

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the	2009 ca	alendar yea	r, or tax year beginning 01-0	1-2009 and ending 12-31-200	9							
		pplicable	Please	C Name of organization PRESENTATION SENIOR COMM	D Employer id	D Employer identification number							
	tress ch		use IRS label or	Doing Business As		94-3264209 E Telephone number							
	me cha		print or type. See				(303) 830-						
	ıal retu		Specific Instruc-	Number and street (or P O box	ss) Room/suite	<b>G</b> Gross receipts							
	mınate		tions.	1999 BROADWAY SUITE 1000			<b>2</b> 3.333 .233,pts						
☐ Am	ended	return		City or town, state or country, DENVER, CO 80202	and ZIP + 4	•	1						
App	olication	n pending											
				ne and address of principal of IE AGOSTINO	officer		nıs a group retur						
				ROADWAY SUITE 1000		affili 	ates?	⊤Yes ▼ No					
			Denver	,CO 80202		H(b) Area	all affiliates inclu	ded?					
——— т Та	y-even	nnt status	<b>□</b> 501(c)		\(1\) or \[ \sigma_{527}	_		t (see instructions)					
					)(1) (1   32/	<b>H(c)</b> Gro	up exemption n	umber 🟲					
				HOUSING ORG		<u> </u>							
_				ion Trust Association Ot	ner 🕨	<b>L</b> Year of f	ormation 1997	M State of legal domicile CA					
Pa	rt I		mary	o organization's mission or i	most significant activities								
	•			e organization's mission or i TE A 93-UNIT LOW-INCO	ME APARTMENT PROPERTY L	OCATEDIN	SAN FRANCIS	CO, CALIFORNIA THE					
3		<u>PROPE</u>	PROPERTY PROVIDES HOUSING FOR ELDERLY CITIZENS WHO FALL BELOW CERTAIN SET INCOME LEVELS										
Governance													
E E													
500	2	Check	this box 叶	fthe organization discont	inued its operations or disposed	of more than	25% of its net	assets					
	3	Numbe	r of voting r	nembers of the governing bo	dy (Part VI, line 1a)		. 3	<b>3</b>					
<u>କ</u>	4	Numbe	r of ındepen	dent voting members of the	governing body (Part VI, line 11	)	. 4	4					
Activities &	5	Total n	umber of en	nployees (Part V , line 2a)		5	5						
۲ کا	6	Total n	umber of vo	lunteers (estimate if necess	sary)		•	5					
-	7a	Total g	ross unrela	ted business revenue from F	•	7	/a						
	b	Net unr	elated busi	ness taxable income from F	orm 990-T, line 34		7	'b					
					Pri	or Year	Current Year						
<b>a.</b>	8	Contri	butions and	i grants (Part VIII, line 1h)				0					
пще	9	Progra	am service	revenue (Part VIII, line 2g)		828,602	948,117						
e Act	10	Inves	tment incor	ne (Part VIII, column (A), lı	nes 3, 4, and 7d )		7,021	1,419					
Revenu	11		•	art VIII, column (A), lines 5			0						
	12			dd lines 8 through 11 (must •••••	equal Part VIII, column (A), lin	e	835,623	949,536					
	13				lumn (A), lines 1-3)			0					
	14	Benefi	ts paid to o	r for members (Part IX, colu	ımn (A), lıne 4)			0					
ch.	15		es, other co	mpensation, employee bene	efits (Part IX, column (A), lines 5	5 –							
Expenses		10)		5 (5	/A \		0	0					
<u>ē</u>	16a				n (A), line 11e)			0					
五	ь			enses (Part IX, column (D), line 2	· —								
	17				1a-11d, 11f-24f)		1,364,308	1,248,786					
	18 19				al Part IX, column (A), line 25) m line 12		1,364,308 -528,685	1,248,786					
- 47 - 47	19	Reven	ue less exp	denses Subtract line 16 nor	irime 12	Reginnir	g of Current						
Net Assets or Fund Balances						_	Year	End of Year					
esse Baka	20	Total	assets (Par	t X, line 16)			12,356,438	12,007,166					
et A	21						196,359	146,337					
z:Ľ	22	Netas	sets or fun	d balances Subtract line 21	. from line 20		12,160,079	11,860,829					
Pai	rt II		ature Blo										
					ned this return, including accompanying of preparer (other than officer) is base								
Sign		***					-05-17						
Here	<b>e</b>	<b>y</b> Sıgn	ature of office	er		Date							
			RIE AGOSTIN	O PRESIDENT									
		<b>F</b> Type	or print nam	e and the									
		Preparer		R Langlais-Tillery CPA	l l	Check If self-	Preparer's ident						
Paid		signatur	· F Welldy	anglato fillery of h	I I	empolyed 🕨 🦵	, Land action	<i>,</i>					
•	arer's		ame (or yours	REZNICK GROUP PC			EIN Þ						
Use (	Jnly		and ZIP + 4	2002 SUMMIT BOULEVARD SU	JITE 1000								
				ATLANTA, GA 303191470			Phone no 🕨 (	404) 847-9447					
May	the IR	.S discus	s this retu	· · · · · · · · · · · · · · · · · · ·	bove? (see instructions)			✓ Yes					

