

CohnReznick LLP 525 North Tryon Street Suite 1000 Charlotte, NC 28202-0210

Main: 704-332-9100 Fax: 704-332-6444 **cohnreznick.com** 

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

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2016 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

WE HAVE PREPARED THE FOLLOWING TAX RETURNS PRIMARILY FROM THE INFORMATION YOU FURNISHED. SINCE YOU HAVE THE FINAL RESPONSIBILITY FOR THE TAX RETURNS, YOU SHOULD REVIEW THEM CAREFULLY BEFORE YOU SIGN AND FILE THEM OR AUTHORIZE THEM TO BE ELECTRONICALLY FILED.

2016 FORM 990

2016 CALIFORNIA FORM 199

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

VERY TRULY YOURS,

KATHY BLACKBURN



### TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

DECEMBER 31, 2016

#### PREPARED FOR:

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

#### PREPARED BY:

COHNREZNICK LLP 525 NORTH TRYON STREET CHARLOTTE, NC 28202

#### AMOUNT DUE OR REFUND:

NOT APPLICABLE

#### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

#### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

#### **RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

#### SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2017

PLEASE ENSURE YOU HAVE MET ALL YOUR FILING REQUIREMENTS FOR THE CORRECT INCLUSION OF ANY FOREIGN TRANSACTION OR INFORMATION. FAILURE TO FILE FOREIGN INFORMATIONAL FORMS WILL POTENTIALLY SUBJECT YOU TO SUBSTANTIAL PENALTIES. PLEASE CONTACT US IF YOU BELIEVE YOU HAVE ANY FOREIGN ACTIVITY OR INVESTMENT AND/OR FOREIGN BANK OR SECURITIES ACCOUNT THAT NEED TO BE ADDRESSED.

Form	887	'9-	E	0

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

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2016, or fiscal year beginning , 2016, and ending

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

2016

Information about Form 8879-EO and its instructions is at www.jrs.gov/form8879eo Name of exempt organization

Employer identification number

MERCY HOUSING INC

47-0646706

, 20

Name and title of officer VINCE DODDS VICE PRESIDENT Type of Return and Return Information (Whole Dollars Only) Part I

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

1a	Form 990 check here <b>X b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b _	23,324,750.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here <b>b</b> Balance Due (Form 8868, line 3c)	5b	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 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

X lauthorize COHNREZNICK LLP	to enter my PIN	46706
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2016 electronically filed return. If I have indicated is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, 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 ye indicated within this return that a copy of the return is being filed with a state agency(ies) regula program, I will enter my PIN on the return's disclosure consent screen.	,	
Officer's signature  Date  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. 695026 do not enter		
I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed retuc confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e <i>e-file</i> Providers for Business Returns.	•	
ERO's signature  Date	•	
ERO Must Retain This Form - See Instructions	S	
Do Not Submit This Form To the IRS Unless Requested		
LHA For Paperwork Reduction Act Notice, see instructions.	For	m 8879-EO (2016)
623051 09-26-16		

Form	ggn
1 01111	

### EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax 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.



Department of the Treasury Internal Revenue Service A Far the 2016 colondar year

AF	or th	e 2016 calendar year, or tax year beginning and	ending	-	
B (	Check if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre	MERCY HOUSING INC			
	Name			47-0	646706
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	1999 BROADWAY SUITTE 1000		(303	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	23,324,750.
	Amen	DENVER, CO 80202		H(a) Is this a group re	eturn
	Applie tion	F Name and address of principal officer: DIEVE DEEKKS		for subordinates	? Yes X No
	pendi	BROADWAY SOLTE 1000, DENVER, CO 8	0202	H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🚺 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		te: WWW.MERCYHOUSING.ORG		H(c) Group exemptio	
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1981	State of legal domicile: NE
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO D			
Governance		LOW-INCOME HOUSING & PROVIDE SERVICES TO			
ernä	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	1 1	
Š	3				18
	· ·	Number of independent voting members of the governing body (Part VI, line 1b)			18
ies	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			<u>498</u> 0
Activities &	6	Total number of volunteers (estimate if necessary)			0.
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	d	Net unrelated business taxable income from Form 990-T, line 34			
		Contributions and grants (Dort )/III line 1h)		Prior Year 8,917,305.	Current Year 10,217,802.
ne	8	Contributions and grants (Part VIII, line 1h)		9,530,488.	12,494,081.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		632,239.	612,867.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,080,032.	23,324,750.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,055,864.	1,759,065.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12,257,392.	12,117,155.
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	25.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		-3,396,122.	-376,694.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,917,134.	13,499,526.
		Revenue less expenses. Subtract line 18 from line 12		8,162,898.	9,825,224.
or			Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		72,247,998.	73,953,767.
tAs	21	Total liabilities (Part X, line 26)		47,942,038.	39,822,583.
ING	22	Net assets or fund balances. Subtract line 21 from line 20		24,305,960.	34,131,184.
	art II	Signature Block			
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	

Sign Here	Signature of officer VINCE DODDS, VICE PRES Type or print name and title	IDENT		Date			
Paid	Print/Type preparer's name KATHY BLACKBURN	Preparer's signature	Date	Check PTIN if self-employed P00450629			
Preparer	Firm's name <b>COHNREZNICK LLP</b>	· · · · ·		Firm's EIN 22-1478099			
Use Only	Firm's address 525 NORTH TRYON	STREET					
	CHARLOTTE, NC 28		Phone no. 704 - 332 - 9100				
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
632001 11-1	<sup>322001</sup> 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2016)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2016) MERCY HOUSING INC	47-0646706
Fai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE MISSION AND CHARITABLE PURPOSE OF MERCY HOUSING, INC	
	OR DIRECT ENTITIES WHICH ARE ORGANIZED FOR THE PURPOSE (	
	STABLE, VIBRANT AND HEALTHY COMMUNITIES BY DEVELOPING, 1	
	OPERATING AFFORDABLE, PROGRAM-ENRICHED HOUSING FOR FAMIL	LIES, SENIORS,
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 🖸
	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 🛛
	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	s measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	• •
	revenue, if any, for each program service reported.	
4-		. 12 /9/ 08
4a		
	MERCY HOUSING, INC.'S PROGRAM SUPPORTS AFFORDABLE HOUSI	
	SERVICES FOR LOW- AND MODERATE-INCOME PERSONS AND INCLU	
	OF ASSET MANAGEMENT, HOUSING DEVELOPMENT, CONSULTING SEI	
	CONSTRUCTION MANAGEMENT AND FINANCIAL SERVICES SPECIFICA	ALLY RELATED TO
	DEVELOPMENT OF AFFORDABLE HOUSING.	
4b	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$
40		
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$
4c		enue \$
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$
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	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$
		enue \$
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	enue \$
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)
4d 4e	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	enue \$

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FUIII	990	12010	,

Form 990 (2016) MERCY HOUSING INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
U		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		- 23
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.	х	
اہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	А	
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	A	
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form **990** (2016)

632003 11-11-16

Form	aan	(2016)
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 Form 990 (2016)
 MERCY
 HOUSING
 INC

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21	Х	
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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes,"			v
~=	complete Schedule L, Part II	26		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	07		x
<b>~</b>	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00-		X
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50		30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	38	Х	

Form 990 (2016)

632004 11-11-16

Form	<u>990 (2016)</u> MERCY HOUSING INC 47-0646	706	Р	age <b>5</b>
Pa	t 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 100			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 498			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	000	<u> </u>
		Form	990	(2016)

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Form 990	(2016)
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MERCY HOUSING INC

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. ... X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No
1a E	nter the number of voting members of the governing body at the end of the tax year	1a	18			
	there are material differences in voting rights among members of the governing body, or if the governing			1		
bo	by delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
ъE	nter the number of voting members included in line 1a, above, who are independent	1b	18			
D	id any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	any other			
0	fficer, director, trustee, or key employee?			2		X
D	id the organization delegate control over management duties customarily performed by or under th	e direc	t supervision			
0	f officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		X
D	id the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X
D	id the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
	id the organization have members or stockholders?			6	Х	
<b>a</b> D	id the organization have members, stockholders, or other persons who had the power to elect or a	ppoint (	one or			
m	ore members of the governing body?			7a	Х	
bΑ	re any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			
р	ersons other than the governing body?			7b	X	
D	d the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the	e following:			
a T	ne governing body?			8a	Х	
b E	ach committee with authority to act on behalf of the governing body?			8b	Х	
	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	ganization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
ectio	on B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
	id the organization have local chapters, branches, or affiliates?			10a	Х	<u> </u>
	"Yes," did the organization have written policies and procedures governing the activities of such cl	napters	, affiliates,			
	· · · · · · · · · · · · · · · · · · ·			10b	X	
	as the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befor	e filing the form?	11a	Х	
	escribe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
				12a	X	
	lere officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
	id the organization regularly and consistently monitor and enforce compliance with the policy? If "	,			37	
	Schedule O how this was done			12c	X	
	id the organization have a written whistleblower policy?			13	X	
	id the organization have a written document retention and destruction policy?			14	Х	
	id the process for determining compensation of the following persons include a review and approv		dependent			
•	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
	ne organization's CEO, Executive Director, or top management official			15a	X	
	ther officers or key employees of the organization			15b	X	
	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		:+h			
	id the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			40-		x
	ixable entity during the year?			16a		
	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation to evaluation of the organization of the organ		-			
	joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			104		
	kempt status with respect to such arrangements?			16b		
	st the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ AL , AK , AZ , AR , (	ים בי		CA	TT.	кс
	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-					, 10
	or public inspection. Indicate how you made these available. Check all that apply.		011 30 1 (C)(3)S 011y) a	valiable	5	
ſ	Own website X Another's website X Upon request Other (explained and the second	n in Cal	bad u a O			
ר ה ח	escribe in Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	ial	
	atements available to the public during the tax year.	mict O	interest policy, and	manc	a	
	tate the name, address, and telephone number of the person who possesses the organization's bo	oks and	t records:			
	TEVE SPEARS - 303-830-3300	uno alla				
	999 BROADWAY SUITE 1000, DENVER, CO 80202					
2006 1				Form	990	(2016
	6			1 0111		1
081	4 147227 0017693-0051487.0990 2016.04013 MERCY HC	USTI	NG TNC		00	17

Form 990 (2016)	MERCY HOUSING INC	47-0646706 Page <b>7</b>
	ation of Officers, Directors, Trustees, Key Employees,	Highest Compensated
Employee	s, and Independent Contractors	
Check if Sch	edule O contains a response or note to any line in this Part VII	
Section A. Officers, Di	rectors, Trustees, Key Employees, and Highest Compensated Emplo	oyees

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)	(B)	Jiga	iiiza	<u>(</u>		ipen	Sale	(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per Id a di	son i	s both	n an	compensation	compensation	amount of
	week (list anv							from the	from related organizations	other compensation
	hours for	Individual trustee or director				eq		organization	(W-2/1099-MISC)	from the
	related	stee or	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		oloyee	comp se				and related
	below line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ADRIENNE CROWE	1.00	드	=	01	¥.	포 등	Fc			
DIRECTOR/VICE-CHAIRMAN	1.00	х						0.	0.	0.
(2) BARRY ZIGAS	1.00									
DIRECTOR/CHARIMAN		х						0.	0.	0.
(3) BARBARA KELLEY	1.00									
DIRECTOR		х						0.	0.	0.
(4) BOB TETRAULT	1.00									
DIRECTOR		Х						0.	0.	0.
(5) CAROL WETMORE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) CHARLIE FRANCIS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DOUG JUTTE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JIM PARK	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(9) LESLIE WITTMANN	1.00									0
DIRECTOR	1 0 0	Х						0.	0.	0.
(10) PATRICIA COCHRAN	1.00	77						0.	0.	0
DIRECTOR (11) SCOTT POCOCK	1.00	Х						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(12) SR. BARBARA BUSCH	1.00	~						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(13) SR. DIANE HEJNA	1.00	- 23								<b>0</b> .
DIRECTOR		х						0.	0.	0.
(14) SR. LINDA WERTHMAN	1.00									
DIRECTOR		х						0.	0.	0.
(15) SR. PAT MCDERMOTT	1.00									
DIRECTOR		х						0.	0.	0.
(16) SR. ROSE MARIE JASINSKI	1.00									
DIRECTOR		х						0.	0.	0.
(17) SUZANNE SWIFT	1.00									
DIRECTOR		Х						0.	0.	0.
632007 11-11-16				-						Form <b>990</b> (2016)

MERCY HOUSING INC

Form 990 (2016) MERCY HC	USING IN	1C							47-00	<u>546'</u>	706	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	d Hig	ghes	st C	compensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	<i>.</i> .	Position (do not check more than one			י		Reportable Report			Est	imate	d
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensatio			ount o	
	week	offi	icer ar	nd a d	lirecto	or/trus	tee)	from	from related	1	(	other	
	(list any	ctor						the	organization	s	comp	oensat	tion
	hours for	r dire				ted		organization	(W-2/1099-MIS	3C)	fro	om the	Э
	related	stee o	ustee			ensa		(W-2/1099-MISC)			orga	anizati	on
	organizations	al trus	onal ti		loyee	e com						relate	
	below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	วทร
	line)	Ind	lus	#0	Key	em	For			$ \longrightarrow $			
(18) YVONNE CAMACHO	1.00												0
DIRECTOR (19) BILL RUMPF	40.00	Х	-			+		0.		0.			0.
SENIOR VICE PRESIDENT	40.00	-		x				206,530.		0.	1 3	3,40	חו
(20) CADE SCHOLL	40.00		$\vdash$			$\vdash$		200,330.			<u> </u>	,40	<u> </u>
VICE PRESIDENT	40.00	1		x				162,281.		0.	3 5	5,47	74.
(21) CAROL BRESLAU	40.00					$\vdash$		102,201.		<b>~</b>		, =	<u> </u>
SENIOR VICE PRESIDENT				x				190,925.		0.	F	5,96	56.
(22) CHERYLL O'BRYAN	0.00											///	
SENIOR VP/PRESIDENT OF MHM	40.00			x				0.	286,38	36.	3(	),28	30.
(23) CHRIS BURCKHARDT	40.00								200750	<u> </u>		, 1	<u> </u>
SENIOR VICE PRESIDENT/ COO				x				279,517.		0.	38	8,80	)2.
(24) CHRISTOPHER REED	0.00												
VICE PRESIDENT	40.00	1		x				0.	241,76	57.	10	),85	53.
(25) CHRISTY RICHARDSON	40.00												
SENIOR VICE PRESIDENT		1		x				194,635.		0.	40	),66	56.
(26) DOUG SHOEMAKER	40.00												
SENIOR VICE PRESIDENT				Х				213,552.		0.	18	3,93	38.
1b Sub-total								1,247,440.					
c Total from continuation sheets to Part V								2,905,770.			409		
d Total (add lines 1b and 1c)								4,153,210.	528,15	53.	604	1,40	)4.
2 Total number of individuals (including but	not limited to th	iose	liste	ed at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	;			
compensation from the organization													21
										ſ		Yes	No
3 Did the organization list any <b>former</b> office													37
line 1a? If "Yes," complete Schedule J for										·····	3	_	<u> </u>
4 For any individual listed on line 1a, is the s												37	
and related organizations greater than \$15											4	X	
5 Did any person listed on line 1a receive or	-				-			-			_		v
rendered to the organization? <i>If</i> "Yes," CO	mplete Schedul	e J f	or si	ıch ,	pers	ion .				<u></u>	5		Х
1 Complete this table for your five highest c	omponented inc	lono	ndo	nt of	ontre	ooto	(n +	hat received more than <sup>(</sup>	100 000 of com		ion fro	<u> </u>	
the organization. Report compensation for										Jensai			
(A)			Jindii	ig vi		01 111		(B)			(C	)	
Name and busines	s address							Description of s	ervices	С	ompen		ı
COHNREZNICK LLP, 525 N. TRYON STREET,													
							ACCOUNTING S	ERVICES	2	,256	5,35	58.	
SIMPSON GARRITY INNES & JACUZZI, 601													
GATEWAY BLVD, SUITE 950, SAN FRANCISCO, CA LEGAL SERVICES 6								623	3,65	54.			
GRANITE TELECOMMUNICATIONS													
<u>PO BOX 983119, BOSTON, MA 02298-3119</u> <b>TELECOMMUNICATIONS</b> 568,898.													
5280 RESOURCES LLC			_								. –		
4900 HOMESTEAD STREET, B								CONSULTING			178	3,13	35.
SMITH DALIA ARCHITECTS L	-	Ν	AV	E	NE	,							
SUITE C-140, ATLANTA, GA 30308						ARCHITECTURE			159	),49	12.		

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

\$100,000 of compensation from the organization ► 9 SEE PART VII, SECTION A CONTINUATION SHEETS 632008 11-11-16

Form 990 (2016)

	DUSING IN		voo	6 31	nd H	liab	aet (	Compensated Employe	<u>47-064</u>	0700
(A)	(B)		yee			ingin	551 1	(D)	(E)	(F)
Name and title				Reportable	Estimated					
	hours	(cl	heck				ly)	compensation	Reportable compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				em plc		organization	(W-2/1099-MISC)	from the
	hours for related	e or di	tee			sated		(W-2/1099-MISC)		organization
	organizations	rustee	ll trust		/ee	m pen:				and related organizations
	below	Individual trustee or director	Institutional trustee	-	Key employee	Highest com pensated em ployee	er			organizatione
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(27) FRANCENA MARIE LOWE	40.00									
SENIOR VICE PRESIDENT				Х				192,775.	0.	3,638
(28) JANE GRAF	40.00									
CHIEF EXECUTIVE OFFICER				Х				341,529.	0.	12,175
(29) JOHN MARCOLINA	40.00									
/ICE PRESIDENT				Х				150,676.	0.	39,275
(30) MARK ANGELINI	40.00									
SENIOR VICE PRESIDENT				Х				192,056.	0.	37,525
(31) MELISSA CLAYTON	40.00									
SENIOR VICE PRESIDENT				х				198,698.	0.	27,225
(32) MICHELE MAMET	40.00									
SENIOR VP/CHIEF ADMIN OFFICER				Х				246,114.	0.	40,016
(33) RON JACKSON	40.00							100 001		05 00
VICE PRESIDENT/SECRETARY	40.00			X				136,291.	0.	25,804
(34) STEVE SPEARS	40.00								0	44.000
SENIOR VP/CHIEF FINANCIAL OFFICER	40.00			X				285,664.	0.	44,969
(35) VAL AGOSTINO	40.00							001 107	0	00 142
SENIOR VICE PRESIDENT	40.00			Х				201,197.	0.	20,143
(36) VINCE DODDS	40.00			v				101 725	0	22 22
VICE PRESIDENT (37) EDWARD HOLDER	40.00			Х				184,725.	0.	33,324
,	40.00					x		106 960	0	27 500
EMPLOYEE (38) DAVID GRAHAM LYON	40.00					<u>^</u>		196,869.	0.	37,509
EMPLOYEE	40.00					x		173,453.	0.	38,444
(39) CHAD LEVERENZ	40.00					^		1/3,433.	0.	50,444
EMPLOYEE						x		141,559.	0.	3,659
(40) GUNNAR TANDE	40.00					- 23		141,555.	••	5,055
EMPLOYEE	40.00					x		135,033.	0.	32,159
(41) DAVID FERNANDEZ	40.00							200,0000		027203
EMPLOYEE		1				x		129,131.	Ο.	13,160
		1								
	_									
otal to Part VII, Section A, line 1c								2,905,770.		409,025

632201 04-01-16

		Check if Schedule O cont				(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluc from tax unde sections 512 - 514
1	1 a	Federated campaigns		1a					
1	b	Membership dues		1b					
	с	Fundraising events		1c					
	d	Related organizations		1d	2,910,917.				
	е	Government grants (contribut	ions)	1e					
	f	All other contributions, gifts, gran	nts, and						
		similar amounts not included abo	ve	1f	7,306,885.				
	g	Noncash contributions included in lines	1a-1f: \$						
	h	Total. Add lines 1a-1f				10,217,802.			
					Business Code				
2	2 a	INSURANCE REIMB. FROM	PROPERI	IES	531390	8,437,890.	8,437,890.		
	b	SERVICE FEES			531390	3,391,516.	3,391,516.		
	с	INTEREST			531390	771,636.	771,636.		
	d	MISCELLANEOUS REVENUE			531390	101,035.	101,035.		
2	е	LEASE INCOME			531390	43,829.	43,829.		
	f	All other program service reve	enue		531390	-251,825.	-251,825.		
		Total. Add lines 2a-2f				12,494,081.			
3		Investment income (including							
		other similar amounts)				612,867.			612,8
4	1	Income from investment of ta							
5	5	Royalties			🕨 🚺				
		-		Real	(ii) Personal				
6	Зa	Gross rents							
		Less: rental expenses							
		Rental income or (loss)							
		Net rental income or (loss)							
7		Gross amount from sales of		urities	(ii) Other				
_		assets other than inventory							
	b	Less: cost or other basis							
	~	and sales expenses							
	с	Gain or (loss)							
		Net gain or (loss)							
8		Gross income from fundraisin							
		including \$		of					
		contributions reported on line							
		Part IV, line 18	'						
	h	Less: direct expenses		• •					
		Net income or (loss) from fund			· · · · · · · · ·				
q		Gross income from gaming ad	•						
"		Part IV, line 19							
	h	Less: direct expenses							
		Net income or (loss) from gam							
10		Gross sales of inventory, less							
	<i>.</i> a	and allowances							
	<b>۲</b>	Less: cost of goods sold							
-	C	Net income or (loss) from sale Miscellaneous Revenu		nory .	Business Code				
44	1 ~	wiscellaneous Revenu			Dusilless Coue				
1 11	1a ⊾								
	b								
	C.	All all an							
		All other revenue							
		Total. Add lines 11a-11d					10,404,004		
	2	Total revenue. See instructions.				23 324 750	12,494,081.	0	. 612,8

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2016.04013 MERCY HOUSING INC

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Form 990 (2016) MERCY H
Part VIII Statement of Revenue

MERCY HOUSING INC

Form 990 (2016) MERCY HOUSING
Part IX Statement of Functional Expenses MERCY HOUSING INC 47-0646706 Page 10

<u>Sect</u>	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor		•	nplete column (A).	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	1,759,065.	1,759,065.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,572,253.	590,820.	1,639,904.	341,529.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,831,419.	1,867,528.	5,846,219.	117,672.
8	Pension plan accruals and contributions (include	046 705	<i>c</i> · · · · -		10 000
	section 401(k) and 403(b) employer contributions)	246,723.	64,637.	169,854.	12,232.
9	Other employee benefits	749,039.	260,484.	439,466.	49,089.
10	Payroll taxes	717,721.	161,450.	534,874.	21,397.
11	Fees for services (non-employees):	420.020	100 017		
а	Management	438,932.	100,217.	309,508.	29,207.
b	3	756,013.	1,603.	754,410.	212
	Accounting	91,751.	332.	91,106.	313.
	Lobbying				
e	<b>,</b>				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	350,172.	45,489.	303,183.	1 500
10	column (A) amount, list line 11g expenses on Sch O.)	148,706.	6,170.	142,536.	1,500.
12	Advertising and promotion	854,419.	83,275.	738,910.	32,234.
13 14	Office expenses Information technology	810,435.	36,481.	770,218.	3,736.
15	Royalties	010/1000	50,1010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	577501
16	Occupancy	499,776.	41,959.	437,442.	20,375.
17	Travel	612,730.	326,513.	163,226.	122,991.
18	Payments of travel or entertainment expenses				,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,381.	6,482.	6,157.	6,742.
20	Interest	1,027,401.	-	1,027,401.	-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,409.		23,409.	
23	Insurance	18,011.	3,064.	14,947.	
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 0.)				
а	INSURANCE EXP FOR PROPE	3,490,900.	3,490,900.		
b	CONTRACT LABOR-TEMP	530,637.	388,222.	140,712.	1,703.
С	MISCELLANEOUS ADMIN	404,573.	49,962.	354,811.	-200.
d	BANK SERVICE CHARGES	362,058.	100 041	362,058.	
	All other expenses	-10,815,998.	-189,241.	-10,109,262.	-517,495.
25	Total functional expenses. Add lines 1 through 24e	13,499,526.	9,095,412.	4,161,089.	243,025.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
63204	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2016)
0320 I	0 11-11-10	11			10111 000 (2010)

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2016.04013 MERCY HOUSING INC

# Form 990 (2016) MERCY HOUSING INC Part X Balance Sheet

47-0646706	Page <b>11</b>

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	30,089,309.	2	25,881,453.
	3	Pledges and grants receivable, net	2,550,135.	3	1,600,135.
	4	Accounts receivable, net		4	3,539,690.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	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			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	8,099,475.	7	11,353,261.
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1 000 670	9	1,663,677.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a4,754,792Less: accumulated depreciation10b3,798,118	•		
	b	Less: accumulated depreciation 10b 3,798,118	. 926,414.	10c	956,674.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	7,927,640.	13	9,000,094.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	19,838,935.	15	19,958,783.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	73,953,767.
	17	Accounts payable and accrued expenses	5,874,822.	17	5,211,564.
	18	Grants payable		18	
	19	Deferred revenue	8,430,954.	19	4,727,189.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
liti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	21,053,703.	24	18,363,377.
	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	10 500 550		11 500 450
		Schedule D		25	11,520,453.
	26	Total liabilities. Add lines 17 through 25	47,942,038.	26	39,822,583.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
es		complete lines 27 through 29, and lines 33 and 34.	10 400 170		20 401 662
anc	27	Unrestricted net assets		27	29,401,663.
Bali	28	Temporarily restricted net assets		28	3,974,521.
Гри	29	Permanently restricted net assets	755,000.	29	755,000.
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here			
ŗ		and complete lines 30 through 34.			
iets	30	Capital stock or trust principal, or current funds		30	
Ase	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	34,131,184.
~	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	/4,44/,390.	34	73,953,767. Form <b>990</b> (2016)

Form **990** (2016)

	990 (2016) MERCY HOUSING INC	<u>47-</u>	064670	<u>б</u>	<sub>age</sub> 12
Pa	rt 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	23,3		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,4		
3	Revenue less expenses. Subtract line 2 from line 1	3			224.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,3	05,	960.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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	34,1	31,	184.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	3	<u> </u>
	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?		<u>2</u> t	s X	
	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 X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			; X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi			
	Act and OMB Circular A-133?		38	a X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require			v	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				) (2016)

Form **990** (2016)

(Form	990	or	990-	EZ)
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### **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.

