMA PHASE II LLLP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW TACOMA PHASE III LLLP 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) NEW TACOMA PHASE II MERCY LLC 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(3) NEW TACOMA SENIOR HOUSING PHAS 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(4) NORTHGLEN, LP 32-0139512 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	NE	N/A	RELATED				X			X	
(5) OAK HARBOR 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) OLYMPIC 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) PARK TERRACE APTS. (PARK TERRA 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PARKSIDE TERRACE LP 36-3914505 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(2) PILCHUCK 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(3) PINE ROAD VILLAGE 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(4) PINWOOD COURT APARTMENTS 68-0 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(5) QUINN COTTAGES, L.P. (QUINN CO 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(6) RAINER VISTA BLOCK 43 OWNER LP 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(7) RED DOOR LIMITED PARTNERSHIP 3 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	RELATED				X			X	

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) REYNOLDSTOWN SENIOR APTS (RENO 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	GA	N/A	RELATED				X			X	
(2) ROCK CREEK TERRACE 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(3) ROSELAND LIMITED PARTNERHSIP 3 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(4) ROSELAND PLACE LP 80-0195044 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	IL	N/A	RELATED				X			X	
(5) SAN FELIPE HOMES (SAN FELIPE H 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	CA	N/A	RELATED				X			X	
(6) SANDSTONE 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WA	N/A	RELATED				X			X	
(7) SC RESIDENCE LLC 26-0675562 1999 BROADWAY, SUITE 1000	LOW-INC HSNB	WI	N/A	RELATED				X			X	

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

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

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

Table with 11 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership. Rows include SILVERCREST, SKAGIT VILLAGE, SOMERSET SENIOR HSG., SOUTH LOOP APARTMENTS, ST. ANDREW COMMUNITY, SUNNYDALE DEVELOPMENT CO LLC 2, and TAHOE VALLEY TOWNHOMES ASSOC.

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

Table with 10 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? with Yes/No sub-columns. The table is currently empty.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THE KEATING BUILDING LITTLE VI 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(2) THIRD AND LECANTE LP 26-417649 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(3) VILLA COLUMBA MERCY RIVERSIDE, 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(4) VILLA COLUMBIA MERCY RIVERSIDE 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) VILLA KATHLEEN 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(6) VILLAGE PARK HOUSING ASSOCIATE 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(7) VISITATION VALLEY FAM. HSG. AS 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) WAPATO GARDENS 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(2) WASHINGTON SQUARE 20-1031378 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(3) WENTWORTH COMMONS 30-0082553 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	IL	N/A	RELATED				X			X	
(4) WEST 28TH STREET 95-4550003 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				X			X	
(5) WESTERN MANOR, LP 26-4578652 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	NE	N/A	RELATED				X			X	
(6) WOODLAKE MANOR 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	
(7) WOODLAKE MANOR II 77-0601463 1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WA	N/A	RELATED				X			X	

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTHSIDE NAMPA	(A)	74,307.	CASH
(2) MERCY HOUSING CALIFORNIA	(A)	80,629.	CASH
(3) MERCY HOUSING LAKEFRONT	(A)	144,183.	CASH
(4) MERCY HOUSING CALIFORNIA	(B)	85,000.	CASH
(5) MERCY HOUSING LAKEFRONT	(B)	58,000.	CASH
(6) MERCY HOUSING COLORADO	(B)	62,000.	CASH

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MERCY HOUSING SOUTHEAST	(C)	218,602.	CASH
(2) MERCY HOUSING LAKEFRONT	(C)	3,519.	CASH
(3) MERCY HOUSING CALIFORNIA	(C)	30,000.	CASH
(4) MERCY HOUSING NORTHWEST	(C)	27,940.	CASH
(5) MERCY HOUSING CALIFORNIA PREDEVELOPMENT	(D)	1,241,458.	CASH
(6) MERCY HOUSING LAKEFRONT PREDEVELOPMENT	(D)	1,069,160.	CASH

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MERCY HOUSING SOUTHEAST PREDEVELOPMENT	(D)	286,074.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

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, 2014

SIGNATURE...