Cat No 11282Y

Form 990 (2009)

#### Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization's	mission

OWN AND OPERATE A 93-UNIT LOW-INCOME APARTMENT PROPERTY LOCATED IN SAN FRANCISCO, CALIFORNIA THE PROPERTY PROVIDES HOUSING FOR ELDERLY CITIZENS WHO FALL BELOW CERTAIN SET INCOME LEVELS

2	_	on undertake any signific or 990-EZ?	ant program services during the y	ear which were not listed on	┌ Yes ┌ No
	If "Yes," describe t	these new services on So	hedule O		
3	_	n cease conducting, or r	nake significant changes in how i	t conducts, any program	┌ Yes ┌ No
	If "Yes," describe t	these changes on Sched	ıle O		
4	Section 501(c)(3)	and 501(c)(4) organizat	s for each of the organization's th ions and section 4947(a)(1) trus nd revenue, if any, for each progr	ts are required to report the ai	
4a	(Code	) (Expenses \$	1,248,786 including grants of \$	) (Revenue \$	949,536 )
	•	, , , , , , , , , , , , , , , , , , , ,	ROPERTY LOCATED IN SAN FRANCISCO,	, ,	• •
4b	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Other program se	rvices (Describe in Sch	edule O )		
	(Expenses \$		uding grants of \$	) (Revenue \$	)
4e	Total program sei	rvice expenses►\$	1,248,786		

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Νο
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III	16		No
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		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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) and 501(c)(4) 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		No
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		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

year

orm	990 (2009)			Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 0			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
<b>-</b>	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
ь	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	7		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	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   120		i	1

1999 BROADWAY SUITE 1000

Denver, CO 80202 (303) 830-3300

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

Se	ection A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body								
ь	Enter the number of voting members that are independent 1b 0								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any								
_	other officer, director, trustee, or key employee?	2		Νo					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo					
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο					
Se	ction B. Policies (This Section B requests information about policies not required by the Internal								
Re	venue Code.)								
			Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b							
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?								
118	Describe in Cabadula O the process of any used by the organization to review the Form 000	11	Yes						
114	Describe in Schedule O the process, if any, used by the organization to review the Form 990								
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b	Yes						
c	to conflicts?								
13	describe in Schedule O how this is done	12c	Yes						
14	Does the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by	14	165						
•	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a	Yes						
	Other officers or key employees of the organization	15a 15b	Yes						
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )	130	105						
	,								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the								
	organization's exempt status with respect to such arrangements?								
Se	ction C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed ►CA								
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	n 🕨					
	VINCE DODDSVPCONTROLLER MHI								