Open	to	Publi
Ins	peo	ction

OMB No. 1545-0047

2016

Department of the Treasury In

Internal I	Reven	nue Service	Informati	on about Schedule A (	Form 990 or 990-EZ) and i	ts instruction	ons is at w	/ww.irs.gov/fc	rm990.	Inspection
Name	of t	he organizati	on						Employer	identification numbe
				Y HOUSING						7-0646706
Part	tl	Reason	for Public (	Charity Status 🖉	All organizations must co	omplete th	is part.) Se	ee instruction	5.	
The or	rgani	ization is not a	private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1 [			-		n of churches described	•		1)(A)(i).		
2					Attach Schedule E (Form					
з [					anization described in se			ii).		
4		-	-		njunction with a hospital			-	)(iii). Enter	the hospital's name,
		city, and state	•	•	, ,				~ /	. ,
5 [		•		or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
• -		•	•	Complete Part II.)	9,,					
6					nental unit described in	section 17	70(h)(1)(A)	(v)		
7				-	ntial part of its support fr				no general r	public described in
' _		-		omplete Part II.)	ntial part of its support if	onna gove	annentai		le general j	
• [		-			(1)(A)(wi) (Complete Der	• 11 \				
8 L 9 [		-			(1)(A)(vi). (Complete Parties 170(b)(1)(4)(4)		ad in aanii	upotion with o	land grapt	aallaga
9 [		-	-	-	in section 170(b)(1)(A)(		-		-	-
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
<b>10</b> [	v	university:								
10	X	-			than 33 1/3% of its supp				-	•
					t to certain exceptions,					-
					(less section 511 tax) fro	m busines	sses acqui	red by the ore	ganization a	ifter June 30, 1975.
				mplete Part III.)						
11		-	-	-	vely to test for public sat	•				
12 🗌		-	-	-	vely for the benefit of, to	-			•	
				-	d in section 509(a)(1) o					Check the box in
		7	•	• •	f supporting organizatior		-		-	
а		<b>Type I.</b> A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the support	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	Ipporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A s	supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
С		Type III fur	nctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its supporte	ed organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
		requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
е		Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	<sup>,</sup> integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.			
f	Ente	er the number	of supported o	organizations						
g	Prov	/ide the followi	ng information	about the supporte						
	(i	i) Name of suppo	orted	(ii) EIN	(iii) Type of organization	(iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organization	I		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions
<b>T</b>										
Total										

Schedule A (Form 990 or 990-EZ) 2016 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 14

#### Schedule A (Form 990 or 990-EZ) 2016 MERCY HOUSING INC

47-0646706 Page 2

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.)

Sec	tion A. Public Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					-	
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	<b></b>	<b></b>	1	1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
0	organization, check this box and stop	here					
	tion C. Computation of Publi					1 1	
	Public support percentage for 2016 (I		•			14	%
	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the o				14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2015. If the o				d line 15 is 33 1/3%	% or more, check th	nis box
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	his box and stop	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances test	- 2015. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
b	10% -facts-and-circumstances test more, and if the organization meets the second secon	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Expla	in in Part VI how th	
	10% -facts-and-circumstances test	ne "facts-and-circu cumstances" test.	mstances" test, cl The organization o	neck this box and qualifies as a publi	stop here. Expla	in in Part VI how th anization	e ►

Schedule A (Form 990 or 990-EZ) 2016

632022 09-21-16

#### Schedule A (Form 990 or 990 EZ) 2016 MERCY HOUSING INC

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

47-0646706 Page 3

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1503872.	3700214.	6909558.	8917305.	10217802.	31248751.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1723254.	2977151.	4598819.	9530488.	12494081.	31323793.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
5	or expended on its behalf The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	3227126.	6677365.	11508377.	18447793.	22711883.	62572544.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		29,610.	437,136.			466,746.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		941,574.	342,057.	47,683.	773,649.	
	Add lines 7a and 7b		971,184.	779,193.	47,683.		2571709.
8 Sec	Public support. (Subtract line 7c from line 6.)						60000835.
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	3227126.	6677365.	11508377.	18447793.	22711883.	62572544.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	426,504.	385,643.	1492416.	632,239.	612,867.	3549669.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	426,504.	385,643.	1492416.	632,239.	612,867.	3549669.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		948,188.				948,188.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3653630.		13000793.	19080032.	23324750.	
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiza	ation,
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2016 (li			olumn (f))		15	89.46 %
	Public support percentage from 2015					16	80.55 %
	ction D. Computation of Inves		•				E 20
	Investment income percentage for 20		'			17	<u>5.29 %</u> 6.31 %
	Investment income percentage from 2			n line 14 and line		<b>18</b>	
19a	<b>33 1/3% support tests - 2016.</b> If the						
<b>h</b>	more than 33 1/3%, check this box ar	-					
a	33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 09-21-16	and not oncord a	55X 611 mile 14, 186				) or 990-EZ) 2016
			16				,

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

632024 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations		I	
			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? 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.	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? 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.	2		
Sec	tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		.03	
•	or trustees of each of the organization's supported organization(s)? 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).	1		
Sec	tion 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		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
U	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? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	5		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.	10113).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
-	the supported organization(s) to which the organization was responsive? 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.	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? 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.	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? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
632025	1 09-21-16 Schedule A (Form 9		0-EZ)	2016
_020	18		,	

17390814 147227 0017693-0051487.0990 2016.04013 MERCY HOUSING INC

Sect	ion 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		
ect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
ect	ion 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			
	amorganey temperany reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

### Schedule A (Form 990 or 990 EZ) 2016 MERCY HOUSING INC

1

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

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

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

7

instructions).

Schedule A (Form 990 or 990-EZ) 2016	MERCY	HOUSING	INC
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	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
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	ne organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		-	
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
с	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

Part VI Supplemental Inform	nation D	and the state of t	
Schedule A (Form 990 or 990-EZ) 2016	MERCY	HOUSING	INC

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A (Form 990 or 990-EZ) 20

### Schedule A

### Payments from Disqualified Persons Included on Part III, Line 7a

2016

** Do Not File **	
Not Open to Public Inspection	***

\*\*\*

Payer's Name	2012 Amount	2013 Amount	2014 Amount	2015 Amount	2016 Amount
GOOGLE INC.	0.	0.	437,136.	0.	0.
BARRY ZIGAS	0.	7,500.	0.	0.	0.
JANE GRAF	0.	17,110.	0.	0.	0.
YVONNE CAMACHO	0.	5,000.	0.	0.	0.
Total to Schedule A, Part III, Line 7a		29,610.	437,136.		

623172 04-01-16

Schedule A

### Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2016

\*\* Do Not File \*\*
\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2012 Amount	2013 Amount	2014 Amount	2015 Amount	2016 Amount
MERCY HOUSING SOUTHEAST	0.	0.	305,242.	47,683.	17,745.
MERCY PORTFOLIO				,	<b>/</b>
SERVICES	0.	227,375.	0.	0.	0.
MERCY HOUSING		,			
MANAGEMENT GROUP	0.	0.	36,815.	0.	0.
MERCY PROPERTIES			,		
WASHINGTON	0.	59,588.	0.	0.	0.
MERCY HOUSING WEST	0.	576,145.	0.	0.	521,323.
SOUTH OF MARKET		,			
MERCY HOUSING	0.	30,601.	0.	0.	0.
CALWEST	0.	38,525.	0.	0.	209,558.
MERCY HOUSING		50,525.	<b>.</b>		205,550.
COLORADO GP	0.	9,340.	0.	0.	0.
MPI	0.	0.	0.	0.	25,023.
Total to Schedule A, Part III, Line 7b		941,574.	342,057.	47,683.	773,649.

## Schedule A

632251 04-01-16

### Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

47-0646706

	** Do Not File **	
***	Not Open to Public Inspection	***

Payer's Name	Amount Received in 2016	2016 Excess Payments
MERCY HOUSING SOUTHEAST	250,993.	17,745
MERCY HOUSING WEST	754,571.	521,323
CALWEST	442,806.	209,558
MPI	258,271.	25,023
otal Excess Payments to Schedule A, Part III, Line 7b, column (e)		773,649

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

### Schedule of Contributors

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 .

OMB No. 1545-0047

2016

Employer identification number

47-0646706

Name	of the	organia	zation

Organization type (check one):

#### MERCY HOUSING INC

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't 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 exclusively religious is charitable, etc., be successible to the parts unless to the parts unless the the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successible to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be total contributions totaling \$5,000 or more during the year for an exclusively total contributions total total total total total total contributions total total to the parts unless to the parts unless the total contributions total total to the parts unless total t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

MERCY HOUSING INC

Employer identification number

47-0646706

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHP/MERCY HOUSING SOUTHEAST 6521 NORTH AVENUE, SUITE A 150 ATLANTA, GA 30308	\$ <u>121,282.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HELEN M DUNLAP 104 E 32ND STREET CHICAGO, IL 60616	\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SCHWAB CHARITABLE 211 MAIN STREET, FLOOR 10 SAN FRANCISCO, CA 94105	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CAPITAL ONE GRANT 1680 CAPITAL ONE DRIVE MCLEAN, VA 22102-3491	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NATION AFFORDABLE HOUSING TRUST INCOME 2245 N BANK DRIVE, SUITE 200 COLUMBUS, OH 43220	\$ <u>61,863.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-18	DIGNITY HEALTH 185 BERRY STREET, SUITE 300 SAN FRANCISCO, CA 94107	\$ <u>200,000.</u> Schedule B (Form 9	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

17390814 147227 0017693-0051487.0990 2016.04013 MERCY HOUSING INC

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

#### Name of organization

MERCY HOUSING INC

Page **2** 

Employer identification number

47-0646706

(a)     (b)     Name, address, and ZIP + 4     Total contributions     Type of contributions       7     BANK OF AMERICA FOUNDATION     s     300,000.     Person X Payroll Networks       125 DUPONT DRIVE, RI 1-121-01-30     s     300,000.     Person X Payroll Networks       PROVIDENCE, RI 02907     (a)     (c)     (d)       (a)     (b)     (c)     (c)     (d)       No.     Name, address, and ZIP + 4     Total contributions     Person X Payroll Networks       (a)     (b)     (c)     (c)     (d)       No.     Name, address, and ZIP + 4     Total contributions     Person X Payroll Networks       (a)     (b)     (c)     (c)     (d)       (a)     (b)     (c)     (c)     (d)       No.     Name, address, and ZIP + 4     Total contributions     Person X Payroll Networks       (a)     (b)     (c)     (c)     (d)     Type of contributions       (a)     (b)     (c)     (c)     (d)     Type of contributions       (a)     Name, address, and ZIP + 4     Total contributions     Person X Payroll Networks       (a)     Name, address, and ZIP + 4     Total contributions     Person X Payroll Networks       (a)     Name, address, and ZIP + 4     Total contributions     Person X	Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
125 DUPONT DRIVE, RI 1-121-01-30       \$				
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       8     FIDELITY CHARITABLE     Payroll     Payroll     Payroll     Payroll     Payroll     Payroll     Complete Part II for noncesh contributions.)       (a)     (b)     (c)     (d)     (d)     Total contributions     Type of contributions.)       9     TERRA SEARCH PARTNERS     (c)     (d)     (d)     Person     Payroll       601     MONTGOMERY STREET, SUITE 1090     \$     10,000.     Payroll     Nonceash     Complete Part II for nonceash contributions.)       (a)     Nonce (b)     (c)     (c)     (d)     Nonceash     Complete Part II for nonceash contributions.)       (b)     Nonce (c)     (c)     (d)     Nonceash     Complete Part II for nonceash contributions.)       (a)     Name, address, and ZIP + 4     Total contributions     Type of contributions.)       (b)     Nonceash     (c)     (d)       No.     Name, address, and ZIP + 4     Total contributions     Payroll       10     EDGEWOOD PARTNERS INSURANCE CENTER     Person     X       PO BOX 511389     (b)     (c)     Total contributions     Payroll       IOS ANGELES, CA 90051-7944     Total contributions     Type of contributions.)       (a)     (b)<	7	125 DUPONT DRIVE, RI 1-121-01-30	\$ <u>300,000.</u>	Payroll   Noncash   mplete Part II for
8       FIDELITY CHARITABLE       Person       Person       Payroll         9.0. BOX 770001       CINCINNATI, OH 45277-0053       \$				
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       9     TERRA SEARCH PARTNERS     \$ 10,000.     Person X       601 MONTGOMERY STREET, SUITE 1090     \$ 10,000.     Payroll       SAN FRANCISCO, CA 94111     \$ 00.00.     (c)     (d)       (a)     (b)     (c)     (d)       10     EDGEWOOD PARTNERS INSURANCE CENTER     Person X     Payroll       PO BOX 511389     (c)     (d)     Type of contributions.)       (a)     (b)     (c)     (d)       No.     Name, address, and ZIP + 4     Total contributions     Person X       PO BOX 511389     (c)     (d)     Type of contributions.)       (a)     (b)     (c)     (d)       No.     Name, address, and ZIP + 4     Total contributions     Person X       (a)     (b)     (c)     (d)     Type of contributions.)       (a)     (b)     (c)     (d)     Type of contributions.)       11     COHNREZNICK     15,000.     Person X       4     BECKER FARM ROAD     \$ 15,000.     (Complete Part II for noncash contributions.)       (a)     (b)     (c)     (c)     (d)       No.     Name, address, and ZIP + 4     Total contributions.)     (Complete Part II for noncash contribution		FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277-0053	\$5,000.	Person X Payroll Noncash mplete Part II for cash contributions.)
601 MONTGOMERY STREET, SUITE 1090       \$ 10,000.       Payroll Noncash         (a)       (b)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Person X         10       EDGEWOOD PARTNERS INSURANCE CENTER       Person X       Payroll (d)         PO BOX 511389       \$ 35,000.       Person X         LOS ANGELES, CA 90051-7944       Cc)       (d)         11       COHNREZNICK       (c)       (d)         4 BECKER FARM ROAD       \$ 15,000.       Complete Part II for noncash contributions.)         (a)       (b)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Complete Part II for noncash contributions.)         (a)       (b)       (c)       (d)       Type of contributions         11       COHNREZNICK       Person X       Payroll Noncash Contributions         (a)       (b)       (c)       (c)       (d)         No.       NJ 07068       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Complete Part II for noncash contributions.)         (a)       (b) <td></td> <td></td> <td></td> <td></td>				
No.       Name, address, and ZIP + 4       Total contributions       Type of contribution         10       EDGEWOOD PARTNERS INSURANCE CENTER       Person X       Payroll Payroll       Payroll Payroll         10       EDGEWOOD FARTNERS INSURANCE CENTER       \$ 35,000.       Person X       Payroll Payroll         10       LOS ANGELES, CA 90051-7944       \$ (c)       (d)       (complete Part II for noncash contributions.)         (a)       (b)       (c)       (d)       Type of contribution         11       COHNREZNICK       \$ 15,000.       Person X         4       BECKER FARM ROAD       \$ 15,000.       (Complete Part II for noncash contributions.)         (a)       (b)       (c)       (c)       (d)         No.       NJ 07068       \$ 15,000.       (Complete Part II for noncash contributions.)         (a)       (b)       (c)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       (Complete Part II for noncash contributions.)         (a)       (b)       (c)       (d)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Payroll       Noncash (c)         112       CATHOLIC HEALTH INITIATIVES       Person X       Person X </td <td>9</td> <td>601 MONTGOMERY STREET, SUITE 1090</td> <td>\$ <u>10,000.</u></td> <td>Payroll   Noncash   mplete Part II for</td>	9	601 MONTGOMERY STREET, SUITE 1090	\$ <u>10,000.</u>	Payroll   Noncash   mplete Part II for
PO BOX 511389       \$ 35,000.       Payroll         LOS ANGELES, CA 90051-7944       \$ 0000       (c)       (c)         (a)       (b)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Person       X         11       COHNREZNICK       \$ 15,000.       Person       X         4       BECKER FARM ROAD       \$ 15,000.       Person       X         ROSELAND, NJ 07068       (c)       (d)       (c)       (d)         (a)       (b)       (c)       (d)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Person       X         12       CATHOLIC HEALTH INITIATIVES       Person       X				
No.       Name, address, and ZIP + 4       Total contributions       Type of contribution         11       COHNREZNICK       Person X       Payroll       Payroll       Payroll       Payroll       Payroll       Payroll       Payroll       Noncash       Payroll       Noncash       Payroll       Noncash       Complete Part II for noncash contributions.)       (Complete Part II for noncash contributions.)       (Complete Part II for noncash contributions.)       (d)         (a)       (b)       (c)       (d)       Type of contributions         12       CATHOLIC HEALTH INITIATIVES       Person X       Person X	10	PO BOX 511389	\$S,000.	Payroll   Noncash   mplete Part II for
4       BECKER FARM ROAD       \$ 15,000.       Payroll         Noncash       (Complete Part II for noncash contributions.)         (a)       (b)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Type of contribution         12       CATHOLIC HEALTH INITIATIVES       Person X				
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       12     CATHOLIC HEALTH INITIATIVES     Person X		4 BECKER FARM ROAD	\$ <u>15,000.</u>	Payroll Noncash mplete Part II for
12     CATHOLIC HEALTH INITIATIVES     Person     X				
198 INVERNESS DR. WEST       \$		CATHOLIC HEALTH INITIATIVES	\$500,000.	Person X Payroll Noncash mplete Part II for
ENGLEWOOD, CO 80112         noncash contributions.)           623452         10-18-16         Schedule B (Form 990, 990-EZ, or 990-PF) (201	623452 10-18			

17390814 147227 0017693-0051487.0990

27 2016.04013 MERCY HOUSING INC

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

#### Name of organization

Page **2** 

Employer identification number

MERCY HOUSING INC

47-0646706

Part I	Contributors (See instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY 1340 13TH STREET COLUMBUS, GA 31901	\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	PLAZA MARIA, LLC 115 E REED STREET SAN JOSE, CA 95112	\$2,789,636.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	FRANCISCAN MINISTRIES, INC. 110 COMPTON ROAD CINCINNATI, OH 45215	\$6,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	PNC FOUNDATION ONE NORTH FRANKLIN, SUITE 2900 CHICAGO, IL 60606	\$42,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-18		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

17390814 147227 0017693-0051487.0990

28 2016.04013 MERCY HOUSING INC

Schedule B (For	m 990, 990 <sup>.</sup>	-EZ, or 990-I	PF) (2016)
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Name of organization

Employer identification number

47 - 0646706

MERCY HOUSING INC

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

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

17390814 147227 0017693-0051487.0990

29 2016.04013 MERCY HOUSING INC

	IOUSING INC		47-0646706
rt III	the year from any one contributor. Complete	columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 fo
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)
No.	Use duplicate copies of Part III if addition	al space is needed.	
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
_			
			<u> </u>
		(e) Transfer of gi	nt.
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
_		[	
-		[	
No.			
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
_   -			
-			
		(e) Transfer of git	ft
		(-,	-
	Transferee's name, address, a	nd <b>ZIP</b> + 4	Relationship of transferor to transferee
-		[	
-			
-			
No. om	(h) Durness of sift		(d) Deceription of how sift is hold
art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-   -			
		(e) Transfer of gi	ft
	Transferee's name, address, a		Relationship of transferor to transferee
-			
No			1
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_   _			
_			
		(e) Transfer of gi	ht state of the st
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		
	,		
-			
-			

17390814 147227 0017693-0051487.0990

SC	HEDULE D		al Financial Statements		OMB No. 1545-0047
(Forr	n 990)	Complete if the org	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2016
Depart	ment of the Treasury		Attach to Form 990.		Open to Public
-	I Revenue Service		m 990) and its instructions is at <i>www.irs.</i>	•	Inspection
Nam	e of the organization			Emplo	over identification number
Pa	t I Organiza	MERCY HOUSING INC	d Funds or Other Similar Funds o	r Accounts	<u>47-0646706</u>
Га		-		Account	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(h) Funds	and other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	•		writing that the assets held in donor advised		
•			exclusive legal control?		Yes No
6	•	<b>u</b>	dvisors in writing that grant funds can be us		
			r donor advisor, or for any other purpose co	0	
Pa					Yes No
			ganization answered "Yes" on Form 990, Pa	art IV, line 7.	
1		servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·		
		of land for public use (e.g., recreation or e	, <u> </u>	• •	
		f natural habitat	Preservation of a certifi	ed historic str	ructure
		of open space			
2	·	• • •	ied conservation contribution in the form of		
	day of the tax year				leld at the End of the Tax Year
а					
b	•				
С	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	<u>2c</u>	
d			after 8/17/06, and not on a historic structure		
	listed in the Nation	nal Register		2d	
3	Number of conservery year	vation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization du	uring the tax
4	Number of states v	where property subject to conservation eas	sement is located		
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
		orcement of the conservation easements it			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser		
	•				
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservatio	n easements	during the year
	▶\$				
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	(4)(B)(i)	
			· · · · · · · · · · · · · · · · · · ·		Yes No
9			on easements in its revenue and expense st		
		-	tion's financial statements that describes th		
	conservation ease	· •		0	Ū
Pa			Art, Historical Treasures, or Oth	er Similar <i>I</i>	Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	nt and balanc	e sheet works of art,
	historical treasures	s, or other similar assets held for public ext	nibition, education, or research in furtherance	e of public se	rvice, provide, in Part XIII,
	the text of the foot	note to its financial statements that descri	bes these items.	-	
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance sh	eet works of art, historical
	-		ducation, or research in furtherance of publi		
	relating to these ite			, i -	<b>U</b>
	-			▶ \$	
2			asures, or other similar assets for financial g		
-		unts required to be reported under SFAS 1		, ,,,	
а	-			▶ \$	
		eduction Act Notice, see the Instructions			chedule D (Form 990) 2016
	1 08-29-16				