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

FILING...

RETURN YOUR SIGNED 8453-EO AUTHORIZATION TO:

CHAREFILE@COHNREZNICK.COM

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

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT
YOUR RETURN, WHICH IS DUE ON AUGUST 17, 2015. WE WOULD APPRECIATE
YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE
PROCESSING OF YOUR RETURN. THE STATE WILL NOTIFY US WHEN YOUR RETURN
IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE STATE
CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR
RETURN.

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, 2014

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, 2015
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.

California Exempt Organization Annual Information Return

2014

199

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)
Corporation/Organization name: MERCY HOUSING INC
California corporation number: 1847229
FEIN: 47-0646706
Street address (suite or room): 1999 BROADWAY SUITE 1000
City: DENVER
State: CO
Zip code: 80202

A First Return... B Amended Return... C IRC Section 4947(a)(1) trust... D Final Information Return?... E Check accounting method... F Federal return filed?... G Is this a group filing?... H Is this organization in a group exemption?... I Did the organization have any changes to its guidelines... J If exempt under R&TC Section 23701d, has the organization engaged in political activities?... K Is the organization exempt under R&TC Section 23701g?... L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box... M Is the organization a Limited Liability Company?... N Did the organization file Form 100 or Form 109 to report taxable income?... O Is the organization under audit by the IRS or has the IRS audited in a prior year?... P Is an IRS Form 1023/1024 pending?

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

Table with columns for Receipts and Revenues, Expenses, and Filing Fee. Rows include Gross sales or receipts from other sources, Gross dues and assessments, Gross contributions, Total gross receipts, Cost of goods sold, Total gross income, Total expenses and disbursements, and Balance due.

Sign Here: Declaration of preparer. Signature of officer, Title, Date, Telephone.
Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, PTIN, Firm's name and address, FEIN, Telephone.
May the FTB discuss this return with the preparer shown above? See instructions.

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	5,631,105.00
	2	Interest	•	2	460,130.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income. Attach schedule	•	7	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	6,091,235.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	2,202,112.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11	2,542,041.00
	12	Other salaries and wages	•	12	7,665,154.00
	13	Interest	•	13	989,987.00
	14	Taxes	•	14	798,508.00
	15	Rents	•	15	707,622.00
	16	Depreciation and depletion (See instructions)	•	16	19,969.00
	17	Other Expenses and Disbursements. Attach schedule	•	17	-8,438,900.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	6,486,493.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		20,190,199.		25,161,413.
2 Net accounts receivable		659,755.		525,627.
3 Net notes receivable		7,289,388.		8,217,232.
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock	ATCH 5	7,851,676.		8,096,342.
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	4,642,637.		4,642,637.	
b Less accumulated depreciation	(3,749,408)	893,229.	(3,757,871)	884,766.
11 Land				
12 Other assets. Attach schedule	ATCH 6	17,693,282.		21,105,280.
13 Total assets		54,577,529.		63,990,660.
Liabilities and net worth				
14 Accounts payable		4,479,401.		5,959,087.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		164,212.		
18 Other liabilities. Attach schedule	ATCH 7	39,631,976.		41,888,511.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		10,301,940.		16,143,062.
22 Total liabilities and net worth		54,577,529.		63,990,660.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
1	Net income per books	•	5,841,122.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•	
6	Total. Add line 1 through line 5	•	5,841,122.
7	Income recorded on books this year not included in this return. Attach schedule	•	
8	Deductions in this return not charged against book income this year. Attach schedule	•	
9	Total. Add line 7 and line 8	•	
10	Net income per return. Subtract line 9 from line 6	•	5,841,122.