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did no	ot compens	te any	curre	nt o	r for	mer of	ficer	, dırector, trustee o	r key employee	
(A) Name and Title	(B) (C) A verage Position (check all that apply) per that apply					( <b>D)</b> Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Key employee Officer Institutional Trustee Individual trustee or director		Key employee	Highest compensated employee	organization (1 2/1099-MIS		from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Valerie AGOSTINO PRESIDENT/CHAIRMAN	1 0	х		Х				0	166,141	7,897
CHRISTOPHER GLAUDEL DIRECTOR	1 0	х						0	89,676	8,348
AMY BAYLEY secty/TREAS/director	1 0	х		Х				0	79,060	5,368
GREG SPARKS VICE PRES/DIRECTOR	1 0	х		Х				0	119,499	5,547
BARBARA GUALCO DIRECTOR	1 0	х						0	105,373	623
BENJAMIN PHILLIPS DIRECTOR	1 0	х						0	132,424	4,596
SHARI ROESELER DIRECTOR	1 0	х						0	77,651	1,523
JANE GRAF VICE PRESIDENT	10			х				0	199,023	753

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

	<b>(A)</b> Name and Title	(B) A verage hours per		tion that a	(che		•	Т	Repo compe	<b>D)</b> rtable nsation n the	<b>(E)</b> Reportable compensatior from related		(F) Estima imount o compens	ated fother
		week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	ation (W- O-MISC)	organizations (W- 2/1099- MISC)		from t rganızatı relat organıza	:he on and ed
												$\perp$		
												_		
												+		
												$\perp$		
												_		
												$\perp$		
1b	Total							<u> </u>		0	968,8	347		34,655
2	Total number of individuals (incli \$100,000 in reportable compens	-		o the			d above	<u>l</u> ≘) wh	no receive	d more th				•
													Yes	No
3	Did the organization list any <b>forr</b> on line 1a? <i>If</i> " <i>Yes,"</i> complete Sch									t compen	sated employee	3		No
4	For any individual listed on line 1 organization and related organization											4	Yes	
5	Did any person listed on line 1a rendered to the organization? <i>If</i>			•					elated org	anızatıon	for services	5	Tes	No
	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from	hıghest comp		d ınde	pen	dent	contra	ctor	rs that red	eived mo	re than			
		(A) ne and business								Des	(B) cription of services		(C Comper	
_														

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization **F**0

Form 99								Page <b>9</b>
Part \	<b>/1111</b>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
# # # # # # # # # # # # # # # # # # #	1a	Federated cam	paigns 1a	·				
遊	ь	Membership du	es <b>1b</b>					
%. E	С	Fundraising eve	ents <b>1</b> 0					
¥£ ₩	d	Related organiz	ations 1d					
Contributions, gifts, grants and other similar amounts	e	Government grants	s (contributions) <b>1e</b>					
ેં કેંગ્ર	f	All other contribution	ons, gifts, grants, and <b>1f</b>			į		
호	g	sımılar amounts no	bt included above butions included in					
E o								
o a o	h		s 1a-1f	▶	0			
				Business Code				
E	2a	RENT & SUBSIDIES	5		944,968	944,968		
e. Ke	ь	ANCILLARY SERVIC	EES		3,149	3,149		
Program Service Revenue	c				,	,		
	d							
	_ 							
Ē	f	All other progra	am service revenue					
Š	'	All other progra	illi service revenue					
	g	Total. Add lines	s 2a-2f		948,117			
	3		ome (including dividen	· ·				
			ar amounts)	1	1,419			1,419
	4		tment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·	0			
	5	Royalties			U			
	6-	Crass Bants	(ı) Real	(II) Personal				
	6а   ь	Gross Rents Less rental						
	"	expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
		sales expenses						
	c	Gain or (loss)			0			
	d		s)		0			
anne	8a	events (not inc \$						
Other Revenue		of contributions See Part IV, lin	reported on line 1c) e 18					
Ē	ь	Less direct ex	penses <b>b</b>					
ŏ	c	Net income or (	loss) from fundraising	events ►	0			
	9a	Gross income f See Part IV, lin						
	ь	less direct an	a penses b					
	c		loss) from gaming acti		o			
		Gross sales of returns and allo	unventory, less owances .					
	_		a					
	Ь .	=	oods sold <b>b</b>	antory -	0			
	С	Net income or (	loss) from sales of inv	entory Business Code	0			
	11a	miscellaneous	o ivevellne	Dusiliess Code				
	b							
	C .	A.II						
	d	All other reven						
	e	rocal. Add lines	s 11a-11d	· · · · <b>▶</b>	0			
	12	Total revenue.	See Instructions .	▶		_		