2	1
J	÷

Sche		OUSING INC					646706	
Par	t III Organizations Maintaining C	ollections of Art,	Historical Tre	easures, o	r Other S	imilar Asse	ets (continu	ued)
3	Using the organization's acquisition, accessi	on, and other records,	check any of the	following that	t are a signi	ficant use of its	s collection i	tems
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange progra	ams			
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain h	ow they further th	ne organizatio	on's exempt	t purpose in Pa	art XIII.	
5	During the year, did the organization solicit o	r receive donations of a	art, historical trea	sures, or othe	er similar as	sets		
	to be sold to raise funds rather than to be ma	aintained as part of the	organization's co	llection?		[	Yes	No
Par	t IV Escrow and Custodial Arran	gements. Complete	if the organizatio	on answered '	"Yes" on Fo	orm 990, Part I	/, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermediar	y for contribution	s or other as	sets not inc	luded		
	on Form 990, Part X?					l	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	wing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F	orm 990, Part X, line 21	, for escrow or c	ustodial acco	unt liability?	?	Yes	No No
	If "Yes," explain the arrangement in Part XIII.							
Par	<b>t V</b> Endowment Funds. Complete i							
		(a) Current year	(b) Prior year	(c) Two yea	rs back <b>(d</b>	Three years bad	ck (e) Four	years back
<b>1</b> a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	•	ine 1g, column (a	)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organization	on that are held a	nd administer	red for the o	organization	-	
	by:							Yes No
	(i) unrelated organizations						3a(i)	
b	If "Yes" on line 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the		nent funds.					
Par	t VI Land, Buildings, and Equipm					10		
	Complete if the organization answere							
	Description of property	(a) Cost or othe	• • •	t or other		umulated	<b>(d)</b> Book	value
		basis (investme		(other)	depre	eciation	0	000
	Land			5,000.	-	1 740	800	<u>,000.</u>
	Buildings		/	1,748.	/	1,748.		0.
	Leasehold improvements		2 0 0	0 0 4 4	2 7 7	6 270	1 0 1	671
	Equipment		3,82	8,044.	3,12	86,370.	TOT	,674.
	Other						0 5 6	674
<u>i ota</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	<u>column (B), line 1</u>	0c.)	<u></u>			674.
						Schedu	ule D (Form	990) 2016

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) INVESTMENTS - PROGRAM	0 000 004		
(2) RELATED	9,000,094.	COST	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	9,000,094.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	9,000,094.		
Complete if the organization answered "Yes"	on Form 000 Part IV line :	11d Soo Form 900 Part V line 15	
	Description	11d. See 1 0111 330, 1 art X, inte 13.	(b) Book value
(1) DUE FROM AFFILIATES			13,074,718.
(2) LOAN TO AFFILIATES			6,884,065.
(3)			0,001,003.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	Þ	19,958,783.
Part X Other Liabilities.	, 19.J	F	- / /
Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>.</sup>	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	1	1,373,006.	
(3) ACCRUED INTEREST		147,447.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) 🕨 1	1,520,453.	
2 Liability for uncertain tax positions. In Part XIII, provide	,	the organization's financial statements th	at reports the

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 X

Schedule D (Form 990) 2016

632053 08-29-16

Sche	dule D (Form 990) 2016 MERCY HOUSING INC		47-0646706 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	· · · · · · · · · · · · · · · · · · ·	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
С	Other losses		
d			
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	? <u>.)</u>	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## 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, 2016. 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 INTERAL REVENUE SERVICE FOR A PERIOD OF
632054 08-29-16 Schedule D (Form 990) 2016 34
390814 147227 0017693-0051487.0990 2016.04013 MERCY HOUSING INC 001769

Part XIII Supplemental Information (continued)

### THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY

#### THE INTERNAL REVENUE SERVICE, TAX YEARS SINCE 2013 REMAIN OPEN.

Schedule D (Form 990) 2016

632055 08-29-16

SCHEDULE I								L	OMB No. 1	545-0047
(Form 990)									20	16
Governments, and Individuals in the United States           Complete if the organization answered "Yee" on Form 990, Part IV, line 21 or 22.           Department of the inseasy literal Herenes Service           Name of the organization           Mathemate Service           Information about Schedule I (Form 990) and its instructions is at www.is.gov/form990.           Temploy           Mathemate Service           Mathemate Service           Partial Ceneral Information on Grants and Assistance           Complete if the organization answered "Yee" on Form 990, Part IV, line.           Ceneral Information on Grants and Assistance?           Constant Other Assistance to Domestic Organizations and Domestic Governments.         Complete if the organization answered "Yee" on Form 990, Part IV, line.           Constant Other Assistance to Domestic Organization and Domestic Governments.         Complete if the organization answered "Yee" on Form 990, Part IV, line.           Constant Other Assistance to Domestic Organization and Domestic Governments.         Complete if the organization in the United States.           Part IV the organization and Other Assistance to Domestic Organization and Domestic Governments.         Complete if the organization answered "Yee" on Form 990, Part IV, line.           Colsp		Open to Public Inspection								
	on		on about Schedule I	(Form 990) and its	Instructions is at	www.irs.gov/form99	0.	Employer i	-	
-									47-064	
			amount of the grants	ar assistance, the	avantaaa' aliaihilitu	for the grante or easi				
									X Yes	No
2 Describe in Part	IV the organization's pro	cedures for monito	oring the use of grant	funds in the United	States.				-	
		-				anization answered "Y	es" on Form 990, Par	t IV, line 21, f	or any	
						(f) Method of	(a) Description of	(h)	urpose of g	ront
	ş	( <b>b)</b> Ein	• •		non-cash	FMV, appraisal,			r assistance	
NED GU HOHGING I NY										
	<i>'</i>	36-3453183	501(C)(3)	108,034.	0.			LOW-INCOM	E HOUSIN	3
	1112 1000	20-1583332	501(C)(3)	23,700.	0.			LOW-INCOM	E HOUSING	3
· · · · ·										
	,	94-3081666	501(C)(3)	138 000	0			LOW-INCOM	E HOUSTN	7
		21 0001000								
MERCY HOUSING SOU	THEAST									
	,	56 1000050		64.455					-	~
ATLANTA, GA 30308		56-1993872	501(C)(3)	64,457.	0.			LOW-INCOM	E HOUSING	3
MERCY PORTFOLIO S	ERVICES									
120 SOUTH LASALLE	STREET, SUITE 185									
CHICAGO, IL 60603		26-4002114	501(C)(3)	1,340,408.	0.			LOW-INCOM	E HOUSING	G
MERCY HOUSING NOR	THWEST									
2505 THIRD AVENUE										
SEATTLE, WA 98121	-	91-1546525	501(C)(3)	45,109.	0.			LOW-INCOM	E HOUSIN	
	per of section 501(c)(3) an	0		e line 1 table						8.
3 Enter total numb	er of other organizations	listed in the line 1	table					🕨		

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

### MERCY HOUSING INC

chedule I (Form 990) MERCY HC	DUSING INC er Assistance to Gov	vernments and Orga	nizations in the Un	ited States (Scho	edule I (Form 990), Pa		27-0646706 P
(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
ERCY HOUSING SOUTHWEST 999 BROADWAY, SUITE 1000 DENVER, CO 80202	86-0743192	501(C)(3)	10,350.	0.			LOW-INCOME HOUSING
IISCELLANEOUS < \$5,000 .999 BROADWAY, SUITE 1000							
DENVER, CO 80202			18,657.	0.			LOW-INCOME HOUSING
MERCY HOUSING MIDWEST 1999 BROADWAY, SUITE 1000				_			
DENVER, CO 80202	47-0772351	501(C)(3)	10,350.	0.			LOW-INCOME HOUSING

Schedule I (Form 990)

632102 11-01-16

# 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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

38

**Part IV** Supplemental Information. 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 PORJECTS OR OTHER RESTRICTED OPERATING AND PROGRAM ACTIVITIES

### AND THE ORGANIZATION PASSES THE CONTRIBUTION TO A RELATED ENTITY IN

### ACCORDANCE WITH THE DONOR RESTRICTION.

MERCY HOUSING INC

SC	HEDULE J Compensation Information				1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	16	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IU	)
Depar	tment of the Treasury	Attach to Form 990.		Open to		ic
Intern	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		Inspe		
Nam	e of the organizatio			identificatio		nber
		MERCY HOUSING INC	47-0	064670	6	
Ра	rt I Question	s Regarding Compensation				
	<b>o</b>				Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o					
	Travel for com					
	<b>X</b> Discretionary	cation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as, maid, chauffe	ur, chei)			
h	If any of the house	on line to are checked, did the exception follow a written policy recording powerst or				
a	•	on line 1a are checked, did the organization follow a written policy regarding payment or		46	Х	
0		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>	Δ	
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
	trustees, and onice				21	
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organiza	tion's			
U		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.	51110			
	Compensation					
	·	compensation consultant X Compensation survey or study				
	·	ther organizations $X$ Approval by the board or compensation c	ommittee			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	-	e payment or change-of-control payment?		4a		X
b		ceive payment from, a supplemental nonqualified retirement plan?				x
		ceive payment from, an equity-based compensation arrangement?				x
		nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	•					X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	net earnings of:				
а	The organization?	· · · · · · · · · · · · · · · · · · ·		6a		X
		ation?				X
		pr 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n <b>990</b> )	2016

632111 09-09-16

39 17390814 147227 0017693-0051487.0990 2016.04013 MERCY HOUSING INC

#### 47-0646706

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(6)(i)-(0)	reported as deferred on prior Form 990
(1) BILL RUMPF	(i)	206,530.	0.	0.	2,599.	10,801.	219,930.	0.
SENIOR VICE PRESIDENT	(i) (ii)	0.	0.	0.	0.	0.	0.	0.
(2) CADE SCHOLL	(i) (i)	162,281.	0.	0.	5,216.	30,258.	197,755.	0.
VICE PRESIDENT	(i) (ii)	0.	0.	0.	0.	0.	0.	0.
(3) CAROL BRESLAU	(i)	190,925.	0.	0.	5,947.	1,019.	197,891.	0.
SENIOR VICE PRESIDENT	(i) (ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHERYLL O'BRYAN	(i)	0.	0.	0.	0.	0.	0.	0.
SENIOR VP/PRESIDENT OF MHM	(ii)	286,386.	0.	0.	10,691.	19,589.	316,666.	0.
(5) CHRIS BURCKHARDT	(i)	279,517.	0.	0.	7,397.	31,405.	318,319.	0.
SENIOR VICE PRESIDENT/ COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTOPHER REED	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	241,767.	0.	0.	9,410.	1,443.	252,620.	0.
(7) CHRISTY RICHARDSON	(i)	194,635.	0.	0.	5,136.	35,530.	235,301.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DOUG SHOEMAKER	(i)	213,552.	0.	0.	5,137.	13,801.	232,490.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) FRANCENA MARIE LOWE	(i)	192,775.	0.	0.	2,619.	1,019.	196,413.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JANE GRAF	(i)	341,529.	0.	0.	10,219.	1,956.	353,704.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JOHN MARCOLINA	(i)	150,676.	0.	0.	6,570.	32,705.	189,951.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARK ANGELINI	(i)	192,056.	0.	0.	6,120.	31,405.	229,581.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MELISSA CLAYTON	(i)	198,698.	0.	0.	5,960.	21,265.	225,923.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MICHELE MAMET	(i)	246,114.	0.	0.	8,611.	31,405.	286,130.	0.
SENIOR VP/CHIEF ADMIN OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) RON JACKSON	(i)	136,291.	0.	0.	1,442.	24,362.	162,095.	0.
VICE PRESIDENT/SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) STEVE SPEARS	(i)	285,664.	0.	0.	7,413.	37,556.	330,633.	0.
SENIOR VP/CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2016

#### 47-0646706

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

-		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	ncentive reportable appensation compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(17) VAL AGOSTINO	(i)	201,197.	0.	0.	7,032.	13,111.	221,340.	0.	
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(18) VINCE DODDS	(i)	184,725.	0.	0.	7,812.	25,512.	218,049.	0.	
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(19) EDWARD HOLDER	(i)	196,869.	0.	0.	6,104.	31,405.	234,378.	0.	
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(20) DAVID GRAHAM LYON	(i)	173,453.	0.	0.	6,585.	31,859.	211,897.	0.	
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(21) GUNNAR TANDE	(i)	135,033.	0.	0.	4,312.	27,847.	167,192.	0.	
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2016

Part III Supplemental Information

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 J (Form 990) 2016

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

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. ► Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>



MERCY HOUSING INC

Employer identification number 47 - 0646706

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ELDERLY, HOMELESS, POTENTIALLY HOMELESS, HANDICAPPED & OTHERWISE

DISADVANTAGED PERSONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND PEOPLE WITH SPECIAL NEEDS WHO LACK THE ECONOMIC RESOURCES TO ACCESS

QUALITY, SAFE HOUSING OPPORTUNITIES. MERCY HOUSING, INC., EITHER

DIRECTLY OR INDIRECTLY, WILL SUPPORT OR FOSTER THE DEVELOPMENT,

ACQUISITION, FINANCING, OPERATION AND MANAGEMENT OF QUALITY, AFFORDABLE

PROGRAM-ENRICHED HOUSING FOR LOW AND MODERATE INCOME PERSONS.

FORM 990, PART VI, SECTION A, LINE 1:

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 GOVERNANCE BOARD MEMBERS AND OFFICERS AND

APPOINTMENT/TERMINATION OF THE CHIEF EXECUTIVE OFFICER.

FORM 990, PART VI, SECTION A, LINE 6:

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

RELIGIOUS ORDERS.

FORM 990, PART VI, SECTION A, LINE 7A:

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Schedule O (Form 990 or 990-EZ) (2016)

2016.04013 MERCY HOUSING INC

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization MERCY HOUSING INC	Employer identification number $47-0646706$
THE BOARD OF TRUSTEES OF MERCY HOUSING, INC. HAS AUTHORITY	IN VARIOUS
ASPECTS OF OPERATIONS AND MANAGEMENT WHICH ARE SET FORTH I	N THE RESERVED
RIGHTS OF THE BYLAWS. THE RESERVED RIGHTS HELD BY THE MERC	Y HOUSING, INC.
BOARD OF TRUSTEES, MANY OF WHICH HAVE BEEN FURTHER DELEGAT	ED 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 OPERAT	ING AND MORTGAGE
DEBT; AND APPOINTMENT OR REMOVAL OF GOVERNING BOARD MEMBER	S AND OFFICERS.

FORM 990, PART VI, SECTION A, LINE 7B:

SAME AS LINE 7A.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS SUBMITTED TO THE GOVERNING BOARD MEMBERS FOR REVIEW AND IF, WITHIN 7 DAYS, THERE ARE NO FURTHER COMMENTS, QUESTIONS OR MODIFICATIONS, THE FORM 990 IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

ANNUALLY THE EXECUTIVE 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.

17390814 147227 0017693-0051487.0990

632212 08-25-16

44

2016.04013 MERCY HOUSING INC

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: 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

FORM 990, PART VI, SECTION C, LINE 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 OF MERCY HOUSING, INC.

632212 08-25-16

632161 09-06-16 LHA

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 47-0646706

MERCY HOUSING INC

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

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 Part II

(a)	(b)	(c)	(d)	(e)	(f)	( Section 5	<b>g)</b> 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	cont	rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	Yes	tity? No
2101 TELEGRAPH AVENUE, INC 94-3222935							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		х
ALEXANDRIA MINISTRIES, INC 47-5177987							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	INDIANA	501 (C) (3)	10	N/A		х
ALL HALLOWS COMMUNITY - 94-2722870							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
ALLEGRE POINT SENIOR RESIDENCES - 20-4295472							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	COLORADO	501 (C) (3)	10	N/A		х

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

Schedule R (Form 990) 2016

OMB No. 1545-0047

2016

Open to Public Inspection

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	g) 512(b)(13) rolled zation?
ASSISI HOMES OF GURNEE, INC 36-3942336						 
1999 BROADWAY, SUITE 1000	7					
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)	10	N/A	х
ASSISI HOMES OF ILLINOIS, INC 36-3803443						
1999 BROADWAY, SUITE 1000	7					
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)		N/A	х
ASSISI HOMES - BATAVIA APARTMENTS, INC						
36-3914084, 1999 BROADWAY, SUITE 1000,	7					
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)	10	N/A	х
ASSISI HOMES - COLONY PARK, INC						
36-4039278, 1999 BROADWAY, SUITE 1000,	7					
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)	10	N/A	х
ASSISI HOMES - CONSTITUTION HOUSE, INC						
36-4049150, 1999 BROADWAY, SUITE 1000,	7					
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)	10	N/A	х
ASSISI HOMES - JEFFERSON COURT, INC						
39-1771526, 1999 BROADWAY, SUITE 1000,	7					
DENVER, CO 80202	LOW-INC HSNG	WISCONSIN	501 (C) (3)	10	N/A	х
ASSISI HOMES - KENOSHA, INC 39-1814815						
1999 BROADWAY, SUITE 1000						
DENVER, CO 80202	LOW-INC HSNG	WISCONSIN	501 (C) (3)	10	N/A	х
ASSISI HOMES - LASALLE MANOR, INC						
80-0623447, 1999 BROADWAY, SUITE 1000,						
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)	10	N/A	х
ASSISI HOMES - NEENAH, INC 36-3767250						
1999 BROADWAY, SUITE 1000	7					
DENVER, CO 80202	LOW-INC HSNG	WISCONSIN	501 (C) (3)	10	N/A	х
AVONDALE SENIOR VILLAGE - 86-0980810						
1999 BROADWAY, SUITE 1000	7					
DENVER, CO 80202	LOW-INC HSNG	ARIZONA	501 (C) (3)	10	N/A	х
CAMELOT CASITAS - 86-0980809						
1999 BROADWAY, SUITE 1000	7					
DENVER, CO 80202	LOW-INC HSNG	ARIZONA	501 (C) (3)	10	N/A	х
CANTEBRIA SENIOR HOMES - 94-3361794						
1999 BROADWAY, SUITE 1000	7					
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A	х

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	contr	g) 512(b)(13) rolled zation? No
CANTICLE PLACE, INC 36-3957850							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)	10	N/A		x
CASA DE MERCED - 86-0808941							
1999 BROADWAY, SUITE 1000	-						
DENVER, CO 80202	LOW-INC HSNG	ARIZONA	501 (C) (3)	10	N/A		х
CASA DE SHANTI - 86-0728526							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ARIZONA	501 (C) (3)	12A	N/A		х
CENTRAL COAST HOUSING - 77-0117473							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
CHARLES CREST CORPORATION - 34-1399869							
1999 BROADWAY, SUITE 1000	-						
DENVER, CO 80202	LOW-INC HSNG	онто	501 (C) (3)	10	N/A		х
CHARLES CREST II, CORPORATION - 34-1714407							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	онто	501 (C) (3)	10	N/A		х
CHARLES MEADOWS CORPORATION - 34-1552671							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	онто	501 (C) (3)	10	N/A		х
CLARE GARDENS, INC 23-7200039							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	COLORADO	501 (C) (3)		N/A		х
CLARE OF ASSISI HOMES-WESTMINSTER, INC							
74-2740978, 1999 BROADWAY, SUITE 1000,							
DENVER, CO 80202	LOW-INC HSNG	COLORADO	501 (C) (3)		N/A		х
DECATUR PLACE - 84-1062097							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	COLORADO	501 (C) (3)	10	N/A		х
DUBLIN MANOR, INC 02-0655254							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	KENTUCKY	501 (C) (3)	10	N/A		х
EAGLE SENIOR VILLAGE - 03-0410639							
1999 BROADWAY, SUITE 1000							1
DENVER, CO 80202	LOW-INC HSNG	IDAHO	501 (C) (3)	10	N/A		х

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	contr	g) 512(b)(13) rolled zation? No
EFFINGHAM MINISTRIES, INC 47-5190275						100	
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)	10	N/A		х
EH/CC HOUSING CORP. (EDEN HOUSE) -							
94-3234538, 1999 BROADWAY, SUITE 1000,							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		х
EL MIRAGE SENIOR - 86-0847975							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ARIZONA	501 (C) (3)	10	N/A		х
FAIRFAX NONPROFIT HOUSING DEVELOPMENT CO -							
94-2772546, 1999 BROADWAY, SUITE 1000,							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
FLORIN HOUSING CORP 68-0336533							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		х
FRANCIS HEIGHTS, INC 84-0626174							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)		N/A		х
FRANCIS OF ASSISI COMMUNITY - 94-2366315							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
GARDEN PARK APT COMMUNITY - 68-0484147							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		х
GAULT STREET SENIOR - 75-2983979							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		Х
GUADALUPE SENIOR VILLAGE - 86-0897709							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ARIZONA	501 (C) (3)	10	N/A		Х
INDEPENDENCE HILL, INC 72-1545927							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	IDAHO	501 (C) (3)	12A	N/A		х
INTERCOMMUNITY HOUSING FERNDALE - 91-1667138							
1999 BROADWAY, SUITE 1000							1
DENVER, CO 80202	LOW-INC HSNG	WASHINGTON	501 (C) (3)	10	N/A		Х

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 contr organiz	
JOHN W. KING SENIOR COMMUNITY - 94-3282891						100	
1999 BROADWAY, SUITE 1000	1						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
KOKOMO MINISTRIES, INC 47-5189624							
1999 BROADWAY, SUITE 1000	7						
DENVER, CO 80202	LOW-INC HSNG	INDIANA	501 (C) (3)	10	N/A		х
MERCY HOUSING WHEATON, NFP - 27-2239991							
1999 BROADWAY, SUITE 1000	7						
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)	10	N/A		х
LAKE WALES MINISTRIES, INC 47-5190723							
1999 BROADWAY, SUITE 1000	7						
DENVER, CO 80202	LOW-INC HSNG	FLORIDA	501 (C) (3)		N/A		х
MACLEAV NON-PROFT HOUSING DEVELOPMENT -							
94-2762529, 1999 BROADWAY, SUITE 1000,	7						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
MARIA B. FREITAS SENIOR HOUSING CORP							
94-3190261, 1999 BROADWAY, SUITE 1000,	7						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
MARIAN HOUSING CENTER, INC 39-1515867							
1999 BROADWAY, SUITE 1000	7						
DENVER, CO 80202	LOW-INC HSNG	WISCONSIN	501 (C) (3)	10	N/A		х
MARIAN PARK, INC 36-2750105							
1999 BROADWAY, SUITE 1000	7						
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)	10	N/A		х
MARIN HOMES FOR INDEPENDENT LIVING -							
94-2787430, 1999 BROADWAY, SUITE 1000,							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		х
MARIN HOUSING CORP 94-1358291							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		Х
MARLTON AFFORDABLE HOUSING CORP - 91-2164481							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		х
MARSHSIDE VILLAGE, INC 20-1910771							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	SOUTH CAROLINA	501 (C) (3)	10	N/A		Х

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MCAULEY MANOR, INC 31-1548500						Yes	NO
1999 BROADWAY, SUITE 1000	-						1
DENVER, CO 80202	LOW-INC HSNG	KENTUCKY	501 (C) (3)	10	N/A		х
MERCY BOND PROPERTIES AZ I - 94-3142767							
1999 BROADWAY, SUITE 1000	-						l
DENVER, CO 80202	LOW-INC HSNG	ARIZONA	501 (C) (3)	12A	N/A		х
MERCY BOND PROPERTIES COLORADO I -							
94-3286321, 1999 BROADWAY, SUITE 1000,	-						l
DENVER, CO 80202	LOW-INC HSNG	COLORADO	501 (C) (3)	12A	N/A		х
MERCY BOND PROPERTIES NEBRASKA I -							
68-0378674, 1999 BROADWAY, SUITE 1000,	-						
DENVER, CO 80202	LOW-INC HSNG	NEBRASKA	501 (C) (3)	12A	N/A		х
MERCY COMMUNITY HOUSING GEORGIA - 58-2461689							
1999 BROADWAY, SUITE 1000	-						
DENVER, CO 80202	LOW-INC HSNG	GEORGIA	501 (C) (3)	12A	N/A		х
MERCY GARDENS - 33-0809069							
1999 BROADWAY, SUITE 1000	-						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
MERCY HOLLY PARK EAST - 84-1347445							
1999 BROADWAY, SUITE 1000	-						
DENVER, CO 80202	LOW-INC HSNG	COLORADO	501 (C) (3)	12A	N/A		х
MERCY HOUSING CA HOLDING CO 94-2834861							
1999 BROADWAY, SUITE 1000	-						1
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		Х
MERCY HOUSING CALIFORNIA - 94-3081666							
1999 BROADWAY, SUITE 1000	-						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
MERCY HOUSING CALIFORNIA FAMILY PROPERTIES -							
33-0998451, 1999 BROADWAY, SUITE 1000,	7						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		х
MERCY HOUSING CALIFORNIA SENIOR PROPERTIES -				1			
20-3177114, 1999 BROADWAY, SUITE 1000,	7						
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)	10	N/A		х
MERCY HOUSING CALIFORNIA SPECIAL NEEDS -							
94-3088260, 1999 BROADWAY, SUITE 1000,	7						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		х