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR	California e-file Return Authorization for Exempt Organizations	FORM
2014		8453-EO

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

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<u>12,560,307.</u>
2 Total gross income (Form 199, line 8)	2	<u>12,560,307.</u>
3 Total expenses and disbursements (Form 199, Line 9)	3	<u>6,486,493.</u>

Part II Settle Your Account Electronically for Taxable Year 2014

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

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

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

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2014 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.**

Sign Here _____ |07/21/2015| **TREASURER**
 Signature of Officer Date Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

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

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

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

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

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

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
MISCELLANEOUS < \$5,000 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	12/31/2014	76,582.
BANK OF AMERICA FOUNDATION 101 SOUTH TRYON STREET CHARLOTTE, NC 28255	12/31/2014	345,000.
BARRY ZIGAS 3335 QUESADA ST NW WASHINGTON, DC 20015	12/31/2014	7,500.
JANE GRAF 3722 ATLAS AVE OAKLAND, CA 94619	12/31/2014	7,800.
BETH MULLEN 2701 F STREET SACRAMENTO, CA 58648	12/31/2014	5,000.
TDF FOUNDATION 2 WISCONSIN CIRCLE, STE 920 CHEVY CHASE, MD 20815	12/31/2014	28,715.
ENTERPRISE COMMUNITY PARTNERS, INC. 1100 BROKEN LAND PARKWAY, STE 700 COLUMBIA, MD 21044	12/31/2014	21,613.
U.S. BANK 800 NICOLLET MALL MINNEAPOLIS, MN 55402	12/31/2014	30,900.

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

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
HELEN DUNLAP 104 EAST 32ND STREET CHICAGO, IL 60616	12/31/2014	5,000.
YVONNE CAMACHO 547 COOK STREET DENVER, CO 80206	12/31/2014	8,661.
BILL YOUNG 1119 SHERIDAN ROAD WINNETKA, IL 60093	12/31/2014	10,000.
BRAD JAMES 4599 S DASA DRIVE ENGLEWOOD, CO 80111	12/31/2014	5,365.
CAROL WETMORE 1703 W. WABANSIA AVENUE CHICAGO, IL 60622-1414	12/31/2014	6,586.
DLD INSURANCE BROKERS (DANA DOWERS) 17712 MITCHELL NORTH IRVINE, CA 92614	12/31/2014	10,000.
LESLIE WHITTMAN 6257 VIRGO ROAD OAKLAND, CA 94611	12/31/2014	25,000.
CITIGROUP 850 THIRD AVE., 13TH FLOOR NEW YORK, NY 10022	12/31/2014	5,000.

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

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
COHNREZNICK 7501 WISCONSIN AVE., STE 400E BETHESDA, MD 20814	12/31/2014	11,000.
INDEPENDENT CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, STE 340 LARKSPUR, CA 94939	12/31/2014	5,093.
NEIGHBORWORKS 999 N. CAPITAL ST NE STE. 900 WASHINGTON, DC 20002	12/31/2014	25,000.
SIMPSON GARRITY INNES 601 GATEWAY BLVD SUITE 950 SOUTH SAN FRANCISCO, CA 94080	12/31/2015	5,000.
THE JOHN STEWART CO 285 TELEGRAPH HILL BLVD. SAN FRANCISCO, CA 94133	12/31/2014	5,000.
BARBARA J DUFFNER 4213 SADDLE NOTCH DR FORT COLLINS, CO 80526	12/31/2014	5,000.
CARING FOR COLORADO 4100 EAST MISSISSIPPI AVE. SUITE 605 DENVER, CO 80246	12/31/2014	50,000.
EQUITY RESIDENTIAL FOUNDATION TWO NORTH RIVERSIDE PLAZA CHICAGO, IL 60606	12/31/2014	25,000.

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

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
JPMORGAN CHASE FOUNDATION BUILDING CODE 02317-33 MAILCODE NY1-K655 NEW YORK, NY 10017	12/31/2015	1,000,000.
CATHOLIC HEALTH INITIATIVES 1999 BROADWAY, SUITE 2600 DENVER, CO 80202	12/31/2014	5,000.
DIGNITY HEALTH 185 BERRY STREET, SUITE 300 SAN FRANCISCO, CA 94107	12/31/2014	200,000.
SISTERS OF BON SECOURS 1505 MARRIOTTSVILLE ROAD MARRIOTTSVILLE, MD 21104	12/31/2014	105,000.
ASCENSION HEALTH 4600 EDMUNDSON ROAD ST. LOUIS, MO 63134	12/31/2014	1,000,000.
ST. JOSEPH HEALTH P.O. BOX 14132 ORANGE, CA 92863	12/31/2014	1,000,000.
MERCY HOUSING NORTHWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	12/31/2014	68,737.
MERCY HOUSING CALIFORNIA 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	12/31/2014	294,875.