949,536

948,117

	Part IX Statement of Functional Expenses  Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	0							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0							
7	Other salaries and wages	0							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0							
9	Other employee benefits	0							
10	Payroll taxes	0							
11	Fees for services (non-employees)								
а	Management	0							
ь	Legal	0							
c	Accounting	0							
d	Lobbying	0							
e	Professional fundraising See Part IV, line 17	0							
f	Investment management fees	0							
g	Other	0							
12	Advertising and promotion	0							
13	Office expenses	0							
14	Information technology	0							
15	Royalties	0							
16	Occupancy	0							
17	Travel	0							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0							
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	518,239							
23	Insurance	0							
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	ADMINISTRATIVE	312,880	312,880						
b	UTILITIES	76,873	76,873						
c	OPERATING AND MAINTENANCE	182,679	182,679						
d	TAXES AND INSURANCE	93,450	93,450						
e	RESIDENT SERVICES	64,665	64,665						
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	1,248,786	1,248,786	0	C				
26	Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet					<del></del>
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	30,895	1	68,563		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			0	4	4,210
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net	•			7	
SS	8	Inventories for sale or use				8	
٧	9	Prepaid expenses and deferred charges			33,125	9	32,129
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	15,933,678			
	ь	Less accumulated depreciation	10b	4,834,980	11,616,937	10c	11,098,698
	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				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			675,481	15	803,566
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,356,438	16	12,007,166		
	17	Accounts payable and accrued expenses .			159,481	17	109,341
	18	Grants payable				18	
	19	Deferred revenue			972	19	722
	20	Tax-exempt bond liabilities				20	
es.	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ei.		persons 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				24	
	25	Other liabilities Complete Part X of Schedule D			35,906	25	36,274
	26	Total liabilities. Add lines 17 through 25			196,359	26	146,337
Fund Balances		Organizations that follow SFAS 117, check here ▶	lete li	ines 27			
an(	27	Unrestricted net assets			-152,825	27	-97,447
- Ba	28	Temporarily restricted net assets	12,312,904	28	11,958,276		
р	29	Permanently restricted net assets		29			
표		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d com	plete			
- 		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			12,160,079	33	11,860,829
_	34	Total liabilities and net assets/fund balances			12,356,438	34	12,007,166