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MERCY HOUSING CALWEST - 94-2963228							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
MERCY HOUSING FRANCISCAN CAMPUS, INC							
81-3397958, 1999 BROADWAY, SUITE 1000,							
DENVER, CO 80202	LOW-INC HSNG	COLORADO	501 (C) (3)	10	N/A		х
MERCY HOUSING LAKEFRONT - 36-3453183							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)	7	N/A		х
MERCY HOUSING MANAGEMENT GROUP - 82-0376108							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)	10	N/A		х
MERCY HOUSING MIDWEST - 47-0772351							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	NEBRASKA	501 (C) (3)	10	N/A		х
MERCY HOUSING MOUNTAIN PLAINS - 20-1583332							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	COLORADO	501 (C) (3)	10	N/A		х
MERCY HOUSING NORTHWEST - 91-1546525							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	WASHINGTON	501 (C) (3)	10	N/A		х
MERCY HOUSING NORTHWEST IDAHO, INC							
36-3453183, 1999 BROADWAY, SUITE 1000,							
DENVER, CO 80202	LOW-INC HSNG	IDAHO	501 (C) (3)	12A	N/A		х
MERCY HOUSING OHIO, INC 20-2373936							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	оніо	501 (C) (3)	12A	N/A		х
MERCY HOUSING PEMBROKE, INC 13-4224803							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	GEORGIA	501 (C) (3)	10	N/A		х
MERCY HOUSING SOUTHEAST - 56-1993872							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	NORTH CAROLINA	501 (C) (3)	10	N/A		x
MERCY HOUSING SOUTHWEST - 86-0743192							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ARIZONA	501 (C) (3)	10	N/A		х

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MERCY HOUSING WEST - 68-0254564						
1999 BROADWAY, SUITE 1000						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A	х
MERCY HOUSING, 2904 N 45TH ST, OMAHA -						
37-1068780, 1999 BROADWAY, SUITE 1000,						
DENVER, CO 80202	LOW-INC HSNG	NEBRASKA	501 (C) (3)	10	N/A	х
MERCY HOUSING, INC 47-0646706						
1999 BROADWAY, SUITE 1000						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A	х
MERCY LOAN FUND - 84-1559406						
1999 BROADWAY, SUITE 1000						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A	х
MERCY MANOR, INC 61-1344092						
1999 BROADWAY, SUITE 1000						
DENVER, CO 80202	LOW-INC HSNG	TENNESSEE	501 (C) (3)	10	N/A	х
MERCY MIDTOWN, INC 68-0002157						
1999 BROADWAY, SUITE 1000						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A	х
MERCY MOSCOW, INC. (HAWTHORNE) - 82-0475388						
1999 BROADWAY, SUITE 1000						
DENVER, CO 80202	LOW-INC HSNG	IDAHO	501 (C) (3)	10	N/A	х
MERCY OAKS VILLAGE - 75-3134134						
1999 BROADWAY, SUITE 1000						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A	х
MERCY OAKWOOD GARDENS - 84-1344220						
1999 BROADWAY, SUITE 1000						
DENVER, CO 80202	LOW-INC HSNG	ARIZONA	501 (C) (3)	10	N/A	х
MERCY PLACE BELMONT INC 80-0034784						
1999 BROADWAY, SUITE 1000						
DENVER, CO 80202	LOW-INC HSNG	NORTH CAROLINA	501 (C) (3)	10	N/A	Х
MERCY PORTFOLIO SERVICES - 26-4002114						
1999 BROADWAY, SUITE 1000						
DENVER, CO 80202	LOW-INC HSNG	COLORADO	501 (C) (3)	10	N/A	х
MERCY PROPERTIES ARIZONA - 86-0772987						
1999 BROADWAY, SUITE 1000						1
DENVER, CO 80202	LOW-INC HSNG	ARKANSAS	501 (C) (3)	10	N/A	Х

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MERCY PROPERTIES CALIFORNIA - 68-0233835				501(c)(3))		Yes	No
1999 BROADWAY, SUITE 1000	-						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		x
MERCY PROPERTIES II, INC 82-0485862			501 (C) (3)	124			
1999 BROADWAY, SUITE 1000	-						
DENVER, CO 80202	LOW-INC HSNG	IDAHO	501 (C) (3)	12A	N/A		x
MERCY PROPERTIES WA II - 30-0117515		IDANO	501 (C) (3)	124			
	_						
1999 BROADWAY, SUITE 1000	LOW-INC HSNG	WASHINGTON	E01 (0) (2)	1.0	NT / 3		v
DENVER, CO 80202	LOW-INC HSNG	WASHINGTON	501 (C) (3)	10	N/A		X
MERCY PROPERTIES WASHINGTON - 91-1903782							
1999 BROADWAY, SUITE 1000				103			77
DENVER, CO 80202	LOW-INC HSNG	WASHINGTON	501 (C) (3)	12A	N/A		X
MERCY PROPERTIES WASHINGTON II - 30-0117515	_						
1999 BROADWAY, SUITE 1000	-						
DENVER, CO 80202	LOW-INC HSNG	WASHINGTON	501 (C) (3)	10	N/A		X
MERCY PROPERTIES, INC. (MPI) - 84-1173689	_						
1999 BROADWAY, SUITE 1000	_						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		Х
MERCY SENIOR HOUSING OXNARD - 94-3224446	_						
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		Х
MERCY SOUTHEAST IDAHO, INC 84-1284293							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		Х
MERCY VILLAGE JOPLIN - 37-1459692							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	MISSOURI	501 (C) (3)	10	N/A		Х
MESA SENIOR MEADOWS - 86-0897708							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ARIZONA	501 (C) (3)	10	N/A		Х
MOLINE MINISTRIES 1, INC 47-5216971							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)	10	N/A		Х
MOLINE MINISTRIES 2, INC 47-5217175							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)	10	N/A		х

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MOST HOLY REDEEMER SENIOR HOUSING						165	
CORPORATION - 94-3044873, 1999 BROADWAY,	-						
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		x
NEARY LAGOON, INC 77-0214799							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
NOTRE DAME SENIOR HOUSING CORP 94-3209503							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
OCEANA SENIOR HOUSING CORP 94-3167825							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
PADRE APARTMENTS COMMUNITY - 84-0789830							-
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		х
PADUCAH MINISTRIES I, INC 47-5203278							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)		N/A		х
PEORIA PLACE - 86-0980811							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ARIZONA	501 (C) (3)	10	N/A		х
PLAZAS DE MERCED - 86-0758961							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ARIZONA	501 (C) (3)	10	N/A		х
PRESENTATION SENIOR COMMUNITY - 94-3264209							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
PRINCETON MINISTRIES 4, INC 47-5202983							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)		N/A		х
RICHARDSON MINISTRIES, INC 47-5202868							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)		N/A		Х
RIVERVIEW - ST. MARY'S INC 62-1782683							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	TENNESSEE	501 (C) (3)	10	N/A		х

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ROSELAND PLACE INC NFP - 26-2330256						100	
1999 BROADWAY, SUITE 1000	1						
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)	10	N/A		x
ROSELAND VILLAGE INC - 26-4723017							
1999 BROADWAY, SUITE 1000	7						
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)	10	N/A		х
RUSSELL MANOR - 93-1189914							
1999 BROADWAY, SUITE 1000	7						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
SACRED HEART VILLAGE I, INC 31-1411531							
1999 BROADWAY, SUITE 1000	7						
DENVER, CO 80202	LOW-INC HSNG	KENTUCKY	501 (C) (3)	10	N/A		х
SACRED HEART VILLAGE II, INC 61-1339396							
1999 BROADWAY, SUITE 1000	7						
DENVER, CO 80202	LOW-INC HSNG	KENTUCKY	501 (C) (3)	10	N/A		х
SACRED HEART VILLAGE III, INC 61-1367719							
1999 BROADWAY, SUITE 1000	7						
DENVER, CO 80202	LOW-INC HSNG	оніо	501 (C) (3)	10	N/A		х
SAN JUAN HOUSING CORP 68-0378676							
1999 BROADWAY, SUITE 1000	7						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		х
SAVANNAH GARDENS SENIOR RESIDENCES, INC -							
27-3400284, 1999 BROADWAY, SUITE 1000,	7						
DENVER, CO 80202	LOW-INC HSNG	GEORGIA	501 (C) (3)	10	N/A		х
SIENA SPRINGS (SIENA SPRINGS I) - 31-1052772							
1999 BROADWAY, SUITE 1000	7						
DENVER, CO 80202	LOW-INC HSNG	оніо	501 (C) (3)	10	N/A		х
SIENA SPRINGS II - 31-1591780							
1999 BROADWAY, SUITE 1000	7						
DENVER, CO 80202	LOW-INC HSNG	оніо	501 (C) (3)	10	N/A		х
SOUTH OF MARKET MERCY - 94-3199902							
1999 BROADWAY, SUITE 1000	7						
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		х
ST. CATHERINE RESIDENCE, INC - 39-0857537							
1999 BROADWAY, SUITE 1000	7						
DENVER, CO 80202	LOW-INC HSNG	WISCONSIN	501 (C) (3)	1	N/A		х

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ST. ELIZABETH HOUSING CORP 94-2705149							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		х
ST. MARY'S VILLA AT RIVERVIEW II, INC							
31-1723287, 1999 BROADWAY, SUITE 1000,							
DENVER, CO 80202	LOW-INC HSNG	TENNESSEE	501 (C) (3)	12A	N/A		х
ST. MARY'S VILLA, INC 31-1548512							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	KENTUCKY	501 (C) (3)	10	N/A		х
ST. THERESA VILLAGE, INC 31-1411529							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	оніо	501 (C) (3)	10	N/A		х
STERLING SENIOR HOUSING - 14-1866405							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	WASHINGTON	501 (C) (3)	10	N/A		х
SUNSET LANE APARTMENTS LLC - 45-3959651							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		х
TIERRA DEL SOL, INC 75-3004763							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
TRANSBAY BLOCK 6 LLC - 46-5357713							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
VILLA CARIDAD SENIOR HOUSING - 68-0387620							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	10	N/A		х
VILLA MARIA, INC 84-1347868							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ILLINOIS	501 (C) (3)		N/A		х
VISITACION VALLEY AFFORDABLE HOUSING -							
94-3273336, 1999 BROADWAY, SUITE 1000,							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		х
VISTA ALEGRE - 86-0947230							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	ARIZONA	501 (C) (3)	10	N/A		х

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont organi	<b>g)</b> 512(b)(13) trolled ization?
				501(c)(3))		Yes	No
WALNUT GROVE - 68-0233835							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	CALIFORNIA	501 (C) (3)	12A	N/A		X
WILLOW STREET APARTMENTS - 84-1334167							
1999 BROADWAY, SUITE 1000							
DENVER, CO 80202	LOW-INC HSNG	COLORADO	501 (C) (3)	10	N/A		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.

		· <b>,</b>					-			1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General o	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	alloca	tions?	amount in box 20 of Schedule	partitier?	ownership
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes No	
1028 HOWARD ST. ASSOCIATES -											
94-3160742, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A	X	
104TH STREET LP - 27-2755027											
1999 BROADWAY, SUITE 1000											
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED				х	N/A	X	
1100 OCEAN AVENUE LP -											
45-4437017, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A	X	
1101 HOWARD ST. ASSOCIATES -											
94-3160341, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A	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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year	(h) Percentage ownership	512(b contr	(i) ction (b)(13) trolled tity?
		country)		or trust)		assets		Yes	No
104TH STREET MM LLC - 27-2754418									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					Х
111TH & WENTWORTH APARTMENTS CORP									
38-3648994, 1999 BROADWAY, SUITE 1000,									
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					Х
AFFORDABLE HOUSING CORP - 84-1173690									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	C CORP					Х
AFFORDABLE HOUSING INITIATIVE (AHI) -									
94-3096988, 1999 BROADWAY, SUITE 1000,									
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	C CORP					X
ANTIOCH II, LLC - 27-3209358									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					X

Schedule R (Form 990) 2016

(a) Name, address, and EIN	(b) Primary activity	(c) Legal	(d) Direct controlling	<b>(e)</b> Predominant income	<b>(f)</b> Share of total	(g) Share of	( <b>r</b> Disprop	1)	(i) Code V-UBI	(j) General or	<b>(k)</b> Percentage
of related organization	T finary activity	domicile (state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate alloc Yes		amount in box 20 of Schedule	managing partner?	ownership
111 JONES STREET ASSOC. (111											
JONES ST) - 94-3142765, 1999											
BROADWAY, SUITE 1000, DENVER,											
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
1475 167TH AVENUE ASSOC	-										
94-3249328, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	X	
16TH & CHURCH STREET ASSOC	-										
94-3135262, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
	-										
1999 BROADWAY, SUITE 1000	-										
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED				x	N/A	x	
1700 0000 10 47 2440000	4										
1760 BUSH, LP - 47-3449006	-										
1999 BROADWAY, SUITE 1000	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
DENVER, CO 80202	LOW-INC HSNG		N/A	RELATED				^	N/A		
	1										
1999 BROADWAY, SUITE 1000	1										
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
2000 ILLINOIS AURORA LLC -	-										
46-2558442, 1999 BROADWAY,	-										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED				х	N/A	x	
	_										
2101 TELEGRAPH AVENUE ASSOC.	-										
- 94-3222935, 1999 BROADWAY,		<b>CD</b>						37	<b>NT / N</b>		
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A	X	
2220 10TH AVENUE ASSOC.	4										
(SANTANA APTS.) - 94-3140163,	4										
1999 BROADWAY, SUITE 1000,	LOW THE HENC	C7	NT / 7	RELATED				v	N/A	x	
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	KELATED				Х	N/A		<u> </u>

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	oortion-	Code V-UBI	General or managing	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate alloo	ations?	amount in box 20 of Schedule	partner?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	-										
2698 CALIFORNIA, LP -	-										
47-3462784, 1999 BROADWAY,		<b>CD</b>							<b>NT / 7</b>		
/	LOW-INC HSNG	CA	N/A	RELATED				X	N/A	X	
2814 FIFTH STREET ASSOCIATES,	-										
LP - 68-0340317, 1999	-										
BROADWAY, SUITE 1000, DENVER,		<b>CD</b>							<b>NT / 7</b>		
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	X	
	-										
455 FELL, LP - 47-4654112	-										
1999 BROADWAY, SUITE 1000		<b>CD</b>							NT / N		
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				<u>x</u>	N/A	X	
	-										
4707 MALDEN LTD PARTNERSHIP -	-										
36-3762788, 1999 BROADWAY,		<b>-</b>							<b>NT / 7</b>		
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED				X	N/A	X	
5042 WINTHROP APARTMENTS LP -	-										
36-3855358, 1999 BROADWAY,	-										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED				x	N/A	x	
55 LAGUNA LP - 45-3582721	1										
1999 BROADWAY, SUITE 1000	1										
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
901 WEST 63RD LP (ENGLEWOOD											
APARTMENTS) - 26-1233617,											
1999 BROADWAY, SUITE 1000,											
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED				x	N/A	x	
ACQUISITION PROPERTIES											
GEORGIA I - 20-4465851, 1999											
BROADWAY, SUITE 1000, DENVER,											
CO 80202	LOW-INC HSNG	GA	N/A	RELATED				x	N/A	x	
ADAMSVILLE GREEN, LP -	]										
26-2252791, 1999 BROADWAY,	]										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED				x	N/A	x	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportion		General or	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate allocations	- 20 of Schedule	partitier :	ownersnip
		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
ALLEGRE MERCY REDEVELOPMENT	-									
LLLP - 45-3540725, 1999	-									
BROADWAY, SUITE 1000, DENVER,	_	5.73						27 / 2		
CO 80202	LOW-INC HSNG	WA	N/A	RELATED			X	N/A	X	
ANTIOCH VILLAS, LP -	-									
	-									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED			x	N/A	x	
i										
APPIAN WAY MERCY LLC -										
91-1546525, 1999 BROADWAY,										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			x	N/A	x	
AROMOR MERCY LLC (AROMOR										
APARTMENTS) - 30-0296042,										
1999 BROADWAY, SUITE 1000,										
DENVER, CO 80202	LOW-INC HSNG	CO	N/A	RELATED			X	N/A	X	
BAYSHORE COURT - 20-1031378	_									
1999 BROADWAY, SUITE 1000	_									
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			X	N/A	X	
BELRAY APARTMENTS -	-									
36-4027474, 1999 BROADWAY,	-									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED			x	N/A	x	
<u>50111 1000, 5110110, 60 00202</u>	Low The Hond		N/ 21					N/A		
BENNETT HOUSE, LP -	-									
65-1308081, 1999 BROADWAY,	-									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED			x	N/A	x	
									<u>+ [-</u>	
BISHOPS BLOCK (BISHOPS BLOCK)	-									
- 01-0477157, 1999 BROADWAY,	1									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IA	N/A	RELATED			x	N/A	x	
BLUFF MERCY, LLC - 27-0954394										
1999 BROADWAY, SUITE 1000										
DENVER, CO 80202	LOW-INC HSNG	CO	N/A	RELATED			Х	N/A	X	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportion		General or	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate allocations	- 20 of Schedule	parator:	ownership
		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
BOISE SENIOR 202 OWNER, LP -	-									
27-0992784, 1999 BROADWAY,	-									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	ID	N/A	RELATED			x	N/A	x	
<u>50111 1000, 51101R, 60 00202</u>			N/ 21					N/A		
BOUNDARY VILLAGE - 77-0601463	-									
1999 BROADWAY, SUITE 1000	1									
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			x	N/A	x	
BRENTWOOD GREEN VALLEY APTS -										
94-3135990, 1999 BROADWAY,										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED			X	N/A	X	
BRITTON STREET ASSOC. (BRITTON										
COURT) - 94-3300509, 1999										
BROADWAY, SUITE 1000, DENVER,										
CO 80202	LOW-INC HSNG	CA	N/A	RELATED			X	N/A	X	
	_									
CAMBRIDGE APARTMENTS -	-									
20-1031378, 1999 BROADWAY,		T.7 7	N/A	RELATED				N/A	x	
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			X	N/A		
CASCADE APARTMENTS -	-									
	-									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			x	N/A	x	
i										
CASCADE VILLAGE - 20-1031378										
1999 BROADWAY, SUITE 1000										
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			X	N/A	x	
CEDARWOOD I - 77-0601463										
1999 BROADWAY, SUITE 1000										
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			X	N/A	X	
	4									
CEDARWOOD IV - 77-0601463	4									
1999 BROADWAY, SUITE 1000		5.73						27 / 2		
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			X	N/A	X	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportion	Code V-UBI	General or	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate allocations	- 20 of Schedule	parator:	ownership
		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
	-									
CENTRO PARTNERS - 77-0295344	-									
1999 BROADWAY, SUITE 1000		~~						NT / 7		
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED			X X	N/A	X	
CHENEY GARDENS - 20-1031378	-									
1999 BROADWAY, SUITE 1000	1									
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			x	N/A	x	
COASTSIDE SENIOR HOUSING LP -	1									
45-2262853, 1999 BROADWAY,	1									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED			x	N/A	x	
COLONIA SAN MARTIN										
ASSOCIATES, LP - 83-0481233,	1									
1999 BROADWAY, SUITE 1000,	1									
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED			х	N/A	x	
COMMONS ON MAIN LP -										
20-8033896, 1999 BROADWAY,										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	OH	N/A	RELATED			X	N/A	X	
COUNTRYSIDE SENIOR APARTMENTS										
LP - 26-1483851, 1999										
BROADWAY, SUITE 1000, DENVER,										
CO 80202	LOW-INC HSNG	IL	N/A	RELATED			X	N/A	X	
	4									
DANVILLE VETERANS HOUSING LLC	4									
- 35-2441770, 1999 BROADWAY,	4									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED			X	N/A	X	
	4									
DOROTHY DAY COMMUNITY, LP -	-									
65-1308078, 1999 BROADWAY,		<b>CD</b>					57	NT / N		
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED			X	N/A	X	
DOVE FAMILY HOUSING	4									
ASSOCIATES LP - 33-0975782,	4									
1999 BROADWAY, SUITE 1000,		0.7	NT / A					NT / 7		
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED			X	N/A	X	<u> </u>

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ר)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disprop		Code V-UBI amount in box	managing	Percentage ownership
of related organization		(state or foreign	ontry	excluded from tax under sections 512-514)	moorne	assets	ate alloc		20 of Schedule	parateri	-
		country)		Sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
EDEN HOUSE LP - 46-2704216	-										
1999 BROADWAY, SUITE 1000	-										
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
	-										
1999 BROADWAY, SUITE 1000	-										
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
	LOW INC HONG		N/A	REDATED				<u>~</u>	N/A		
EVERGREEN MANOR - 77-0601463	-										
1999 BROADWAY, SUITE 1000	-										
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				x	N/A	x	
EVERGREEN VISTA 1 OWNER LP -											
27-4160484, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				х	N/A	X	
FAMILY TREE & LINCOLN WAY											
LLLP - 46-2841485, 1999											
BROADWAY, SUITE 1000, DENVER,											
CO 80202	LOW-INC HSNG	WA	N/A	RELATED				X	N/A	X	
	-										
FERNDALE VILLA - 77-0601463	-										
1999 BROADWAY, SUITE 1000		T.7 7	AT / A					v	NT / 7		
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				X	N/A	X	
FIRCREST - 77-0601463	-										
1999 BROADWAY, SUITE 1000	-										
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				x	N/A	x	
FLORIN WOOD ASSOC	1										
68-0318012, 1999 BROADWAY,	1										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
	4										
FRANCISCAN HOMES III, LP -	4										
31-1394513, 1999 BROADWAY,	4							L			
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	OH	N/A	RELATED				Х	N/A	X	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disproportion	amount in hav	General or managing	Percentage ownership
or related organization		(state or foreign	entity	excluded from tax under	income	assets	ate allocations	20 of Schedule	parateri	1
		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
FRANCISCAN HOMES IV, LP -	-									
, 31-1463371, 1999 BROADWAY,	1									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	ОН	N/A	RELATED			x	N/A	x	
GALEWOOD SLF ASSOCIATES, LP -	-									
20-1882654, 1999 BROADWAY,	-									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED			x	N/A	x	
,,,							[ <sup>-</sup>			
GRAYSLAKE SENIOR HOUSING -	1									
26-3800351, 1999 BROADWAY,	1									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED			x	N/A	x	
GREENWICH PARK APARTMENTS LLC	_									
- 32-0453460, 1999 BROADWAY,	_							/_		
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WI	N/A	RELATED			X	N/A	X	
HAROLD WASHINGTON APARTMENTS	-									
- 36-3556291, 1999 BROADWAY,	-									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED			x	N/A	x	
								11/21		
HWA-850 EASTWOOD LP -	-									
27-1257130, 1999 BROADWAY,										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED			x	N/A	x	
IMPACT FAMILY VILLAGE GP LLC	4									
- 36-4715432, 1999 BROADWAY,	_							/_		
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			X	N/A	X	
TADACE BANTLY VILLAGE ID	4									
IMPACT FAMILY VILLAGE LP - 80-0769567, 1999 BROADWAY,	4									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			x	N/A	x	
0000, 22002, 00 00202		1111	<u> </u>							
JFK TOWER, LP - 47-3477829	1									
1999 BROADWAY, SUITE 1000	1									
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED			x	N/A	x	