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

ATTACHMENT 1 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
MERCY HOUSING MOUNTAIN PLAINS 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	12/31/2014	44,491.
MERCY HOUSING LAKEFRONT 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	12/31/2014	38,400.
1028 HOWARD ST. ASSOCIATES 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	12/31/2014	15,570.
ALL HALLOWS COMMUNITY 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	12/31/2014	1,100,000.
VALLE DE MERCED 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	12/31/2014	609,802.
MERCY HOUSING SOUTHEAST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	12/31/2014	253,350.
MERCY PROPERTIES CALIFORNIA 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	12/31/2014	4,032.
TOTAL CONTRIBUTION AMOUNTS		<u>6,469,072.</u>

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

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
<u>GRANTS PAID</u>			
MERCY HOUSING LAKEFRONT 120 SOUTH LASALLE STREET, SUITE 1850 CHICAGO, IL 60603	RELATED ORGANIZATION 501 (C) (3)	LOW-INCOME HOUSING	58,000.
MERCY HOUSING COLORADO 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION 501 (C) (3)	LOW-INCOME HOUSING	62,000.
MERCY HOUSING CALIFORNIA 130 MISSION STREET, SUITE 300 SAN FRANCISCO, CA 94103	RELATED ORGANIZATION 501 (C) (3)	LOW-INCOME HOUSING	85,000.
MERCY HOUSING SOUTHEAST 6521 NORTH AVENUE, SUITE A 150 ATLANTA, GA 30308	RELATED ORGANIZATION 501 (C) (3)	LOW-INCOME HOUSING	21,000.
NATIONAL LOW INCOME HOUSING COALITION 727 15TH ST. NW, 6TH FLOOR WASHINGTON, DC 20005	UNRELATED ORGANIZATION 501 (C) (3)	CHARITABLE CONTRIBUTION	
MERCY PORTFOLIO SERVICES 120 SOUTH LASALLE STREET, SUITE 1850 CHICAGO, IL 60603	RELATED ORGANIZATION 501 (C) (3)	LOW-INCOME HOUSING	22,500.
MERCY LOAN FUND 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION 501 (C) (3)	LOW-INCOME HOUSING	22,500.
MERCY HOUSING NORTHWEST 2505 THIRD AVENUE, SUITE 204 SEATTLE, WA 98121	RELATED ORGANIZATION 501 (C) (3)	LOW-INCOME HOUSING	22,000.

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

ATTACHMENT 2 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
MERCY HOUSING SOUTHWEST 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	RELATED ORGANIZATION 501 (C) (3)	LOW-INCOME HOUSING	6,000.
MISCELLANEOUS < \$5,000 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	UNRELATED ORGANIZATION	LOW-INCOME HOUSING	70,318.
MERCY HOUSING IOWA II 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	503C(3)	LOW-INCOME HOUSING	37,716.
MERCY TERRACE, LLC 1999 BROADWAY, SUITE 1000 DENVER, CO 80202	503C(3)	LOW-INCOME HOUSING	1,785,078.
SISTERS OF MERCY OF THE AMERICAS 1125 PRAIRIE DRIVE NE CEDAR RAPIDS, IA 52402	501 (3) (C)	LOW-INCOME HOUSING	10,000.
TOTAL CONTRIBUTIONS PAID			<u>2,202,112.</u>