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

**Employer identification number** 

OMB No 1545-0047

Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Name of the organization

PKLSL	MIAIIC	ON SENIOR COMMONITY	04 2264200			
Dar	rt I	Reason for Public Charity Status (All organizations must complete this par	94-3264209 t \ See instruc	tions		
		zation is not a private foundation because it is (For lines 1 through 11, check only one box				
1	- ga	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).	,			
2	<u>'</u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)				
3	<u>'</u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)	\/:::\			
4	<u>'</u>	A medical research organization operated in conjunction with a hospital described in section in sec		/:::\		
4	ı	hospital's name, city, and state	'N 170(D)(1)(A)	(III). Ente	the	
_	_					
5	ı	An organization operated for the benefit of a college or university owned or operated by a g	overnmental uni	t describe	d in	
	_	section 170(b)(1)(A)(iv). (Complete Part II)				
6	<u> </u>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(</b>				
7	ı	An organization that normally receives a substantial part of its support from a government	al unit or from th	e general	public	
		described in section 170(b)(1)(A)(vi) (Complete Part II )				
8	$\vdash$	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)				
9	<u>'</u>		uone mambaret	un food ar	nd aro	c c
9   An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gr receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of						55
		its support from gross investment income and unrelated business taxable income (less see				
			•	OIII DUSIIIE	:5565	
10	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part I				
10	 	An organization organized and operated exclusively to test for public safety. See section 50				
11	<b>~</b>	An organization organized and operated exclusively for the benefit of, to perform the function one or more publicly supported organizations described in section 509(a)(1) or section 50	•			
		the box that describes the type of supporting organization and complete lines 11e through			<b>1</b> )(3).	CHECK
		a	dГ	Type III	- 0 th	ner
e	<u>\</u>	By checking this box, I certify that the organization is not controlled directly or indirectly to other than foundation managers and other than one or more publicly supported organization	•	-	-	
f		section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type I	I or Type III su	nnortina o	raanız	ation
-		check this box	, , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,		<u> </u>
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of	the			
		following persons?  (i) a person who directly or indirectly controls, either alone or together with persons descri	had in (ii)	ı	Yes	Na.
		and (III) below, the governing body of the the supported organization?	Dea III (II)	11a(i)	res	No No
				11g(i)		
		(ii) a family member of a person described in (i) above?		11g(ii)		No
L		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		Νο
h		Provide the following information about the supported organization(s)				

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	1
MERCY HOUSING INC	470646706	09		No	Yes		Yes		0
Total									0

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

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

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493193007640

OMB No 1545-0047

2009

Open to Public Inspection

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization PRESENTATION SENIOR COMMUNITY 94-3264209 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🛌	
Number of states where property subject to conservation easement is located 🛌	
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	- No
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌	
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	- No
In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	
	Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  Does each conservation easement reported on line 2(d) above satisfy the requirements of section  170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

Number of conservation easements included in (c) acquired after 8/17/06

**-**\$\_\_\_\_\_

(ii) Assets included in Form 990, Part X

**►**\$\_\_\_\_\_

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

Revenues included in Form 990, Part VIII, line 1

\_

**b** Assets included in Form 990, Part X

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

Cat No 52283D

2d

Schedule D (Form 990) 2009

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reası	ures, or C	)the	r Similar	Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing	that a	re a signific	ant u	ise of its co	llectio	n	
а	Public exhibition		d	Γ	Loan	orexo	hange prog	rams				
b	Scholarly research		e	$\Gamma$	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	er the	organızatıor	ı's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	Г No
Par	<b>t IV Escrow and Custodial Arrang</b> Part IV, line 9, or reported an an						n answere	d "Y	es" to For	m 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontribu	utions	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г			A mo	unt	
c	Beginning balance							1c				
d	Additions during the year						ţ	1d				
e	Distributions during the year						ļ	1e				
f	Ending balance						ļ	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X. lin	e 21?				L		ı	Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									,		,
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	s" to	Form 990	, Par	t IV, line	10.		
		(a)Current Year		<b>)</b> Prior `			wo Years Back		Three Years E		<b>e)</b> Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held :	as									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment 🕨 %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are hel	d and	admınıstere	d for	the			
	organization by								ſ		Yes	No
	(i) unrelated organizations					•		•		3a(i)		_
	(ii) related organizations							•		3a(ii)	+	<u> </u>
	If "Yes" to 3a(II), are the related organizatio	-				•		•		3b		
						an D	Part Y line	10				
Fall	t VI investments—Land, Buildings	s, and Equipme	iii. 3						(2) 42211	10000		
	Description of investment				cost or s (invest		basis (othe		depreciat		( <b>d</b> ) Bo	ok value
1a	Land		•				1,587	7,989				1,587,989
b I	Buildings		•				14,048	3,504	4,54	12,817		9,505,687
c I	Leasehold improvements		•									
d I	Equipment		•				50	,402	4	15,691		4,711
	Other						246	5,783		16,472		311
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, colur	mn (B,	), line	10(c).)	)			▶		1	1,098,698
1a   b   c   d   e (	Land	s, and Equipme	• <b>nt.</b> S	(a)	Cost or Cost or s (invest	other tment)	(b)Cost or o basis (other 1,587 14,048 50 246	ther er) 7,989 3,504 0,402	4,54	12,817 15,691	1	1,