(a) Name, address, and EIN	<b>(b)</b> Primary activity	(c) Legal domicile	(d) Direct controlling	<b>(e)</b> Predominant income	<b>(f)</b> Share of total	<b>(g)</b> Share of	(h Disprop	-	(i) Code V-UBI	<b>(j</b> Gener		( <b>k)</b> entage
of related organization		(state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate alloc Yes	ations? <b>No</b>	amount in box 20 of Schedule K-1 (Form 1065)	parti		ərship
JOHNSTON CENTER OUTLOTS LLC -												
27-0162550, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WI	N/A	RELATED				X	N/A		<u> </u>	
JOHNSTON CENTER RE-USE LP -	_											
30-0529359, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED				X	N/A		<u>د</u>	
JUNIPERO SERRA, LP -	-											
65-1308082, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		ς	
KANKAKEE STATION STREET												
SENIOR HOUSING - 46-1841937,												
1999 BROADWAY, SUITE 1000,												
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED				X	N/A		ζ	
	4											
KENNEDY ESTATES HSG. ASSOC	_											
68-0355465, 1999 BROADWAY,	_										_	
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		<u> </u>	
LA PLAYA RESIDENTIAL -	_											
77-0278613, 1999 BROADWAY,	-											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A		۲ L	
	-											
1999 BROADWAY, SUITE 1000	-											
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				х	N/A		x	
										1 1		
LAKE VILLAGE EAST -	1											
77-0601463, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				x	N/A		<u>د</u>	
	4											
MABTON GARDENS - 20-1031378	4											
1999 BROADWAY, SUITE 1000		1.7.7	NT / A					v	N/A		ς	
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				X	N/A		7	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated,	Share of total	Share of	Disproporti	amount in hav	General o	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	ate allocatio	20 of Schedule	partiters	-
		country)		sections 512-514)			Yes N	o K-1 (Form 1065	) Yes No	
MAGNOLIA LIMITED PARTNERSHIP	-									
- 36-3822288, 1999 BROADWAY,	1									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED			x	N/A	x	
MALDEN LIMITED PARTNERSHIP II	-									
- 20-8746121, 1999 BROADWAY,	1									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED			x	N/A	x	
MARLTON AFFORDABLE HSG.										
ASSOC 04-3594636, 1999	]									
BROADWAY, SUITE 1000, DENVER,										
CO 80202	LOW-INC HSNG	CA	N/A	RELATED			x	N/A	x	
	-									
MERCY ALSTON LAKE LLC -	-									
20-2948887, 1999 BROADWAY,	4	~ ~						/-		
/	LOW-INC HSNG	SC	N/A	RELATED			X	N/A	X	
MERCY CRESTVIEW VILLAGE	4									
HOUSING, LP - 26-4578510,	4									
1999 BROADWAY, SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	NE	N/A	RELATED			x	N/A	x	
	LOW-INC HANG	INE	N/A	RELATED				N/A		
MERCY EDEN HOUSE LLC -	1									
46-4227209, 1999 BROADWAY,	1									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED			x	N/A	x	
MERCY FAMILY PLAZA L.P										
94-3094867, 1999 BROADWAY,										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED			X	N/A	x	ļ
	-									
MERCY HOUSING ARIZONA I -	4									
86-0791473, 1999 BROADWAY, SUITE 1000, DENVER, CO 80202	LOW_THC HSNG	AZ	N/A	RELATED			x	N/A	x	
MERCY HOUSING ARIZONA II	DOW TING DDING	A4	м/ A				╞	N/A	+	<u> </u>
(PAGE COMMONS) - 33-1075152	4									
1999 BROADWAY, SUITE 1000,	1									
DENVER, CO 80202	LOW-INC HSNG	AZ	N/A	RELATED			x	N/A	x	

(a) Name, address, and EIN	<b>(b)</b> Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Predominant income	<b>(f)</b> Share of total	<b>(g)</b> Share of	(h Disprop	-	(i) Code V-UBI	(j Gener		ntage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate alloc		amount in box 20 of Schedule	part		snip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
MERCY HOUSING CA XXXIII -	-											
43-2100410, 1999 BROADWAY,	-											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		c	
i												
MERCY HOUSING CA XXXVII -												
68-0631916, 1999 BROADWAY,	_											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		ζ	
MERCY HOUSING CALIFORNIA 47,	_											
LP - 27-2930358, 1999	_											
BROADWAY, SUITE 1000, DENVER,	_											
<u>CO 80202</u>	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		ζ	
MERCY HOUSING CALIFORNIA 48,	_											
LP - 27-3117667, 1999	_											
BROADWAY, SUITE 1000, DENVER,	_											
<u>CO 80202</u>	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		ζ	
MERCY HOUSING CALIFORNIA 49,	_											
LP - 27-3277379, 1999	_											
BROADWAY, SUITE 1000, DENVER,	_											
<u>CO 80202</u>	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		ζ	
MERCY HOUSING CALIFORNIA 50,	_											
LP - 27-3381977, 1999	_											
BROADWAY, SUITE 1000, DENVER,	_											
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		ζ	
MERCY HOUSING CALIFORNIA 51,												
LP - 94-2963228, 1999												
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		ζ	
MERCY HOUSING CALIFORNIA 52,												
LP - 45-2751062, 1999												
BROADWAY, SUITE 1000, DENVER,												
<u>CO 80202</u>	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		ζ	
MERCY HOUSING CALIFORNIA 53,												
LP - 45-2050339, 1999												
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		ζ	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(r	ı)	(i)	(j		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disprop ate alloc		Code V-UBI amount in box	mana	al or Percer ging owner	ntage ership
C C		foreign country)		excluded from tax under sections 512-514)		assets	Yes	No	20 of Schedule K-1 (Form 1065)	partr Yes	51 :	•
MERCY HOUSING CALIFORNIA 54		country)					103	110				
LP - 94-2963228, 1999												
BROADWAY, SUITE 1000, DENVER,	1											
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		ς	
MERCY HOUSING CALIFORNIA 55,												
LP - 45-3710672, 1999												
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		ς	
MERCY HOUSING CALIFORNIA 56,												
LP - 45-4659051, 1999												
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		ς	
MERCY HOUSING CALIFORNIA 57,												
LP - 45-4711412, 1999												
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		ς	
MERCY HOUSING CALIFORNIA 58												
LP - 45-4486957, 1999												
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		ς	
MERCY HOUSING CALIFORNIA 59,												
LP - 46-2537487, 1999												
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		ζ	
MERCY HOUSING CALIFORNIA 60,												
LP - 46-1239561, 1999												
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		ζ	
MERCY HOUSING CALIFORNIA 61,												
LP - 46-3636570, 1999												
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		ς	
MERCY HOUSING CALIFORNIA 62,												
LP - 46-3424351, 1999												
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		C	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop		Code V-UBI	General or managing	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate alloc	cations?	amount in box 20 of Schedule	partner?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
MERCY HOUSING CALIFORNIA 63,	4										
LP - 46-3921420, 1999	4										
BROADWAY, SUITE 1000, DENVER,	4							L	/-	L_	
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A	X	
MERCY HOUSING CALIFORNIA 64,	4										
LP - 46-5015672, 1999	4										
BROADWAY, SUITE 1000, DENVER,	4										
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A	X	
MERCY HOUSING CALIFORNIA 65,	_										
LP - 47-1120541, 1999											
BROADWAY, SUITE 1000, DENVER,											
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A	X	
MERCY HOUSING CALIFORNIA 66,											
LP - 47-3441276, 1999											
BROADWAY, SUITE 1000, DENVER,											
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
MERCY HOUSING CALIFORNIA 67,											
LP - 47-3628711, 1999	]										
BROADWAY, SUITE 1000, DENVER,	1										
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
MERCY HOUSING CALIFORNIA 68,											
LP - 47-4992813, 1999	1										
BROADWAY, SUITE 1000, DENVER,	1										
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
MERCY HOUSING CALIFORNIA 69,											
LP - 47-5419818, 1999	1										
BROADWAY, SUITE 1000, DENVER,	1										
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
MERCY HOUSING CALIFORNIA 70,		_									
LP - 47-5463378, 1999	1										
BROADWAY, SUITE 1000, DENVER,	1										
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
MERCY HOUSING CALIFORNIA 71,										† [ <sup>-</sup>	
LP - 47-5468338, 1999	1										
BROADWAY, SUITE 1000, DENVER,	1										
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(j		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop ate alloc		Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Percent ging er?	tage ship
		foreign country)		sections 512-514)		833613	Yes	No		Yes	No	
MERCY HOUSING CALIFORNIA 72,												
LP - 81-1758210, 1999												
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		ζ	
MERCY HOUSING CALIFORNIA 73,												
LP - 81-2079108, 1999												
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		ζ	
MERCY HOUSING CALIFORNIA 74,												
LP - 81-2465663, 1999												
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		ζ	
MERCY HOUSING CALIFORNIA 75,												
LP - 81-2748406, 1999												
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		ζ	
MERCY HOUSING CALIFORNIA 76,												
LP - 36-4847211, 1999												
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		ζ	
MERCY HOUSING CALIFORNIA I -												
84-1210914, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		ζ	
MERCY HOUSING CALIFORNIA II -												
94-3187825, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		ζ	
MERCY HOUSING CALIFORNIA III												
- 94-3187826, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		ζ	
MERCY HOUSING CALIFORNIA IX -												
94-3230471, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		ζ	

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year	( <b>†</b> Disprop	ortion-	(i) Code V-UBI amount in box	(j Gene mana	ral or	<b>(k)</b> Percentage ownership
		(state or foreign country)	Unity	excluded from tax under sections 512-514)		assets	ate alloc Yes	ations?	20 of Schedule K-1 (Form 1065)	parti		
	_											
MERCY HOUSING CALIFORNIA V -	-											
94-3229051, 1999 BROADWAY, SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A		x	
			N/ 21					<u> </u>	N/A			
MERCY HOUSING CALIFORNIA VI -	1											
94-3224528, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		X	
MERCY HOUSING CALIFORNIA VII	_											
- 94-3229540, 1999 BROADWAY,	_	~ ~							/ -			
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		x	
MERCY HOUSING CALIFORNIA X	-											
(THE ROSE) - 94-3232501, 1999 BROADWAY, SUITE 1000, DENVER,	-											
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A		x	
								23	11/21			
MERCY HOUSING CALIFORNIA XI -	1											
94-3244521, 1999 BROADWAY,	1											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		x	
MERCY HOUSING CALIFORNIA XII	4											
- 94-3366333, 1999 BROADWAY,	_	~ ~							/ -			
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		x	
MERCY HOUSING CALIFORNIA XIII	-											
- 94-3377935, 1999 BROADWAY,	-											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A		x	
MERCY HOUSING CALIFORNIA XIV	1											
- 94-3377941, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		x	
	-											
MERCY HOUSING CALIFORNIA XIX	4											
- 01-0716135, 1999 BROADWAY,	4							<b>.</b>	27 ( 2		.,	
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		X	

(a) Name, address, and EIN	<b>(b)</b> Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Predominant income	<b>(f)</b> Share of total	(g) Share of	(h Disprop	-	(i) Code V-UBI amount in box	(j Gener	al or Perce	( <b>k)</b> entage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate alloc		20 of Schedule K-1 (Form 1065)	parti		ersnip
		country)		3000013 012 014)			Yes	No		res		
MERCY HOUSING CALIFORNIA XL -	1											
26-1398920, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A		<u>د</u>	
MERCY HOUSING CALIFORNIA XLI	-											
- 26-2350027, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		<u>د</u>	
MERCY HOUSING CALIFORNIA XLII	-											
- 26-2575525, 1999 BROADWAY,	-											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		x	
MERCY HOUSING CALIFORNIA												
XLIII - 26-2553554, 1999												
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		κ 📃	
MERCY HOUSING CALIFORNIA XLIV												
- 26-3583090, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		<u>د</u>	
MERCY HOUSING CALIFORNIA XLV	-											
- 65-1308076, 1999 BROADWAY,	-											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A		x	
MERCY HOUSING CALIFORNIA		011							11/11	1 1	-	
XLVII - 27-2930358, 1999	-											
BROADWAY, SUITE 1000, DENVER,	1											
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A		c	
MERCY HOUSING CALIFORNIA XV -												
94-3379316, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		ζ	
NEDAY HOHATNA ANT LEODNEN WIT	4											
MERCY HOUSING CALIFORNIA XVI	4											
- 94-3381170, 1999 BROADWAY,	LOW_INC HENC	CA	NT / A	P FT. A TFD				v	N/A		c	
SUITE 1000, DENVER, CO 80202	HOM-INC HENG	LA	N/A	RELATED				X	N/A		7	

(a) Name, address, and EIN	<b>(b)</b> Primary activity	(c) Legal domicile	(d) Direct controlling	<b>(e)</b> Predominant income	<b>(f)</b> Share of total	<b>(g)</b> Share of	(h Disprop	-	(i) Code V-UBI	(j Gener	al or Percent	tane
of related organization		(state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate alloc Yes	ations? <b>No</b>	amount in box 20 of Schedule K-1 (Form 1065)	parti		hip
MERCY HOUSING CALIFORNIA XVII	4											
- 94-3400496, 1999 BROADWAY,	4								/-		_	
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		ζ	
MERCY HOUSING CALIFORNIA	4											
XVIII - 03-0376881, 1999	4											
BROADWAY, SUITE 1000, DENVER,		<b>CD</b>						<b>T</b> 7	<b>NT / 7</b>		-	
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A	╞	ζ	
MERCY HOUSING CALIFORNIA XX -	-											
36-4497277, 1999 BROADWAY,	-											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNC	CA	N/A	RELATED				x	N/A		c	
	LOW INC HISNG	CA	N/A	REDATED				<u>л</u>	N/A	ŀľ	<u> </u>	
MERCY HOUSING CALIFORNIA XXI	-											
- 48-1259652, 1999 BROADWAY,	-											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		c	
,,,		011							11/11	t f	<u> </u>	
MERCY HOUSING CALIFORNIA XXII	1											
- 35-2172040, 1999 BROADWAY,	1											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		ς	
MERCY HOUSING CALIFORNIA											-	
XXIII - 82-0560494, 1999	1											
BROADWAY, SUITE 1000, DENVER,	1											
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		ς	
MERCY HOUSING CALIFORNIA XXIV	1											
- 74-3052786, 1999 BROADWAY,	1											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		C	
MERCY HOUSING CALIFORNIA XXIX												
- 73-1729092, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		ζ	
	_											
MERCY HOUSING CALIFORNIA XXV	4											
- 81-0564415, 1999 BROADWAY,	4											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				Х	N/A		Σ	

(a) Name, address, and EIN	<b>(b)</b> Primary activity	(c) Legal domicile	(d) Direct controlling	<b>(e)</b> Predominant income	<b>(f)</b> Share of total	(g) Share of	(ł Disprop	<b>1)</b> portion-	(i) Code V-UBI	<b>(j)</b> General or	<b>(k)</b> Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate alloo	cations?	amount in box 20 of Schedule	managing partner?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
MERCY HOUSING CALIFORNIA XXVI	-										
- 58-2679059, 1999 BROADWAY,	-										
, , ,	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
MERCY HOUSING CALIFORNIA											
XXVII - 65-1207291, 1999	1										
BROADWAY, SUITE 1000, DENVER,											
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
MERCY HOUSING CALIFORNIA											
XXVIII - 73-1721242, 1999											
BROADWAY, SUITE 1000, DENVER,											
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	X	
MERCY HOUSING CALIFORNIA XXX	_										
- 61-1488186, 1999 BROADWAY,	_								/_		
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				<u>x</u>	N/A	X	
	_										
MERCY HOUSING CALIFORNIA XXXI	-										
- 87-0756700, 1999 BROADWAY,		~~						77	NT / 7		
	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	X	
MERCY HOUSING CALIFORNIA	-										
XXXII - 87-0756940, 1999 BROADWAY, SUITE 1000, DENVER,	-										
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
MERCY HOUSING CALIFORNIA								<u></u>	N/A		
XXXIV, LP - 51-0594948, 1999	-										
BROADWAY, SUITE 1000, DENVER,	-										
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
MERCY HOUSING CALIFORNIA		_									
XXXIX - 01-0885277, 1999	1										
BROADWAY, SUITE 1000, DENVER,	1										
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	x	
MERCY HOUSING CALIFORNIA XXXV											
- 76-0827799, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A	X	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disproportion	amount in box	General or managing	Percentage ownership
or related organization		(state or foreign	entity	excluded from tax under	Income	assets	ate allocation	20 of Schedule	partiters	-
NEDOV HOHATNA ANT TEODNES		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	<u> </u>
MERCY HOUSING CALIFORNIA XXXVI - 56-2568833, 1999	-									
BROADWAY, SUITE 1000, DENVER,	-									
CO 80202	LOW-INC HSNG	CA	N/A	RELATED			x	N/A	x	
MERCY HOUSING CALIFORNIA	Low The Hong	CA	N/ 21					N/A		<u> </u>
XXXVIII - 33-1153406, 1999	-									
BROADWAY, SUITE 1000, DENVER,	-									
CO 80202	LOW-INC HSNG	CA	N/A	RELATED			x	N/A	x	
									+ [-	
MERCY HOUSING COLORADO I, LTD	-									
- 84-1176712, 1999 BROADWAY,	-									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	со	N/A	RELATED			x	N/A	x	
MERCY HOUSING COLORADO III -										
84-1292696, 1999 BROADWAY,										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CO	N/A	RELATED			x	N/A	x	
MERCY HOUSING COLORADO V -										
84-1318329, 1999 BROADWAY,										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CO	N/A	RELATED			x	N/A	x	
MERCY HOUSING COLORADO VI -										
84-1361296, 1999 BROADWAY,										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CO	N/A	RELATED			X	N/A	X	
MERCY HOUSING COLORADO VII -										
84-1473883, 1999 BROADWAY,										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CO	N/A	RELATED			X	N/A	X	
	_									
MERCY HOUSING COLORADO VIII -	_									
93-1190349, 1999 BROADWAY,	_							/-	L_	
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CO	N/A	RELATED			X	N/A	X	
MERCY HOUSING COLORADO XI,	_									
LLC - 20-5331841, 1999	4									
BROADWAY, SUITE 1000, DENVER,		00						37.43		
CO 80202	LOW-INC HSNG	CO	N/A	RELATED			X	N/A	X	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ר)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disprop		Code V-UBI amount in box	General or managing	Percentage ownership
or related organization		(state or foreign	entity	excluded from tax under	Income	assets	ate alloc		20 of Schedule	partner?	ownersnip
MERCY HOUSING COLORADO-I, LTD		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
(GRACE) - 84-1176712, 1999	-										
BROADWAY, SUITE 1000, DENVER,	-										
CO 80202	LOW-INC HSNG	со	N/A	RELATED				x	N/A	x	
MERCY HOUSING COLORADO-IX -											
87-0706258, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CO	N/A	RELATED				X	N/A	X	
MERCY HOUSING GEORGIA 12, LP	-										
- 27-2987561, 1999 BROADWAY,	-										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED				x	N/A	x	
,,,		011							11/11		
MERCY HOUSING GEORGIA 13, LP	1										
- 45-5108221, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED				x	N/A	x	
	4										
MERCY HOUSING GEORGIA 14, LP	_										
- 46-2787254, 1999 BROADWAY,		<b>CD</b>						<b>N</b> 7	NT / 7		
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED				<u>x</u>	N/A	X	
MERCY HOUSING GEORGIA 15, LP	-										
- 46-5547801, 1999 BROADWAY,	1										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED				x	N/A	x	
MERCY HOUSING GEORGIA I -											
58-2461689, 1999 BROADWAY,	_							L	/-		
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED				X	N/A	X	
MERCY HOUSING GEORGIA III -	-										
43-1954812, 1999 BROADWAY,	-										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED				x	N/A	x	
,							1	-		<u>† </u> [⁻	
MERCY HOUSING GEORGIA IV -	]										
56-2328730, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED				х	N/A	X	

<b>(a)</b> Name, address, and EIN	<b>(b)</b> Primary activity	(c) Legal domicile	(d) Direct controlling	<b>(e)</b> Predominant income	<b>(f)</b> Share of total	(g) Share of	(h Disprop	-	(i) Code V-UBI	(j Gener		ntane
of related organization		(state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate alloc Yes	ations?	amount in box 20 of Schedule K-1 (Form 1065)	parti		ship
		oouni yy					103	NU		103		
MERCY HOUSING GEORGIA IX, LP	1											
- 20-8829418, 1999 BROADWAY,	1											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED				x	N/A		<u>د</u>	
MERCY HOUSING GEORGIA V, LP -	-											
90-0284434, 1999 BROADWAY,	1											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED				x	N/A		<u>د</u>	
MERCY HOUSING GEORGIA VI, LP	-											
- 20-4466474, 1999 BROADWAY,	1											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED				x	N/A		ζ	
MERCY HOUSING GEORGIA VIII LP	-											
- 58-2461689, 1999 BROADWAY.	-											
/	LOW-INC HSNG	GA	N/A	RELATED				х	N/A		c	
i												
MERCY HOUSING GEORGIA X -	]											
27-0162550, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED				X	N/A		ζ	
MERCY HOUSING GEORGIA XI, LP	-											
- 26-2523190, 1999 BROADWAY,	1											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED				х	N/A		ς	
MERCY HOUSING IDAHO NSP LLC												
(NSPID) - 27-1039061, 1999	]											
BROADWAY, SUITE 1000, DENVER,												
CO 80202	LOW-INC HSNG	ID	N/A	RELATED				Х	N/A		ζ 📃	
MERCY HOUSING IDAHO V												
(SISTERS VILLA) - 04-3624359,	4											
1999 BROADWAY, SUITE 1000,											-	
DENVER, CO 80202	LOW-INC HSNG	ID	N/A	RELATED				X	N/A		ζ	
MERCY HOUSING IOWA II L.P	-											
84-1284752, 1999 BROADWAY,	1											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IA	N/A	RELATED				Х	N/A		C I	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(j	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disprop ate alloc		Code V-UBI amount in box	mana	al or Percentaç <sup>jing</sup> ownershi
-		foreign country)		excluded from tax under sections 512-514)		assets	Yes	No	20 of Schedule K-1 (Form 1065)	partr Yes	
MERCY HOUSING MIDWEST		country)						110			
NEBRASKA, LLC - 20-1583332,	1										
1999 BROADWAY, SUITE 1000,											
DENVER, CO 80202	LOW-INC HSNG	NE	N/A	RELATED				x	N/A		ς
MERCY HOUSING S. CAROLINA I -	-										
59-3767323, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	SC	N/A	RELATED				х	N/A		ζ
MERCY HOUSING SENIOR											
PROPERTIES LLC - 94-3081666,											
1999 BROADWAY, SUITE 1000,											
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		ζ
MERCY HOUSING SOUTH CAROLINA											
I - 59-3767323, 1999											
BROADWAY, SUITE 1000, DENVER,											
CO 80202	LOW-INC HSNG	SC	N/A	RELATED				х	N/A		ζ
MERCY HOUSING SOUTH DAKOTA I,											
LLC - 20-2830331, 1999											
BROADWAY, SUITE 1000, DENVER,											
CO 80202	LOW-INC HSNG	SD	N/A	RELATED				х	N/A		ζ
MERCY HOUSING SOUTH DAKOTA											
II, LLC - 20-2830356, 1999											
BROADWAY, SUITE 1000, DENVER,											
CO 80202	LOW-INC HSNG	SD	N/A	RELATED				x	N/A		ζ
MERCY HOUSING UTAH I -	-										
02-0564555, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	UT	N/A	RELATED				х	N/A		ς
MERCY HOUSING WASHINGTON III											
- 91-1676111, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				х	N/A		ς
MERCY HOUSING WASHINGTON IX,											
LP - 65-1186086, 1999	7										
BROADWAY, SUITE 1000, DENVER,	7										
CO 80202	LOW-INC HSNG	WA	N/A	RELATED				х	N/A		ζ