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

<u>NAME</u>	<u>TITLE</u>	<u>COMPENSATION</u>
LARRY DALE	DIRECTOR	0
BARRY ZIGAS	DIRECTOR/CHAIRMAN	0
SR PAT MCDERMOTT	DIRECTOR	0
JANE GRAF	CHIEF EXECUTIVE OFFICER	284,145.
RICH STATUTO	DIRECTOR	0
CHERYLL O'BRYAN	SENIOR VP/PRESIDENT MHM	260,889.
VINCE DODDS	VICE PRESIDENT	170,243.
LESLIE WITTMANN	DIRECTOR	0
SR ROSEMARIE JASINSKI	DIRECTOR	0
SR LINDA WERTHMAN	DIRECTOR	0
MICHELE MAMET	SR. VICE PRESIDENT/CAO	228,207.
CAROL BRESLAU	SENIOR VICE PRESIDENT	141,103.
YVONNE CAMACHO	DIRECTOR	0
ADRIENNE CROWE	DIRECTOR/ VICE CHAIRMAN	0
CHRIS BURCKHARDT	SENIOR VICE PRESIDENT/ COO	261,077.
BILL RUMPF	SENIOR VICE PRESIDENT	177,394.
SR BARBARA BUSCH	DIRECTOR	0
SR DIANE HEJNA	DIRECTOR	0
JOHN MARCOLINA	VICE PRESIDENT	139,696.
DOUGLAS SHOEMAKER	SENIOR VICE PRESIDENT	195,138.
CHRISTY RICHARDSON	SENIOR VICE PRESIDENT	176,137.
STEVE SPEARS	SENIOR VICE PRESIDENT/CFO	253,462.
SUZANNE SWIFT	DIRECTOR	0
CAROL WETMORE	DIRECTOR	0
VALERIE AGOSTINO	VICE PRESIDENT	186,484.
MARK ANGELINI	SENIOR VICE PRESIDENT	184,733.
MELISSA CLAYTON	SENIOR VICE PRESIDENT	185,527.
CADE SCHOLL	VICE PRESIDENT	152,068.
RONALD JACKSON	VICE PRESIDENT/SECRETARY	149,270.
MICHAEL REED	VICE PRESIDENT	203,646.
BARBARA KELLEY	DIRECTOR	0
BOB TETRAULT	DIRECTOR	0
CINDY HOLLER	SENIOR VICE PRESIDENT	197,675.
DOUG JUTTE	DIRECTOR	0
FRANCENA MARIE LOWE	SENIOR VICE PRESIDENT	89,032.

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

JIM PARK	DIRECTOR	0
PATRICIA COCHRAN	DIRECTOR	0
SCOTT POCOCK	DIRECTOR	0
SR LILLIAN MURPHY	CERTIFIED EXECUTIVE OFFICER	0
TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES		<u>3,635,926.</u>

PART II - OTHER EXPENSES

PENSION EXPENSE	223,900.
EMPLOYEE BENEFITS	1,513,286.
MANAGEMENT FEE	119,416.
LEGAL EXPENSES	105,378.
ACCOUNTING EXPENSE	300,830.
OTHER FEES FOR SVCS	357,904.
ADVERTISING	337,586.
OFFICE EXPENSES	823,073.
INFO. TECHNOLOGY	445,136.
TRAVEL EXPENSES	608,510.
CONFERENCES	38,344.
INSURANCE	35,322.
GAIN/LOSS SALE OF ASSETS	-2,823.
EVENTS EXPENSE	37,101.
FUNDRAISING EXPENSE	22,044.
OTHER RENTING EXPENSE	283.
BANK SERVICE CHARGES	304,607.
CEO'S DISCRETIONARY EXPENSE	408.
CONSULTING-PROFESSIONAL	660.
CONTRACT/LABOR-TEMP	341,176.
PAGER/CELL PHONE	729.
BAD DEBTS	348,509.
MGMT SUPERVISOR TRAINING	2,500.
STAFF DEV/TRAINING	49,223.
STRATEGIC PLANNING	52,081.
MISCELLANEOUS ADMIN	69,645.
MISC ADMIN/FOOD-DRINK	4,542.
DIRECT COST ALLOCATION	-2,258,684.
INDIRECT COST	-9,053,435.
MHI DIRECT COSTS	-3,712,381.
OTHER-TAXES, LICENSES PERMITS	24,533.
RESERVE FOR LOAN LOSSES	333,469.
MISC FINANCIAL FEES EXPENSES	83,290.
RECREATION & REHAB	160.
PSHIP (GAIN) LOSS	4,778.
TOTAL OTHER EXPENSES	<u><u>-8,438,900.</u></u>