(a) Name, address, and EIN	(b) Primary activity	(c) Legal	(d) Direct controlling	<b>(e)</b> Predominant income	<b>(f)</b> Share of total	<b>(g)</b> Share of	(h)	-	(i) Code V-UBI	(j Gener	(k) al or Percentage
of related organization	T Timary activity	domicile (state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate alloca	ations?	amount in box 20 of Schedule	mana partr	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
MERCY HOUSING WASHINGTON V -	-										
84-1457612, 1999 BROADWAY,	-										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	OR	N/A	RELATED				x	N/A		c
,							† †				
MERCY HOUSING WASHINGTON VI -											
84-1459924, 1999 BROADWAY,	]										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				X	N/A		κ 📃
	_										
MERCY HOUSING WASHINGTON VII	4										
- 91-2038920, 1999 BROADWAY,	4						1 1				
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				X	N/A		ζ
	4										
MERCY HOUSING WASHINGTON VIII	4						1 1				
<u>- 91-2124779, 1999 BROADWAY,</u>	4						1 L		/ -		_
/	LOW-INC HSNG	WA	N/A	RELATED			2	X	N/A		ζ
MERCY HOUSING WASHINGTON X,	4						1 1				
LLC - 55-0887839, 1999	4						1 1				
BROADWAY, SUITE 1000, DENVER,		7.77							NT / 7		-
CO 80202	LOW-INC HSNG	WA	N/A	RELATED				X	N/A		ζ
MERCY LOAN FUND SUB-CDE / LLC	-										
- 27-1326149, 1999 BROADWAY.	-										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	со	N/A	RELATED				x	N/A		c
MERCY PROPERTIES WASHINGTON							t f		N/A	┼╴┦	<u> </u>
I, LLC = 20-1031378, 1999	-						1 1				
BROADWAY, SUITE 1000, DENVER,	-						1 1				
CO 80202	LOW-INC HSNG	WA	N/A	RELATED			5	x	N/A		c
MERCY PROPERTIES WASHINGTON							t f	-		1 1	-
	1						1 1				
BROADWAY, SUITE 1000, DENVER,	1										
CO 80202	LOW-INC HSNG	WA	N/A	RELATED				x	N/A		x
MHC HEALTH 1 LP - 47-3554305	]										
1999 BROADWAY, SUITE 1000	]										
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		K

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportion	Code V-UBI	General or	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate allocations	- 20 of Schedule	partitier :	ownership
		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
MHC HEALTH 2, LP - 47-4515862	-									
1999 BROADWAY, SUITE 1000	-									
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED			x	N/A	x	
								11/21		
MHNW 9 OTHELLO EAST LP -	1									
47-1620007, 1999 BROADWAY,										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			x	N/A	x	
	4									
MHNW 10 OTHELLO WEST LP -	_									
47-1614235, 1999 BROADWAY,	_									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			X	N/A	X	
MHNW 11 WOODLAKES LP -	4									
47-2334969, 1999 BROADWAY,	-									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			x	N/A	x	
MHNW 12 ELEANOR APARTMENTS		1121						11/21		
LLLP = 47-3599013, 1999	1									
BROADWAY, SUITE 1000, DENVER,	1									
CO 80202	LOW-INC HSNG	WA	N/A	RELATED			x	N/A	x	
MHNW 13 BUILDING 9 SOUTH LP -										
47-4660134, 1999 BROADWAY,										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			X	N/A	X	
	4									
MHNW 14 BUILDING 9 NORTH LP -	-									
47-4683004, 1999 BROADWAY, SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			x	N/A	x	
3011E 1000, DERVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				N/A		
MHNW 15 BUILDING 9 CENTER LP	-									
- 81-3897409, 1999 BROADWAY,	-									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			x	N/A	x	
MHSE ADAMSVILLE GREEN SENIOR										
PARTNERS - 26-2523190, 1999	]									
BROADWAY, SUITE 1000, DENVER,	]									
CO 80202	LOW-INC HSNG	GA	N/A	RELATED			X	N/A	X	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportion		General or	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate allocations	amount in box 20 of Schedule	partner?	ownership
		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
	4									
MHSE HERITAGE SENIOR LP -	-									
27-5085069, 1999 BROADWAY,		<b>CD</b>						27 / 2		
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED			X X	N/A	X	
MHSE MERCY PARK LP -	-									
	-									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED			x	N/A	x	
		011								
MHSE PINELAKE LP - 80-0616765	1									
1999 BROADWAY, SUITE 1000	-									
DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED			x	N/A	x	
MHSE PINELAKE I LP -										
90-0856866, 1999 BROADWAY,										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED			x	N/A	x	
MHSE REYNOLDSTOWN SENIOR GP,										
LLC - 46-3048811, 1999										
BROADWAY, SUITE 1000, DENVER,										
CO 80202	LOW-INC HSNG	GA	N/A	RELATED			x	N/A	X	
	4									
MHSE REYNOLDSTOWN SENIOR LP -	_									
46-3054017, 1999 BROADWAY,	_									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	GA	N/A	RELATED			X	N/A	X	
MSHE WILSON SENIOR RESIDENCE	_									
LP - 46-4907701, 1999	_									
BROADWAY, SUITE 1000, DENVER,	_									
CO 80202	LOW-INC HSNG	GA	N/A	RELATED			X	N/A	X	
	4									
MONROE VILLA - 77-0601463	-									
1999 BROADWAY, SUITE 1000	-	5.73						27 / 2		
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			X	N/A	X	
MONSTONOD LYNE ID	4									
MONSIGNOR LYNE, LP - 65-1308080, 1999 BROADWAY,	4									
SUITE 1000, DENVER, CO 80202	LOW-INC HENG	CA	N/A	RELATED			x	N/A	x	
SOLIE 1000, DENVER, CO 80202	HOM-THC UPING	CA	N/A	NEUALED				IN/A		<u> </u>

MORTGAGE RESOLUTION FUND LLC - 45-3801619, 120 LASALLE SUITE 1850, CHICAGO, IL 60603 MANA MOSES LAKE ESTATES - 20-1031378, 1999 BROADWAY, SUITE 1000, DENVER, CO 80202 LOW-	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop ate alloc <b>Yes</b>		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? <b>Yes No</b>	Percentage ownership
MORTGAGE RESOLUTION FUND LLC - 45-3801619, 120 LASALLE SUITE 1850, CHICAGO, IL 60603 MOSES LAKE ESTATES - 20-1031378, 1999 BROADWAY, SUITE 1000, DENVER, CO 80202 LOW-	IAGEMENT	foreign country)	enny	excluded from tax under	income				20 of Schedule	partner?	ownersnip
- 45-3801619, 120 LASALLE SUITE 1850, CHICAGO, IL 60603 MANA MOSES LAKE ESTATES - 20-1031378, 1999 BROADWAY, SUITE 1000, DENVER, CO 80202 LOW-	IAGEMENT			sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	,
- 45-3801619, 120 LASALLE SUITE 1850, CHICAGO, IL 60603 MANA MOSES LAKE ESTATES - 20-1031378, 1999 BROADWAY, SUITE 1000, DENVER, CO 80202 LOW-	IAGEMENT	IL									
SUITE 1850, CHICAGO, IL 60603 MANA MOSES LAKE ESTATES - 20-1031378, 1999 BROADWAY, SUITE 1000, DENVER, CO 80202 LOW-	NAGEMENT	IL									
60603 MANA MOSES LAKE ESTATES - 20-1031378, 1999 BROADWAY, SUITE 1000, DENVER, CO 80202 LOW-	IAGEMENT	IL									
MOSES LAKE ESTATES - 20-1031378, 1999 BROADWAY, SUITE 1000, DENVER, CO 80202 LOW-	AGEMENT	ТП	- / -						<b>NT / N</b>	57	
20-1031378, 1999 BROADWAY, SUITE 1000, DENVER, CO 80202 LOW-			N/A	RELATED				X	N/A	X	
20-1031378, 1999 BROADWAY, SUITE 1000, DENVER, CO 80202 LOW-											
SUITE 1000, DENVER, CO 80202 LOW											
, ,	-INC HSNG	WA	N/A	RELATED				x	N/A	x	
MPI HIGHLAND PLACE											
APARTMENTS, LP - 58-2461689,											
1999 BROADWAY, SUITE 1000,											
DENVER, CO 80202 LOW-	-INC HSNG	GA	N/A	RELATED				х	N/A	x	
NEAR NORTH PARTNERSHIP -											
32-0143113, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202 LOW-	-INC HSNG	IL	N/A	RELATED				Х	N/A	x	
NEARY LAGOON PARTNERS -											
77-0256317, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202 LOW-	V-INC HSNG	CA	N/A	RELATED				X	N/A	X	
NEW DANA STRAND IV-A, LP -											
47-3082758, 1999 BROADWAY,											
/	V-INC HSNG	CA	N/A	RELATED				X	N/A	X	ļ
NEW DANA STRAND PARTNERS I,											
LP - 51-0524022, 1999											
BROADWAY, SUITE 1000, DENVER,		<b>a</b> 1									
<u>CO 80202</u> LOW-	V-INC HSNG	CA	N/A	RELATED				X	N/A	X	
NEW DANA STRAND TOWNHOMES -											
51-0524022, 1999 BROADWAY,		<b>CA</b>	NT / 3					x	NT / 7		
SUITE 1000, DENVER, CO 80202 LOW-	V-INC HSNG	CA	N/A	RELATED			$\left  \right $	Δ	N/A	X	
NEW STERLING PARK LLC -											l
27-2523530, 1999 BROADWAY,											1
SUITE 1000, DENVER, CO 80202 LOW-	-INC HSNG	IL	N/A	RELATED				х	N/A	x	1

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportion-	Code V-UBI	General or	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate allocations	- 20 of Schedule	parator:	ownership
		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
NEW STERLING PARK MM LLC -	-									
27-2523309, 1999 BROADWAY,	-									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED			x	N/A	x	
5011E 1000, DENVER, CO 80202	LOW-INC HENG	111	N/A	RELATED				N/A		
NEW TACOMA PHASE I OWNER LP -	-									
26-4569316, 1999 BROADWAY,										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			x	N/A	x	
i										
NEW TACOMA PHASE II MERCY LLC										
- 45-2478067, 1999 BROADWAY,										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			x	N/A	x	
NEW TACOMA SENIOR HOUSING										
PHASE I - 26-4569316, 1999										
BROADWAY, SUITE 1000, DENVER,										
CO 80202	LOW-INC HSNG	WA	N/A	RELATED			x	N/A	X	
NORTHGLEN, LP - 26-4578510										
1999 BROADWAY, SUITE 1000										
DENVER, CO 80202	LOW-INC HSNG	NE	N/A	RELATED			X	N/A	X	
	_									
OAK HARBOR - 77-0601463	_									
1999 BROADWAY, SUITE 1000		5.73						27 / 2		
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			X	N/A	X	
OLYMPIC - 77-0601463	-									
1999 BROADWAY, SUITE 1000	-									
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			x	N/A	x	
PARK TERRACE APTS. (PARK		WA .	N/ 21					N/A		
TERRACE APTS.) - 94-3332881,	-									
1999 BROADWAY, SUITE 1000,	-									
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED			x	N/A	x	
, – - –							<u> </u>			
PARKSIDE TERRACE LP -	1									
36-3914505, 1999 BROADWAY,	1									
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED			x	N/A	x	

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year	(h Disprop	ortion-	(i) Code V-UBI amount in box	(j Gener mana		<b>(k)</b> rcentage vnership
or rolated organization		(state or foreign country)	Ontry	excluded from tax under sections 512-514)	income	assets	ate alloc Yes	ations?	20 of Schedule K-1 (Form 1065)	paru		merenip
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			1.00					
PILCHUCK - 77-0601463	1											
1999 BROADWAY, SUITE 1000	]											
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				x	N/A		x	
PINE ROAD VILLAGE -	-											
20-1031378, 1999 BROADWAY,	1											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				x	N/A		x 📃	
PINEWOOD COURT APARTMENTS -	-											
68-0435836, 1999 BROADWAY,	1											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A		x 📃	
	-											
1999 BROADWAY, SUITE 1000	-											
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		x	
RAINER VISTA BLOCK 43 OWNER												
LP - 27-3221112, 1999	1											
BROADWAY, SUITE 1000, DENVER,	1											
CO 80202	LOW-INC HSNG	WA	N/A	RELATED				X	N/A		x 📃	
RED DOOR LIMITED PARTNERSHIP	-											
- 36-3915050, 1999 BROADWAY,	1											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED				x	N/A		x 📃	
ROCK CREEK TERRACE -	-											
20-1031378, 1999 BROADWAY,	-											
	LOW-INC HSNG	WA	N/A	RELATED				x	N/A		x	
ROSELAND LIMITED PARTNERHSIP	4											
- 36-4304416, 1999 BROADWAY,	-											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED				х	N/A		x	
ROSELAND PLACE LP -	4											
80-0195044, 1999 BROADWAY,								<b>.</b>	37 / 3			
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED				X	N/A		X	

<b>(a)</b> Name, address, and EIN	<b>(b)</b> Primary activity	(c) Legal	(d) Direct controlling	<b>(e)</b> Predominant income	<b>(f)</b> Share of total	<b>(g)</b> Share of	(r Disprop		(i) Code V-UBI	(j) General or	<b>(k)</b> Percentage
of related organization	i innary dorivity	domicile (state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate alloc Yes		amount in box 20 of Schedule	managing partner? Yes No	ownership
SAN FELIPE HOMES (SAN FELIPE											
HOMES) - 95-4384732, 1999											
BROADWAY, SUITE 1000, DENVER,											
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A	X	
SANDSTONE - 20-1031378	-										
1999 BROADWAY, SUITE 1000											
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				x	N/A	X	
SAXONY MANOR, LLC -	-										
35-2521928, 1999 BROADWAY,	1										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WI	N/A	RELATED				x	N/A	x	
SC RESIDENCE LLC - 26-0675562	-										
1999 BROADWAY, SUITE 1000	-										
DENVER, CO 80202	LOW-INC HSNG	WI	N/A	RELATED				x	N/A	x	
SILVERCREST - 20-1031378	-										
1999 BROADWAY, SUITE 1000	-										
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				x	N/A	x	
SKAGIT VILLAGE - 77-0601463											
1999 BROADWAY, SUITE 1000											
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				X	N/A	X	
SOMERSET SENIOR HSG											
74-2765568, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	TX	N/A	RELATED				X	N/A	X	
SOUTH LOOP APARTMENTS -	-										
36-4027476, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED				x	N/A	x	
ST. ANDREW COMMUNITY, LP -	-										
65-1308080, 1999 BROADWAY,	1										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A	x	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year	(h Disprop	ortion-	(i) Code V-UBI amount in box	mana	ral or P	<b>(k)</b> Percentage ownership
0		(state or foreign country)		excluded from tax under sections 512-514)		assets	ate alloc Yes	No	20 of Schedule K-1 (Form 1065)	parti		p
		country)						110				
ST. MARY TOWER LLC -	]											
47-5627488, 1999 BROADWAY,												
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		x	
SUNNYDALE DEVELOPMENT CO LLC	-											
- 26-3566543, 1999 BROADWAY,	1											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				x	N/A		x	
GYONODE OFFERE CONONA LLA	-											
SYCAMORE STREET COMMONS LLC - 77-0117473, 1999 BROADWAY,	-											
, , ,	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		x	
							t t	21	11/21			
TAHOE VALLEY TOWNHOMES ASSOC.	-											
- 94-3298324, 1999 BROADWAY,	1											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		x	
THE KEATING BUILDING LITTLE												
VILLAGE LLC - 26-4584321,	]											
1999 BROADWAY, SUITE 1000,	]											
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED				X	N/A		x	
THIRD AND LECANTE LP -	-											
26-4176495, 1999 BROADWAY,	-											
· · · · ·	LOW-INC HSNG	CA	N/A	RELATED				х	N/A		x	
VILLA COLUMBA MERCY							1 [				-	
RIVERSIDE, LP - 65-1308076,	1											
1999 BROADWAY, SUITE 1000,	1											
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		x	
	_											
VILLA KATHLEEN REDEVELOPMENT	_											
- 77-0601463, 1999 BROADWAY,	_								/_			
· · · ·	LOW-INC HSNG	WA	N/A	RELATED				X	N/A		<u>x</u>	
VILLAGE PARK HOUSING	4											
ASSOCIATES - 68-0254566, 1999	4											
BROADWAY, SUITE 1000, DENVER,		~~~							NT / 7			
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A		X	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop		Code V-UBI amount in box	General or managing	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate allo	cations?	20 of Schedule	partner?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
VISITATION VALLEY FAM. HSG.	-										
ASSOC 94-3275566, 1999	-										
BROADWAY, SUITE 1000, DENVER,		<b>CD</b>						37	<b>NT / N</b>	57	
CO 80202	LOW-INC HSNG	CA	N/A	RELATED				X	N/A	X	
WAPATO GARDENS - 20-1031378	-										
1999 BROADWAY, SUITE 1000	-										
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				x	N/A	x	
,								<u> </u>			
WASHINGTON SQUARE -	-										
20-1031378, 1999 BROADWAY,	-										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				x	N/A	x	
;											
WENTWORTH COMMONS -											
30-0082553, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	IL	N/A	RELATED				x	N/A	x	
WEST 28TH STREET - 95-4550003											
1999 BROADWAY, SUITE 1000											
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	RELATED				х	N/A	X	
WESTERN MANOR, LP -											
26-4578652, 1999 BROADWAY,											
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	NE	N/A	RELATED				X	N/A	X	
	_										
WOODLAKE MANOR - 77-0601463	_										
1999 BROADWAY, SUITE 1000	_								•-		
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED				X	N/A	X	
	_										
WOODLAKE MANOR II -	_										
77-0601463, 1999 BROADWAY,	4										
SUITE 1000, DENVER, CO 80202	LOW-INC HSNG	WA	N/A	RELATED			-	X	N/A	X	
	4										
	4										
	4										

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year	(h) Percentage ownership	512(	(i) ction (b)(13) trolled
or related organization		foreign country)	entity	or trust)	income	assets	ownersnip	ent Yes	tity?
AURORA SENIOR APARTMENTS GP, LLC -								103	
27-2564297, 1999 BROADWAY, SUITE 1000,	-								
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					x
BELRAY APARTMENTS CORPORATION - 36-4027474									
1999 BROADWAY, SUITE 1000	-								
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					х
BELVIDERE PLACE CORP., I, NFP - 26-3800299									<u> </u>
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	KY	N/A	C CORP					X
COUNTRYSIDE SENIORS LLC - 26-1483851									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					x
DANVILLE VETERANS HOUSING MM, LLC -									
36-4728761, 1999 BROADWAY, SUITE 1000,									
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					x
ENGLEWOOD APARTMENTS NFP - 26-1233523									
1999 BROADWAY, SUITE 1000	7								
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					x
ESPERANZA CROSSING II, LLC - 81-3887973									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	C CORP					x
GREENWICH PARK APARTMENTS MM LLC -									
61-1750718, 1999 BROADWAY, SUITE 1000,									
DENVER, CO 80202	LOW-INC HSNG	WI	N/A	C CORP					x
HAROLD WASHINGTON APARTMENTS CORPORATION -									
36-3556291, 1999 BROADWAY, SUITE 1000,									
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					x
HWA 850 EASTWOOD GP - 27-1257072									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					x
IMPACT FAMILY VILLAGE GP, LLC - 36-4715432									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	C CORP					Х
KANKAKEE STATION STREET SENIOR HOUSING MM									
LLC - 32-0399823, 1999 BROADWAY, SUITE 1000,									
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					Х

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	<b>(f)</b> Share of total income	(g) Share of end-of-year	(h) Percentage ownership	512( cont	(i) ction (b)(13) trolled tity?
		country)		or trust)		assets		Yes	T
MALDEN ARMS CORP II NFP - 36-3815990									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	C CORP					Х
MCDERMOTT PLACE - 47-0779682									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	IA	N/A	C CORP					Х
MCHG PARTNERS, INC. (MCHG) - 20-8824753									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					Х
MERCY AFFORDABLE HOUSING, INC. (MAHI) -									
82-0489878, 1999 BROADWAY, SUITE 1000,									
DENVER, CO 80202	LOW-INC HSNG	ID	N/A	C CORP					х
MERCY COMMERCIAL CALIFORNIA - 94-3382154									$\square$
1999 BROADWAY, SUITE 1000	-								
DENVER, CO 80202	LOW-INC HSNG	CA	N/A	C CORP					x
MERCY GALEWOOD SLF, INC 20-5825081									<u> </u>
1999 BROADWAY, SUITE 1000	-								
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					x
MERCY HOUSING GEORGIA XI GP, LLC -									<u> </u>
27-3316657, 1999 BROADWAY, SUITE 1000,	-								
DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					x
MERCY LITHONIA PARK VIEW, INC 20-8829364									<u> </u>
1999 BROADWAY, SUITE 1000	-								
DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					x
MERCY OTHELLO PLAZA CONDOMINIUM ASSOCIATION									<u> </u>
1999 BROADWAY, SUITE 1000	-								
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	C CORP					x
MERCY STERLING NFP - 27-4446431									<u> </u>
1999 BROADWAY, SUITE 1000	-								
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					x
									<u> </u>
1999 BROADWAY, SUITE 1000	1								
DENVER, CO 80202	LOW-INC HSNG	со	N/A	C CORP					x
MHSE ADAMSVILLE GREEN SENIOR PARTNERS -									<u> </u>
27-1321251, 1999 BROADWAY, SUITE 1000,	1								
DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					x

(a)	(b)	(c)	(d)	(e) Turca of antitu	(f)	(g)	(h)	( Sec	(i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	conti	(b)(13) trolled tity?
		foreign country)		or trust)		assets			No
MHSE ARBORS LLC - 27-3284075								100	
1999 BROADWAY, SUITE 1000	-								
DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					x
MHSE MERCY PARK GP, LLC - 47-3464689									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					x
MHSE SAVANNAH GARDENS PHASE III LLC -									
58-2434289, 1999 BROADWAY, SUITE 1000,									
DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					Х
MHSE SAVANNAH GARDENS PHASE IV GP -									
45-4967129, 1999 BROADWAY, SUITE 1000,									
DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					Х
MHSE SAVANNAH GARDENS PHASE V GP LLC -									
46-2777338, 1999 BROADWAY, SUITE 1000,									
DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					Х
MHL KEATING MM, LLC - 26-4584262									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					Х
MPI HIGHLAND PLACE LLC - 26-2380898									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					Х
NEAR NORTH APARTMENTS CORP. NF - 36-4570431									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					Х
NEW STERLING PARK MM, LLC - 27-2523309									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					X
NEW TACOMA CONDOMINIUM ASSOCIATION -									
47-3225087, 1999 BROADWAY, SUITE 1000,									
DENVER, CO 80202	LOW-INC HSNG	WA	N/A	C CORP					Х
ROSELAND APARTMENTS CORPORATION - 36-4304417									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					Х
SAVANNAH ROSE OF SHARON, LLC - 20-3591948									
1999 BROADWAY, SUITE 1000									
DENVER, CO 80202	LOW-INC HSNG	GA	N/A	C CORP					Х

	(b)	(c)	(d)	(e)	<b>(f)</b> Share of total	(g)	(h)	( Sec	tion b)(13) rolled tity?
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	income	Share of end-of-year	Percentage ownership	512(I contr	o)(13) rolled
		foreign country)	-	or trust)		assets			No
SOUTH LOOP APARTMENTS CORPORATION -								100	
36-4027475, 1999 BROADWAY, SUITE 1000,	-								
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					x
STAPLETON II MERCY LLC - 27-0954394									
1999 BROADWAY, SUITE 1000	-								
DENVER, CO 80202	LOW-INC HSNG	со	N/A	C CORP					x
WINTHROP APARTMENTS CORPORATION - 36-3855355									
1999 BROADWAY, SUITE 1000	-								
DENVER, CO 80202	LOW-INC HSNG	IL	N/A	C CORP					x
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# Schedule R (Form 990) 2016 MERCY HOUSING INC

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I	I-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	ζ
Gift, grant, or capital contribution to related organization(s)		X	ζ
Gift, grant, or capital contribution from related organization(s)		X	ζ
Loans or loan guarantees to or for related organization(s)		X	ζ
Loans or loan guarantees by related organization(s)		X	<u> </u>
Dividends from related organization(s)			
3 Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	11		
Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)		1	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)		X	<u> </u>
Reimbursement paid to related organization(s) for expenses	<b>1</b> p		
Reimbursement paid by related organization(s) for expenses			-
Other transfer of cash or property to related organization(s)	<u>1r</u>		
Cther 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.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) MERCY HOUSING CALIFORNIA	A	147,802.	CASH
(2) MERCY HOUSING CALIFORNIA	В	103,000.	CASH
(3) MERCY HOUSING LAKEFRONT	В	108,034.	САЅН
(4) MERCY HOUSING SOUTHEAST	В	64,457.	САЅН
(5) MERCY PORTFOLIO SERVICES	В	1,340,408.	CASH
(6) MERCY HOUSING SOUTHEAST	С	121,282.	CASH

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

(a) Name of other organization	<b>(b)</b> Transaction type (a-r)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(7)MERCY HOUSING CALIFORNIA	с	2,789,636.	CASH
(8)MERCY HOUSING CALIFORNIA PREDEVELOPMENT	D	935,539.	CASH
(9)MERCY HOUSING NORTHWEST PREDEVELOPMENT	D	1,081,259.	CASH
(10)MERCY HOUSING SOUTHEAST PREDEVELOPMENT	E	928,254.	CASH
_ (11)			
_ (12)			
_ (13)			
_ (14)			
_ (15)			
_ (16)			
_ (17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
_ (24)			

# Schedule R (Form 990) 2016 MERCY HOUSING INC

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)	(b)	(c)	(d)	6	<u>م</u>	(f)	(g)	(۲	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all	Share of	Share of		• <b>,</b> opor-	Code V-UBI	Genera	
of entity	i innary dotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(	(c)(3)	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ownership
,		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	
				163				163	NU	(************	163	

Schedule R (Form 990) 2016

# MERCY HOUSING INC

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

632165 09-06-16

97

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

# FOR THE YEAR ENDING

DECEMBER 31, 2016

# PREPARED FOR:

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

# PREPARED BY:

COHNREZNICK LLP 525 NORTH TRYON STREET CHARLOTTE, NC 28202

# TO BE SIGNED AND DATED BY:

NOT APPLICABLE

# AMOUNT OF TAX:

TOTAL AX	\$ 0
LESS: PAYMENTS AND CREDITS	\$ 0
PLUS: OTHER AMOUNT	\$ 0
PLUS: INTEREST AND PENALTIES	\$ 0
NO PAYMENT IS REQUIRED	\$

### **OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$ 0
OTHER AMOUNT	\$ 0
REFUNDED TO YOU	\$ 0

# MAKE CHECK PAYABLE TO:

NOT APPLICABLE

# MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

# **RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

# **SPECIAL INSTRUCTIONS:**

#### **California Exempt Organization** TAXABLE YEAR Annual Information Return 2016

199

(4) ▲ Other 990 series       N       N       Did the organization file Form 100 or Form 109 to report taxable income?       Image: second	<u> </u>							d an d'a a fara					
MERCY HOUSING INC     1847229       Anditudi Information: See instructions.     FEN       Bitter address (suffer or contril     1999 BROADWAY SUITE 1000     ImM too.       City     Bitter address (suffer or contril     ImM too.       DENVER     CO     80202       Promp province/additionation.     Immediate address (suffer or contril     Immediate address (suffer or contril       A First Return     Immediate Return     Immediate Return     Immediate Return     Immediate Return       A First Return     Immediate Return     Imme							, an	ia enaing (mr					<u>.                                    </u>
Additional information. See instructions.       IFIN         Breef address faulte or nom?       IPMB no.         1999 ROADWAY SUITE 1000       IPMB no.         City       State       Ze code         DENVER       CO       80202         Feetign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country         A First Feturin       Yes       X No       If exempt under RAT Csection 23701d, has the organization         B Amended Return       Yes       X No       If exempt under RAT Csection 23701d, has the organization         Final Information Return?       If exempt under RAT Csection 23701d, and meets the filing fee exception, check box. No filing       Yes         C IRG Section 4977(a) (1) Ironst       Oscin/23701d       and meets the filing fee exception, check box. No filing       Yes         C Irong Section 1970 (1) Ironst       Soort (2) Soort (2	Cor	poration/Or	ganiza	tion name					Calr	fornia corpo	oration r	number	
Additional information. See instructions.       IFIN         Breef address faulte or nom?       IPMB no.         1999 ROADWAY SUITE 1000       IPMB no.         City       State       Ze code         DENVER       CO       80202         Feetign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country         A First Feturin       Yes       X No       If exempt under RAT Csection 23701d, has the organization         B Amended Return       Yes       X No       If exempt under RAT Csection 23701d, has the organization         Final Information Return?       If exempt under RAT Csection 23701d, and meets the filing fee exception, check box. No filing       Yes         C IRG Section 4977(a) (1) Ironst       Oscin/23701d       and meets the filing fee exception, check box. No filing       Yes         C Irong Section 1970 (1) Ironst       Soort (2) Soort (2										1010			
Bineral address (subser monted)       47-0646706         Bineral address (subser monted)       PUBE nc.         1999 BROADWAY SUITE 1000       PUBE nc.         Cov       Board         DENVER       CO         Ferring province/statisticscurity       Foreing province/statisticscurity         Ferring province/statisticscurity       Foreing province/statisticscurity         Person country name       Ferring province/statisticscurity         Ferring province/statisticscurity       Foreing province/statisticscurity         Pinal Information Return       Yes         Co       Board address (Social Statisticscurity)         Ferring province/statisticscurity       Yes         Pinal Information Return       Wite Statisticscurity         Pinal Information Return       Wite Statisticscurity         Ferring province/statisticscurity       Wite Statisticscurity         Ferring return (statisticscurity)       Statisticscurity         Fectority <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>229</th><th></th><th></th></td<>											229		
Stores doubles built or room)         PMB no.           1999 BROADWAY SUITE 1000         PMB no.           Oily         Bate         CO         80202           Fereign country rame         Fereign province/state/state/source/state/source/state/source/state/source/state/source/state/source/state/source/state/source/state/source/state/source/state/source/source/state/source/source/state/sourc	Ado	litional infor	matior	1. See instructions.									
1999 BROADWAY SUITE 1000         Colspan="2">2" code         Colspan="2">2" code         DENVER       CO       8 20 colspan="2">2" code         Foreign country more       Foreign province/datate/country       Foreign province/datate<											646	706	
Opy       State       State       State         DENVER       CO       80 20 2         Freidign countity rame       Co       80 20 2         A       First Return       First Return       First Return       First Return       First Return         A       First Return       Yes       No       J       If exempt under R&TC Section 23701d, has the organization         B       Amended Return       Yes       No       J       If exempt under R&TC Section 23701d, has the organization         First Return       Desolved       surndverd (Windrawn)       MorgedFaorganized       Kis the organization exempt under R&TC Section 23701d         First Return       Gits Sins group fling? See instructions       Yes       No         F deteil return filed? (1)       can       (2)       sort (2)       sort (2)         (4)       Other space instructions       Yes       No       No       His this organization is exempt under R&TC Section 23701d         and the organization in a group exemption       Yes       No       No       No       No         P is a federal form T0237024 pending?       Yes       Yes       X       No         Part 1       Complete Part 1 unless not required to file this form. See General Instructions B and C.       1       13, 106, 948.										PMB no.			
DENVER       CO       80.202         Freign noutily name       Foreign point activity       Foreign point activity       Foreign point activity         A First Return       Image: Structure activity       Foreign point activity       Foreign point activity         B Amended Return       Image: Structure activity       Image: Structure activity       Image: Structure activity       Image: Structure activity         B Check accounting methods of structure activity       Image: Structure activity       Image: Structure activity       Image: Structure activity       Image: Structure activity         Field and Entry       Image: Structure activity	<u>19</u>	99 BI	ROZ	ADWAY SUITE 1000									
Foreign country name       Foreign province/state/county       Foreign positic code         A       First Return       Yes       X       No       J       If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.       •       Yes       X         B       Amended Return       •       Yes       X       No       J       If exempt under R&TC Section 23701d; P       •       Yes       X         C       IRC Section 4947(a)(1) trust       U       Yes       X       No       J       If exempt under R&TC Section 23701d; P       •       Yes       X         Foreign rounder the truit of the organization is exempt under R&TC Section 23701d; P       •       Yes       X       No       J       If organization is exempt under R&TC Section 23701d; P       •       Yes       X       No       J       If organization is exempt under R&TC Section 23701d; P       •       Yes       X       No       J       If organization is exempt under R&TC Section 23701d; P       •       Yes       X       No       J       If organization is exempt under R&TC Section 23701d; P       •       Yes       X       No       J       If organization is exempt under R&TC Section 23701d; P       •       Yes       X       No       J       If organization is exempt under R&TC Section 23701d;	City	,						St	ate	ZIP code			
A       First Return       Yes       X       No       J       If exempt under R&TC Section 23701d, has the organization engaged in political activities? Se instructions.       Yes       Yes         C       IRC Section 4947(a)(1) trust       Yes       X       No       J       If exempt under R&TC Section 23701d, has the organization engaged in political activities? Se instructions.       Yes       Yes         D       Final Information Return?       Wes       Section 23701d       An envisor of the organization exempt under R&TC Section 23701d         end       mediate (mixediatypro)       Section 23701d       An envisor of the organization exempt under R&TC Section 23701d         end       mediate (mixediatypro)       Section 23701d       An envisor of the organization a limited Liability Company?       Yes         Federal Ferturn Inde? (1)       soor (2)       soor (2)       Soor (3)       Son H exempt under R&TC Section 23701d         Is its is a granustation in a group exemption       Yes       X       No       Is the organization a limited Liability Company?       Yes       Yes       X         I Did the organization in a group exemption       Yes       X       No       Is the organization under audit by the IRS or has the IRS audited in a prior year?       Yes       Yes       X         I I Traported to the FIB? See instructions       Yes       X <td< th=""><th>DE</th><th>NVER</th><th></th><th></th><th></th><th></th><th></th><th>(</th><th>20</th><th>8020</th><th>2</th><th></th><th></th></td<>	DE	NVER						(	20	8020	2		
B       Amended Return <ul> <li></li></ul>	For	eign country	name	Foreig	gn province/state/cour	nty				Foreign p	ostal co	de	
B       Amended Return <ul> <li></li></ul>													
C       IRC Section 4947(a)(1) trust       IVes       Ves				———									
D       Final Information Return?       If Yes, 'enter the gross receipts from nonmember sources \$         L       If organization is exempt under RATC Section 23701d         Ence cate: (moreday)	В	Amended	Retu										
<ul> <li>Disacived</li> <li>Surrendered (Withdrawn)</li> <li>Merged/Reorganizad</li> <li>L If organization is exempt under R&amp;TC Section 23701d</li> <li>and meets the filing fee exception, check box. No filing</li> <li>fee is required.</li> <li>X</li> <li>M Is the organization a Limited Liability Company?</li> <li>Y es X</li> <li>M Is the organization in a group exemption</li> <li>Y es X</li> <li>No</li> <li>No</li> <li>B Is this organization in a group exemption</li> <li>Y es X</li> <li>No</li> <li>Did the organization have any changes to its guidelines</li> <li>not report taxable income?</li> <li>Y es X</li> <li>No</li> <li>Part 1</li> <li>Complete Part 1 unless not required to file this form. See General Instruction B</li> <li>C est or dynamic states than 30,000, see General Instruction B</li> <li>C est or dynamic states than 30,000, see General Instruction B</li> <li>C est or dynamic states than 30,000, see General Instruction B</li> <li>C est or dynamic state than 31, 106, 948.</li> <li>C est or dynamic state than 31, 31, 106, 948.</li> <li>C est or dynamic state than 31, 31, 324, 750.</li> <li>Expenses</li> <li>9 Total expenses and disbursements. Subtract line 14</li> <li>S and 31, 34, 499, 5266.</li> <li>Expenses</li> <li>9 Total expenses and disbursements. Subtract line 14 from line 8</li> <li>10 due state state than 11, subtract line 11 from line 12</li> <li>11 Total expenses and disbursements. Subtract line 12 from line 14</li> <li>13 expenses and disbursements. Subtract line 11 from line 12.</li> <li>14 Use tax See General Instruction F</li> <li>15 M/A</li> <li>16 expenses and disbursements. Subtract line 11 from line 12.</li> <li>16 expenses and disbursements. Subtract line 11 from line 12.</li> <li>17 balance. If line 11 is more than line 12, subtract line 11 from line 12.</li> <li>18 expenses and disbursements. Subtract line 11 from line 12.</li> <li>16 expenses and disbursements. Subtract line 11 from line 12.</li> <li>17 balance due to the 51, and line 15, and line 15, and line 14, sub</li></ul>	C	IRC Secti	on 49	)47(a)(1) trust Ye	es X No K	Is the o	organiza	ation exempt	under Ra	&TC Secti	ion 23	701g? • Yes X	No
Enter date: (mm/dd/yyyy) <ul> <li>Enter date: (mm/dd/yyyy)</li> <li></li></ul>	D	Final Info	rmati	on Return?		lf "Yes,	" enter t	the gross rec	eipts fro	m nonme	mber s	sources \$	
E       Check accounting method: (1) cash (2) X accoull (3) one-F       fee is required.       (X)         F       Federal return filed? (1) • one-F? (3) • set. H (set)       (X)		•	Dissol	ved Surrendered (Withdrawn) Merged/Re	eorganized L	lf orga	nization	is exempt ur	nder R&1	C Section	n 2370	)1d	
F       Federal return filed? (1) • • • • • • • • • • • • • • • • • • •						and me	eets the	filing fee exc	eption, c	heck box	. No fil	ling	
F       Federal return filed? (1) • sort (2) • s	Е	Check acc	count	ing method: (1) Cash (2) $X$ Accrual (3)	Other	fee is r	equired	•				• X	
G       is this a group filing? See instructions <ul> <li>Yes</li> <li>X ho</li> <li>Yes</li> <li></li></ul>	F	Federal re	turn	filed? (1) ● 990T (2) ● 990-PF (3) ●									No
H       Is this organization in a group exemption       Yes		(4) <b>X</b>	Other	990 series	Ν	Did the	e organi	zation file For	rm 100 c	r Form 10	09 to		
H       Is this organization in a group exemption       Yes	G	Is this a g	roup	filing? See instructions	es 🚺 No	report	taxable	income?				• Yes 🗴	No
I       Did the organization have any changes to its guidelines not reported to the FIB? See instructions       Image: Sec in	Н	Is this org	ganiz	ation in a group exemption 🛛 🗌 Ye									
I       Did the organization have any changes to its guidelines not reported to the FTB? See instructions		If "Yes," w	/hat i	s the parent's name?		IRS au	dited in	a prior year?				• Yes X	No
Increported to the FTB? See instructions       Yes       No         Part I       Complete Part I unless not required to file this form. See General Instructions B and C.         I       Gross sales or receipts form other sources. From Side 2, Part II, line 8       1       13,106,948.         2       Gross contributions, gifts, grants, and similar amounts received       3       10,217,802.         3       Gross contributions, gifts, grants, and similar amounts received       5       00         4       23,324,750.       4       23,324,750.         5       Cost of goods sold       5       00         6       Cost or other basis, and sales expenses of assets sold       6       00         7       Total expenses and disbursements. From Side 2, Part II, line 18       9       13,4999,526.         8       Total expenses and disbursements. Subtract line 9 from line 8       10       9,825,2244.         11       Total expenses and disbursements. Subtract line 12 from line 11       13       14         12       Use tax. See General Instruction K       11       12         13       Payment balance. If line 11 is more than line 12, subtract line 12 from line 11       13       14         14       Use tax. See General Instruction F       16       17         14       Use tax. See General Ins													No
Increported to the FTB? See instructions       Yes       No         Part I       Complete Part I unless not required to file this form. See General Instructions B and C.         I       Gross sales or receipts form other sources. From Side 2, Part II, line 8       1       13,106,948.         2       Gross contributions, gifts, grants, and similar amounts received       3       10,217,802.         3       Gross contributions, gifts, grants, and similar amounts received       5       00         4       23,324,750.       4       23,324,750.         5       Cost of goods sold       5       00         6       Cost or other basis, and sales expenses of assets sold       6       00         7       Total expenses and disbursements. From Side 2, Part II, line 18       9       13,4999,526.         8       Total expenses and disbursements. Subtract line 9 from line 8       10       9,825,2244.         11       Total expenses and disbursements. Subtract line 12 from line 11       13       14         12       Use tax. See General Instruction K       11       12         13       Payment balance. If line 11 is more than line 12, subtract line 12 from line 11       13       14         14       Use tax. See General Instruction F       16       17         14       Use tax. See General Ins	I	Did the or	gani	zation have any changes to its guidelines		Date fil	led with	IRS	-				
Part I       Complete Part I unless not required to file this form. See General Instructions B and C.         I Gross sales or receipts from other sources. From Side 2, Part II, line 8       1       1.3, 1.06, 948.         2       Gross dues and assessments from members and affiliates       2       3       1.0, 2.17, 802.         3       Gross contributions, gifts, grants, and similar amountopic received       STMT       1.0       3       1.0, 2.17, 802.         4       This line must be completed. If the result is less than \$50,000, see General Instruction B       4       2.3, 3.24, 7.50.         5       Cost of goods sold       5       00         6       Cost or other basis, and sales expenses of assets sold       5       00         7       Total costs. Add line 5 and line 6       7       8       2.3, 3.24, 7.50.         8       Total gross income. Subtract line 7 from line 4       8       2.3, 3.24, 7.50.         9       Total expenses and disbursements. From Side 2, Part II, line 18       9       1.3, 4.99, 5.26.         10       Excess of receipts over expenses and disbursements. Subtract line 9 from line 8       10       9, 8.25, 2.24.         11       Total apayments       11       12       13         12       Use tax. See General Instruction K       12       13		not repor	ted to	o the FTB? See instructions	es X No								
Receipts and Revenues       2       3       10,217,802.         3       Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3.       4       23,324,750.         4       Total gross receipts for filing requirement test. Add line 1 through line 3.       4       23,324,750.         5       00       6       00         6       Cost of goods sold       5       00         6       Cost of the basis, and sales expenses of assets sold       6       00         7       Total costs. Add line 5 and line 6       7       7         8       Total gross income. Subtract line 7 from line 4       8       23,324,750.         9       Total costs. Add line 5 from line 4       8       23,324,750.         9       Total costs. Add line 5 and line 6       7       7         8       Total gross income. Subtract line 7 from line 4       8       23,324,750.         9       Total expenses and disbursements. From Side 2, Part II, line 18       9       13,499,526.         10       Expenses       10       9,825,224.       11         11       Total payments       11       12       13         12       Use tax. See General Instruction K       12       14					e General Instruct	tions B	and C.						
Receipts and Revenues       2       Gross dues and assessments from members and affiliates       •       2         Revenues       3       Gross contributions, gifts, grants, and similar amounts received       STIMT       1       •       3       10,217,802.         and Revenues       4       This line must be completed. If the result is less than \$50,000, see General Instruction B       •       4       23,324,750.         5       Cost of goods sold       •       5       000       6       000         7       Total costs. Add line 5 and line 6       5       000       000       000         8       Total gross income. Subtract line 7 from line 4       8       23,324,750.       8       23,324,750.         Expenses       9       Total appress and disbursements. From Side 2, Part II, line 18       0       9       13,499,526.         10       Excess of receipts over expenses and disbursements. Subtract line 9 from line 8       10       9,825,224.         11       Total apyments       11       12       13       14         12       Use tax. See General Instruction K       11       13       14       14         13       Payment balance. If line 11 is more than line 12, subtract line 12 from line 11       13       14       14       14			1	Gross sales or receipts from other sources. From	Side 2, Part II, line	e 8				•	1	13,106,948.	00
and Revenues       Total goes treeps to treat these Aud line 1 and grant ess. Add line 1 and grant ess. Add line 5 and lines and solve see General Instruction B       •       4       23,324,750.         6       Cost of goods sold       •       5       00       6       00         7       Total costs. Add line 5 and line 6       7       7       7         8       Total costs. Add line 5 and line 6       7       7       7         8       Total costs. Add line 7 from line 4       •       8       23,324,750.         9       Total costs. Add line 7 from line 4       •       8       23,324,750.         9       Total expenses and disbursements. From Side 2, Part II, line 18       •       9       13,499,526.         10       Excess of receipts over expenses and disbursements. Subtract line 9 from line 8       10       9,825,224.         11       Total payments       •       11       12         12       Use tax balance. If line 11 is more than line 12, subtract line 12 from line 11       •       13         13       Payment balance. If line 12 is more than line 11, subtract line 11 from line 12       •       14         14       Use tax balance. If line 12 is more than line 11, subtract line 11 from the result       17       17         14       Use tax balance due. Add lin			2	Gross dues and assessments from members and	affiliates					•	2		00
and Revenues       Total goes treeps to treat these Aud line 1 and grant ess. Add line 1 and grant ess. Add line 5 and lines and solve see General Instruction B       •       4       23,324,750.         6       Cost of goods sold       •       5       00       6       00         7       Total costs. Add line 5 and line 6       7       7       7         8       Total costs. Add line 5 and line 6       7       7       7         8       Total costs. Add line 7 from line 4       •       8       23,324,750.         9       Total costs. Add line 7 from line 4       •       8       23,324,750.         9       Total expenses and disbursements. From Side 2, Part II, line 18       •       9       13,499,526.         10       Excess of receipts over expenses and disbursements. Subtract line 9 from line 8       10       9,825,224.         11       Total payments       •       11       12         12       Use tax balance. If line 11 is more than line 12, subtract line 12 from line 11       •       13         13       Payment balance. If line 12 is more than line 11, subtract line 11 from line 12       •       14         14       Use tax balance. If line 12 is more than line 11, subtract line 11 from the result       17       17         14       Use tax balance due. Add lin		!	3	Gross contributions, gifts, grants, and similar amo	ounts received				STMI	<u>'</u> 1•	3	10,217,802.	00
and Revenues       5       Cost of goods sold       5       00         6       Cost or other basis, and sales expenses of assets sold       6       00       6       00         7       Total costs. Add line 5 and line 6       7       7       7         8       Total gross income. Subtract line 7 from line 4       8       23,324,750.         9       Total expenses and disbursements. From Side 2, Part II, line 18       9       13,499,526.         10       Excess of receipts over expenses and disbursements. Subtract line 9 from line 8       10       9,825,224.         11       Total payments       11       12       11         12       Use tax. See General Instruction K       11       13         13       Payment balance. If line 11 is more than line 12, subtract line 12 from line 11       13       14         14       Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12       14       14         15       Filing fee \$10 or \$25. See General Instruction F       15       N/A         16       17       Datace due. Add line 12, line 15, and line 16. Then subtract line 11 from the result       17         17       Balance due. Add line 12, line 15, and line 16. Then subtract line 3 diatements, and to the best of my knowledge and belief, it is true, orrecet, and complete. Declare that have exam	ĸ		4	Total gross receipts for filing requirement test. Add line 1 thr This line must be completed. If the result is less than \$50,00	rough line 3. )0, see General Instru	ction B	<u></u>			•	4	23,324,750.	00
7       Total costs. Add line 5 and line 6       7         8       Total gross income. Subtract line 7 from line 4       8       23,324,750.         Expenses       9       Total expenses and disbursements. From Side 2, Part II, line 18       9       13,499,526.         10       Excess of receipts over expenses and disbursements. Subtract line 9 from line 8       10       9,825,224.         11       Total payments       11       12         12       Use tax. See General Instruction K       12         13       Payment balance. If line 11 is more than line 12, subtract line 12 from line 11       13         14       Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12       14         15       Filing fee \$10 or \$25. See General Instruction F       15         16       17       Balance due. Add line 12, and line 16. Then subtract line 11 from the result       17         Under penatities of privery. Jeckar examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.       17         Signature of officer       VICE       PRESIDENT       Date       0			5										
7       Total costs. Add line 5 and line 6       7         8       Total gross income. Subtract line 7 from line 4       8       23,324,750.         Expenses       9       Total expenses and disbursements. From Side 2, Part II, line 18       9       13,499,526.         10       Excess of receipts over expenses and disbursements. Subtract line 9 from line 8       10       9,825,224.         11       Total payments       11       12         12       Use tax. See General Instruction K       12         13       Payment balance. If line 11 is more than line 12, subtract line 12 from line 11       13         14       Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12       14         15       Filing fee \$10 or \$25. See General Instruction F       15         16       17       Balance due. Add line 12, and line 16. Then subtract line 11 from the result       17         Under penatities of privery. Jeckar examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.       17         Signature of officer       VICE       PRESIDENT       Date       0	ке	venues	6	Cost or other basis, and sales expenses of assets	sold	•	6			00			
8       Total gross income. Subtract line 7 from line 4       •       8       23,324,750.         Expenses       9       Total expenses and disbursements. From Side 2, Part II, line 18       •       9       13,499,526.         10       Excess of receipts over expenses and disbursements. Subtract line 9 from line 8       •       11       9       13,499,526.         11       Total payments       •       11       12       Use tax. See General Instruction K       •       11         12       Use tax. See General Instruction K       •       12       13       Payment balance. If line 11 is more than line 12, subtract line 12 from line 11       •       13         13       Payment balance. If line 12 is more than line 11, subtract line 11 from line 12       •       14       13         14       Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12       •       14       15       N/A         16       Penalties and Interest. See General Instruction J       16       17       17       17       17       17       17       17       17       17       17         5 Sign       Vice       Prestide and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on			7								7		00
Expenses       9       Total expenses and disbursements. From Side 2, Part II, line 18       9       13, 499, 526.         10       Excess of receipts over expenses and disbursements. Subtract line 9 from line 8       10       9, 825, 224.         11       Total payments       11       12         12       Use tax. See General Instruction K       12         13       Payment balance. If line 11 is more than line 12, subtract line 12 from line 11       13         14       Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12       14         14       Use tax balance. If line 12, is more than line 11, subtract line 11 from line 12       14         15       Filing fee \$10 or \$25. See General Instruction F       15         16       Penalties and Interest. See General Instruction J       16         17       Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result       17         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 bellef, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.       • Telephone         Signature of officer       Title       Pate       • Telephone         Oate       Check if       • PTIN			8	Total gross income. Subtract line 7 from line 4						•	8	23,324,750.	00
Expenses       10       Excess of receipts over expenses and disbursements. Subtract line 9 from line 8       10       9,825,224.         11       Total payments       11       11         12       Use tax. See General Instruction K       12         13       Payment balance. If line 11 is more than line 12, subtract line 12 from line 11       13         14       Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12       14         15       Filing fee \$10 or \$25. See General Instruction F       15         16       Penalties and Interest. See General Instruction J       16         17       Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result       17         Under penalties of perjury. I declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.       Telephone         Sign Here       Signature of officer       Telephone       Telephone         0       Date       Check if       PTIN	_		9		Devel II. Page 40						9	13,499,526.	00
11       Total payments       •       11         12       Use tax. See General Instruction K       •       12         13       Payment balance. If line 11 is more than line 12, subtract line 12 from line 11       •       13         14       Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12       •       14         15       Filing fee \$10 or \$25. See General Instruction F       •       15       N/A         16       Penalties and Interest. See General Instruction J       •       16         17       Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result       •       17         Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.       • </th <td>Ex</td> <td>penses</td> <td>10</td> <td>Excess of receipts over expenses and disburseme</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>10</td> <td>9,825,224.</td> <td>00</td>	Ex	penses	10	Excess of receipts over expenses and disburseme							10	9,825,224.	00
12       Use tax. See General Instruction K       •       12         13       Payment balance. If line 11 is more than line 12, subtract line 12 from line 11       •       13         14       Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12       •       14         15       Filing fee \$10 or \$25. See General Instruction F       •       15       N/A         16       •       16       •       17         17       Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result       •       17         0nder penalties of perjury.1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.       •			11								11		00
Filing Fee       13       Payment balance. If line 11 is more than line 12, subtract line 12 from line 11       •       13         14       Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12       •       14         15       Filing fee \$10 or \$25. See General Instruction F       •       15         16       •       16         17       Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result       •       17         0       0       0       0       0       0         18       Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.       •			12								12		00
Filing Fee       14       Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12       •       14         15       Filing fee \$10 or \$25. See General Instruction F       15       N/A         16       Penalties and Interest. See General Instruction J       16         17       Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result       •       17         Vinder penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.       •			13								13		00
15     Filing fee \$10 or \$25. See General Instruction F     15     N/A       16     Penalties and Interest. See General Instruction J     16       17     Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result     17       Vinder penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.     17       Sign Here     Signature of officer     VICE     PRESIDENT     Date     Telephone	Fil	ing Fee	14								14		00
16 Penalties and Interest. See General Instruction J         17       Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result         17       Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.         Sign       Signature of officer       Title       PRESIDENT       Telephone         Date       Date       PTIN			15								15	N/A	00
17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result       Image: Transmission of the line statements and the			16								16		00
Here Signature of officer Check if Signature Other Signature of officer Check if Signature Other Signature of Other Signature o			17	Balance due. Add line 12, line 15, and line 16. Th							17		00
Here Signature of officer Check if Signature Other Signature of officer Check if Signature Other Signature of Other Signature o			Unde it is t	r penalties of perjury, I declare that I have examined this return rue, correct, and complete. Declaration of preparer (other than	n, including accompa taxpayer) is based or	nying sc n all info	hedules a rmation o	and statements, of which prepare	and to the has any	e best of m knowledge.	y knowl	edge and belief,	
Of officer     VICE     PRESIDENT       Date     Check if     ● PTIN										-			
Date Check if   PTIN	пен	*	Sign: of of	ature	VI	ICE	PRE	SIDENT	2				
					•		Date		Check	if		PTIN	
signature ► self-employed ► P00450629			Prep sion:	arer's							. 🗖	₽00450629	
Paid Firm's name	Paid								-				
Prenararie Or yours, COHNREZNICK LLP 22-1478099			(or yo									22-1478099	
if self-     EXAMPLE IN TRANSPORT       Use Only     525 NORTH TRYON STREET					EET								