SCHEDULE L - INVESTMENTS IN STOCK

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
INVESTMENTS - PROGRAM RELATED	7,851,676.	8,096,342.
TOTAL INVESTMENTS	<u>7,851,676</u>	<u>8,096,342.</u>

ATTACHMENT 6SCHEDULE L - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
DUE FROM AFFILIATES	5,460,004.	13,856,107.
LOAN TO AFFILIATES	11,939,143.	6,928,349.
INTANGIBLE	11,506.	7,500.
PREPAID EXPENSES	282,629.	313,324.
 TOTAL OTHER ASSETS	 <u>17,693,282.</u>	 <u>21,105,280.</u>

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

PART VII SECTION A

SISTER LILLIAN MURPHY, RSM, SERVES AS THE CHIEF EXECUTIVE OFFICER OF MERCY HOUSING, INC. THE SISTERS OF MERCY OF THE AMERICAS WEST MIDWEST HAVE ENTERED INTO A CONTRACT WHEREBY SISTER MURPHY HAS BEEN ASSIGNED TO MERCY HOUSING, INC. TO PERFORM SERVICES AND PROVIDE EXECUTIVE LEADERSHIP FOR MERCY HOUSING, INC. AND ITS SUBSIDIARIES. SISTER MURPHY IS A MEMBER OF A RELIGIOUS COMMUNITY AND HAS TAKEN A VOW OF POVERTY AND THEREFORE DOES NOT RECEIVE ANY PERSONAL INCOME. SISTER MURPHY IS NOT AN EMPLOYEE OF MERCY HOUSING, INC. MERCY HOUSING, INC. MAKES PAYMENTS DIRECTLY TO THE SISTERS OF MERCY OF THE AMERICAS WEST MIDWEST FOR MONTHLY STIPEND PAYMENTS AND BENEFITS RELATING TO THE SERVICES PERFORMED BY SISTER MURPHY. THE SISTERS OF MERCY OF THE AMERICAS WEST MIDWEST ARE RESPONSIBLE FOR PROVIDING THE LIVING EXPENSES OF SISTER MURPHY. FOR 2012 MERCY HOUSING, INC. PAID \$232,692 FOR THE ANNUAL STIPEND FEE AND BENEFITS EQUIVALENT.

ATTACHMENT 1

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

THE MISSION AND CHARITABLE PURPOSE OF MERCY HOUSING, INC. IS TO
MANAGE OR DIRECT ENTITIES WHICH ARE ORGANIZED FOR THE PURPOSE OF
CREATING STABLE, VIBRANT AND HEALTHY COMMUNITIES BY DEVELOPING,
FINANCING, AND OPERATING AFFORDABLE, PROGRAM-ENRICHED HOUSING FOR
FAMILIES, SENIORS, AND PEOPLE WITH SPECIAL NEEDS WHO LACK THE
ECONOMIC RESOURCES TO ACCESS QUALITY, SAFE HOUSING OPPORTUNITIES.

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>104432</u></p> <hr/> <p>MERCY HOUSING INC <small>Name of Organization</small></p> <hr/> <p>1999 BROADWAY SUITE 1000 <small>Address (Number and Street)</small></p> <hr/> <p>DENVER CO 80202 <small>City or Town, State and ZIP Code</small></p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>Corporate or Organization No. <u>1847229</u></p> <hr/> <p>Federal Employer I.D. No. <u>47-0646706</u></p>
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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 01/01/2014 ending 12/31/2014) list:

Gross annual revenue \$ 12,560,307. Total assets \$ 63,990,660.

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 _____