May the FTB discuss this return with the preparer shown above? See instructions 3651164 

and address

CHARLOTTE, NC 28202

022

No

• X

Yes

704-332-9100

# MERCY HOUSING INC

# 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.

628951 11-30-16

9,825,224.

		1	Gross sales or receipts from all b	ousiness activities. See instru	ctions	•	1	12,494,081. 00
		2	Interest			•	2	612,867. <sub>00</sub>
		3	Dividends				3	00
Receij	pts	4	Gross rents				4	00
from		5	Gross royalties				5	00
Other		6	Gross amount received from sale	e of assets (See Instructions)		•	6	00
Source	es	7					7	0.00
		8	Total gross sales or receipts from				8	13,106,948. 00
		9	Contributions, gifts, grants, and	similar amounts paid	-	•	9	1,759,065.00
		10	Disbursements to or for member	rs		•	10	00
		11	Disbursements to or for member Compensation of officers, directo	ors, and trustees	SEE STA	TEMENT 2 •	11	2,572,253.00
		12	Other salaries and wages			•	12	7,831,419.00
Expen	ses	13	Interest				13	1,027,401.00
and		14	Taxes				14	717,721.00
Disbu	rse-	15	Rents				15	499,776.00
ments		16	Depreciation and depletion (See	instructions)		•	16	23,409.00
		17	Depreciation and depletion (See Other Expenses and Disburseme	nts	SEE STA	TEMENT 3 •	17	
		18	Total expenses and disbursemer	nts. Add line 9 through line 17	. Enter here and on Side 1. Pa	rt I. line 9	18	13,499,526.00
Sche	edul		Balance Sheet	Beginning of			of tax	kable year
Assets	3			(a)	(b)	(C)		(d)
<b>1</b> Ca	ash				30,089,309.			• 25,881,453.
<b>2</b> N			s receivable		935,411.			• 3,539,690.
			ceivable STMT 4		8,099,475.			• 11,353,261.
								•
			state government obligations					•
			in other bonds					•
			in stock					•
	lortga		I					•
			ments STMT 5		7,927,640.			• 9,000,094.
			le assets	4,701,124.	, - ,	3,899,79	2.	
			mulated depreciation	(3,774,710.)	926,414.			101,674.
				<u> </u>		· · · · · · · · · · · · · · · · · · ·	- /	• 855,000.
12 O	ther as	ssets	STMT 6		24,269,749.			• 23,222,595.
					72,247,998.			73,953,767.
			et worth		, , ,			
14 A	ccoun	ts nav	yable		5,874,822.			• 5,211,564.
			s, gifts, or grants payable					•
			otes payable					•
			ayable					•
<b>18</b> 0 <sup>-</sup>	ther lia	abiliti	es STMT 7		42,067,216.			34,611,019.
			or principal fund					•
			al surplus. Attach reconciliation					•
			nings or income fund		24,305,960.			• 34,131,184.
			ies and net worth		72,247,998.			73,953,767.
Sche				per books with income per re				
					e L, line 13, column (d), is les	s than \$50,000.		
1 N	et inco	ome r	per books	• 9,825,2	24. 7 Income recorded	on books this vear		
			me tax		not included in th	-		•
			pital losses over capital gains		8 Deductions in thi			
			ecorded on books this year			me this year		•
			corded on books this year not		9 Total. Add line 7			

deducted in this return

6 Total. Add line 1 through line 5

3652164

9,825,224.

10 Net income per return.

Subtract line 9 from line 6

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022

MERCY	HOUSING	INC
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47-0646706

FORM 199 IN	CASH CONTRIBUTIONS CLUDED ON PART I, LINE 3	S	TATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CHP/MERCY HOUSING SOUTHEAST	6521 NORTH AVENUE, SUITE A 150 ATLANTA, GA 30308		121,282.
HELEN M DUNLAP	104 E 32ND STREET CHICAGO, IL 60616		7,500.
SCHWAB CHARITABLE	211 MAIN STREET, FLOOR 10 SAN FRANCISCO, CA 94105		5,000.
CAPITAL ONE GRANT	1680 CAPITAL ONE DRIVE MCLEAN, VA 22102-3491		50,000.
NATION AFFORDABLE HOUSING TRUST INCOME	2245 N BANK DRIVE, SUITE 200 COLUMBUS, OH 43220		61,863.
DIGNITY HEALTH	185 BERRY STREET, SUITE 300 SAN FRANCISCO, CA 94107		200,000.
BANK OF AMERICA FOUNDATION	125 DUPONT DRIVE, RI 1-121-01-30 PROVIDENCE, RI 02907		300,000.
FIDELITY CHARITABLE	P.O. BOX 770001 CINCINNATI, OH 45277-0053		5,000.
TERRA SEARCH PARTNERS	601 MONTGOMERY STREET, SUITE 1090 SAN FRANCISCO, CA 94111		10,000.
EDGEWOOD PARTNERS INSURANCE CENTER	PO BOX 511389 LOS ANGELES, CA 90051-7944		35,000.
COHNREZNICK	4 BECKER FARM ROAD ROSELAND, NJ 07068		15,000.
CATHOLIC HEALTH INITIATIVES	198 INVERNESS DR. WEST ENGLEWOOD, CO 80112		500,000.
COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY	1340 13TH STREET COLUMBUS, GA 31901		40,000.
	3		TATEMENT(S)

17390814 147227 0017693-0051487.0990 2016.04013 MERCY HOUSING INC

00176931

MERCY HOUSING INC		47-0646706
PLAZA MARIA, LLC	115 E REED STREET SAN JOSE, CA 95112	2,789,636.
FRANCISCAN MINISTRIES, INC.	110 COMPTON ROAD CINCINNATI, OH 45215	6,000,000.
PNC FOUNDATION	ONE NORTH FRANKLIN, SUITE 2900 CHICAGO, IL 60606	42,500.
TOTAL INCLUDED ON LINE 3		10,182,781.

FORM 199	COMPENSATION OF OFFIC	ERS, DIRECTORS AND TRUSTEES	STATEMENT 2
NAME AND ADI	DRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ADRIENNE CRO 1999 BROADWA DENVER, CO 8	AY SUITE 1000	DIRECTOR/VICE-CHAIRMAN 1.00	0.
BARRY ZIGAS 1999 BROADWA DENVER, CO &	AY SUITE 1000	DIRECTOR/CHARIMAN 1.00	0.
BARBARA KELI 1999 BROADWA DENVER, CO 8	AY SUITE 1000	DIRECTOR 1.00	0.
BOB TETRAULI 1999 BROADWA DENVER, CO 8	AY SUITE 1000	DIRECTOR 1.00	0.
CAROL WETMOF 1999 BROADWA DENVER, CO 8	AY SUITE 1000	DIRECTOR 1.00	0.
CHARLIE FRAN 1999 BROADWA DENVER, CO 8	AY SUITE 1000	DIRECTOR 1.00	0.
DOUG JUTTE 1999 BROADWA DENVER, CO 8	AY SUITE 1000 30202	DIRECTOR 1.00	0.
JIM PARK 1999 BROADWA DENVER, CO 8	AY SUITE 1000 30202	DIRECTOR 1.00	0.
LESLIE WITTM 1999 BROADW DENVER, CO 8	AY SUITE 1000	DIRECTOR 1.00	0.
PATRICIA COO 1999 BROADWA DENVER, CO 8	AY SUITE 1000	DIRECTOR 1.00	0.
SCOTT POCOCH 1999 BROADWA DENVER, CO 8	AY SUITE 1000	DIRECTOR 1.00	0.
390814 14722	7 0017693-0051487.0990	5 2016.04013 MERCY HOUSING IN	STATEMENT(S)

MERCY HOUSING INC SR. BARBARA BUSCH 1999 BROADWAY SUITE 1000 DENVER, CO 80202	DIRECTOR 1.00	<u>47-0646706</u> 0.
SR. DIANE HEJNA 1999 BROADWAY SUITE 1000 DENVER, CO 80202	DIRECTOR 1.00	0.
SR. LINDA WERTHMAN 1999 BROADWAY SUITE 1000 DENVER, CO 80202	DIRECTOR 1.00	0.
SR. PAT MCDERMOTT 1999 BROADWAY SUITE 1000 DENVER, CO 80202	DIRECTOR 1.00	0.
SR. ROSE MARIE JASINSKI 1999 BROADWAY SUITE 1000 DENVER 80202	DIRECTOR 1.00	0.
SUZANNE SWIFT 1999 BROADWAY SUITE 1000 DENVER, CO 80202	DIRECTOR 1.00	0.
YVONNE CAMACHO 1999 BROADWAY SUITE 1000 DENVER, CO 80202	DIRECTOR 1.00	0.
BILL RUMPF 1999 BROADWAY SUITE 1000 DENVER, CO 80202	SENIOR VICE PRESIDENT 40.00	0.
CADE SCHOLL 1999 BROADWAY SUITE 1000 DENVER, CO 80202	VICE PRESIDENT 40.00	0.
CAROL BRESLAU 1999 BROADWAY SUITE 1000 DENVER, CO 80202	SENIOR VICE PRESIDENT 40.00	0.
CHERYLL O'BRYAN 1999 BROADWAY SUITE 1000 DENVER, CO 80202	SENIOR VP/PRESIDENT OF MHM 0.00	0.
CHRIS BURCKHARDT 1999 BROADWAY SUITE 1000 DENVER, CO 80202	SENIOR VICE PRESIDENT/ COO 40.00	0.

STATEMENT(S) 2 00176931

MERCY HOUSING INC			47-0646706
CHRISTOPHER REED 1999 BROADWAY SUITE DENVER, CO 80202	1000	VICE PRESIDENT 0.00	0.
CHRISTY RICHARDSON 1999 BROADWAY SUITE DENVER, CO 80202	1000	SENIOR VICE PRESIDENT 40.00	0.
DOUG SHOEMAKER 1999 BROADWAY SUITE DENVER, CO 80202	1000	SENIOR VICE PRESIDENT 40.00	0.
FRANCENA MARIE LOWE 1999 BROADWAY SUITE DENVER, CO 80202		SENIOR VICE PRESIDENT 40.00	0.
JANE GRAF 1999 BROADWAY SUITE DENVER, CO 80202	1000	CHIEF EXECUTIVE OFFICER 40.00	0.
JOHN MARCOLINA 1999 BROADWAY SUITE DENVER, CO 80202	1000	VICE PRESIDENT 40.00	0.
MARK ANGELINI 1999 BROADWAY SUITE DENVER, CO 80202	1000	SENIOR VICE PRESIDENT 40.00	0.
MELISSA CLAYTON 1999 BROADWAY SUITE DENVER, CO 80202	1000	SENIOR VICE PRESIDENT 40.00	0.
MICHELE MAMET 1999 BROADWAY SUITE DENVER, CO 80202	1000	SENIOR VP/CHIEF ADMIN OFFI 40.00	0.
RON JACKSON 1999 BROADWAY SUITE DENVER, CO 80202	1000	VICE PRESIDENT/SECRETARY 40.00	0.
STEVE SPEARS 1999 BROADWAY SUITE DENVER, CO 80202	1000	SENIOR VP/CHIEF FINANCIAL 40.00	0.
VAL AGOSTINO 1999 BROADWAY SUITE DENVER, CO 80202	1000	SENIOR VICE PRESIDENT 40.00	0.

MERCY HOUSING INC		47-0646706
VINCE DODDS 1999 BROADWAY SUITE 1000 DENVER, CO 80202	VICE PRESIDENT 40.00	0.
EDWARD HOLDER 1999 BROADWAY SUITE 1000 DENVER 80202	EMPLOYEE 40.00	0.
DAVID GRAHAM LYON 1999 BROADWAY SUITE 1000 DENVER 80202	EMPLOYEE 40.00	0.
CHAD LEVERENZ 1999 BROADWAY SUITE 1000 DENVER 80202	EMPLOYEE 40.00	0.
GUNNAR TANDE 1999 BROADWAY SUITE 1000 DENVER 80202	EMPLOYEE 40.00	0.
DAVID FERNANDEZ 1999 BROADWAY SUITE 1000 DENVER 80202	EMPLOYEE 40.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

FORM 199	OTHER	EXPENSES	STATEMENT	3

DESCRIPTION	AMOUNT
INSURANCE EXP FOR PROPE	3,490,900.
CONTRACT LABOR-TEMP	530,637.
MISCELLANEOUS ADMIN	404,573.
BANK SERVICE CHARGES	362,058.
PENSION PLAN CONTRIBUTIONS	246,723.
OTHER EMPLOYEE BENEFITS	749,039.
MANAGEMENT FEES	438,932.
LEGAL FEES	756,013.
ACCOUNTING FEES	91,751.
OTHER PROFESSIONAL FEES	350,172.
ADVERTISING AND PROMOTION	148,706.
OFFICE EXPENSES	854,419.
INFORMATION TECHNOLOGY	810,435.
TRAVEL	612,730.
CONFERENCES AND CONVENTIONS	19,381.
INSURANCE	18,011.
ALL OTHER EXPENSES	-10,815,998.
TOTAL TO FORM 199, PART II, LINE 17	-931,518.

MERCY HOUSING INC

47 - 0646706

FORM 199 NET NOTES RECEIVABLE		STATEMENT 4
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	8,099,475.	11,353,261.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	8,099,475.	11,353,261.

MERCY HOUSING INC

47 - 0646706

FORM 199 OTHER INVESTMENTS		STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENTS - PROGRAM RELATED	7,927,640.	9,000,094.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	7,927,640.	9,000,094.

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FORM 199 OTHER A	ASSETS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES DUE FROM AFFILIATES LOAN TO AFFILIATES	2,550,135. 1,880,679. 12,954,870. 6,884,065.	1,600,135. 1,663,677. 13,074,718. 6,884,065.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	24,269,749.	23,222,595.

FORM 199	OTHER	LIABILITIES		STATEMENT 7
DESCRIPTION			BEG. OF YEAR	END OF YEAR
DUE TO AFFILIATES ACCRUED INTEREST DEFERRED REVENUE UNSECURED NOTES AND LOANS PAYAB	LE		12,458,926. 123,633. 8,430,954. 21,053,703.	11,373,006. 147,447. 4,727,189. 18,363,377.
TOTAL TO FORM 199, SCHEDULE L,	LINE 1	L8	42,067,216.	34,611,019.

MERCY HOUSING INC

# 47 - 0646706

FORM 199 FUND BALANCES		STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS TEMPORARILY RESTRICTED ASSETS PERMANENTLY RESTRICTED ASSETS	18,492,173. 5,058,787. 755,000.	29,401,663. 3,974,521. 755,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	24,305,960.	34,131,184.

California e-file Return Authorization for Exempt Organizations								<sup>FORM</sup> 8453-EO			
Exempt Organ	ization name									Identif	fying number
MERCY	HOUSING	INC								47	-0646706
Part I I	Electronic Retu	rn Informatio	n (whole dollars	only)							
1 Total	gross receipts (	Form 199, line	4)								123,324,750. oo
2 Total	gross income (F	orm 199, line	3)								2 <u>23,324,750. oo</u>
3 Total	expenses and c	lisbursements	(Form 199, line 9	)						;	3 <u>13,499,526.</u> 00
Part II S	Settle Your Acc	ount Electror	ically for Taxab	le Year 2016							
4	Electronic funds	withdrawal	4a Amount			4b Wi	thdrawal c	date (m	m/dd/yy	/yy)	
Part III I	Banking Inform	ation (Have yo	ou verified the ex	empt organization	's banking	informati	on?)				
5 Routin	g number									_	
6 Accou	nt number				7 1	ype of a	ccount:	Cł	necking		Savings
	Declaration of (										
I authorize t on line 4a.	he exempt organiz	zation's account	to be settled as des	signated in Part II. If	I check Part	II, Box 4,	l authorize	an electi	ronic fun	ds wi	thdrawal for the amount listed
California el a balance du organization statements l	ectronic return. To le return, I unders l will remain liable be transmitted to	o the best of my tand that if the F for the fee liabil the FTB by the El	knowledge and bel ranchise Tax Board ity and all applicabl RO, transmitter, or	ief, the exempt organ I (FTB) does not rec e interest and penali	nization's ret eive full and ies. I author provider. <b>If</b>	urn is true timely pay ize the exe the proce a(s) for the	e, correct, ar ment of the mpt organizes ssing of the	nd comp e exempt zation re e exemp	lete. If th organiza turn and	ne exe ation': acco	pt organization's 2016 empt organization is filing s fee liability, the exempt impanying schedules and a's return or refund is
Here	Signature of offic	cer		Date	Title			111			
Part V I	Declaration of I	Electronic Ret	urn Originator (	ERO) and Paid Pr	eparer.						
am only an i accurately re provided the 1345, 2016 the exempt of I declare tha	ntermediate servi eflects the data or e organization offic e-file Handbook fo organization retur tt I have examined	ce provider, I un the return.) I ha cer with a copy c or Authorized e-f n is filed, whiche the above exem	derstand that I am ve obtained the org if all forms and info ile Providers. I will ver is later, and I w pt organization's re	not responsible for r ganization officer's s prmation that I will fi keep form FTB 8453 rill make a copy avai	eviewing the ignature on f le with the F <sup>-</sup> 3-EO on file f lable to the F ying schedul	e exempt c form FTB { TB, and I f or <b>four</b> ye TB upon r es and sta	organization 3453-EO be have followe ars from the request. If I	's return fore tran ed all oth e due da am also	I declar ismitting ier requir ite of the the paid	e, ho this i emer retur prepa	the best of my knowledge. (If I wever, that form FTB 8453-E0 return to the FTB; I have nts described in FTB Pub. n or <b>four</b> years from the date arer, under penalties of perjury, nowledge and belief, they are
	RO's- gnature				Date		Check if also paid		Check if self-		ERO'S PTIN
ERU _							preparer		employe		<u>P00450629</u>
	rm's name (or yours self-employed)		REZNICK I							FEIN	22-1478099
	nd address		NORTH TRY LOTTE, NO	CON STREET	Ľ					ZIP d	code <b>28202</b>
Under penal and belief, tl	ties of perjury, I d hey are true, corre	eclare that I have	e examined the abo		turn and accontent	ompanying f which I h	g schedules ave knowle	and sta	tements,		to the best of my knowledge
Paid	Paid					Date		Check		I	Paid preparer's PTIN
Prepare	preparer's							if self- employ	ed 🗌	ЪГ	P00450629
Must	Firm's name (or	yours CO	HNREZNIC	K LLP		•				FEIN	00 140000
Sign	if self-employed and address	52		TRYON STR	EET						code 28202
										-	

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2016

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