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		d of valuation -year market value
Financial derivatives		Cost of end-of	-year market value
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation -year market value
		Cost of ella-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	•		
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip			(b) Book value
RESTRICTED PROPERTY RESERVES			553,957
TENANT SECURITY DEPOSIT			41,882
RESIDUAL RECEIPTS RESERVE			4
OTHER RESERVES			207,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line in	15.)		803,566
Part X Other Liabilities. See Form 990, Part >			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
RESIDENT SECURITY DEPOSITS	36,274		
	,		
		1	

<b>1</b> T			
	otal revenue (Form 990, Part VIII, column (A), line 12)	1	949,536
2 <sub>T</sub>	otal expenses (Form 990, Part IX, column (A), line 25)	2	1,248,786
<b>3</b> E	xcess or (deficit) for the year Subtract line 2 from line 1	3	-299,250
<b>4</b> N	et unrealized gains (losses) on investments	4	
<b>5</b> D	onated services and use of facilities	5	
6 I	nvestment expenses	6	
<b>7</b> P	rior period adjustments	7	
<b>8</b> 0	ther (Describe in Part XIV)	8	
	otal adjustments (net) Add lines 4 - 8	9	
	xcess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-299,250
Part X		er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	949,536
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e i	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	949,536
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a :	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
-	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	949,536
Part X	•	per	
	Fotal expenses and losses per audited financial statements	1	1,248,786
2 /	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b> [	Donated services and use of facilities		
b F	Prior year adjustments		
с (	Other losses		
d (	Other (Describe in Part XIV) 2d		
e /	Add lines <b>2a</b> through <b>2d</b>	2e	
3 9	Subtract line <b>2e</b> from line <b>1</b>	3	1,248,786
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a ]	investment expenses not included on Form 990, Part VIII, line 7b 4a		
b (	Other (Describe in Part XIV)		
c /	Add lines <b>4a</b> and <b>4b</b>	4c	
	Fotal expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	1,248,786
Part >	Supplemental Information  ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa		

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

Ident if ier	Return Reference	Explanation
FIN 48		The Corporation has elected tax exempt status under Section 501(c)(3) of the Internal Revenue Code and did not have any unrelated business income for the year ended December 31, 2009 Due to its tax exempt status, the Corporation is not subject to income taxes. The Corporation is required to file and does file tax returns with the Internal Revenue Service and other taxing authorities. Accordingly, these financial statements do not reflect a provision for income taxes and the Corporation has no other tax positions which must be considered for disclosure.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493193007640

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

PRESENTATION SENIOR COMMUNITY 94-3264209 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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

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

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

<b>(A)</b> Name		(B) Breakdown of W-2 and/or 1099-MISC compensation  (i) Base (ii) Bonus & (iii) Other			(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(ı)-(D)	reported in prior
		(i) Base compensation	incentive compensation	reportable compensation	compensation			Form 990 or Form 990-EZ
Valerie AGOSTINO	(I) (II)	0 158,739	0	0 7,402	0 0		0 174,038	
JANE GRAF	(I) (II)	0 190,489	0 0	0 8,534	0 0		0 199,776	-
				l				

#### Part III Supplemental Information

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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization PRESENTATION SENIOR COMMUNITY

Employer identification number

94-3264209

ldentifier	Return Reference	Explanation
Description of Compensation Determination	Part VI Section B #15a & #15b	The process for determining compensation for the President, chairman, officers, and directors is determined by an Employee Benefits committee, which is appointed by the board of directors of Mercy Housing, Inc. To ensure competitiveness, wages are compared to other affordable housing organizations, both for- and not-for-profit, or the local market for positions applicable to a broader competitive market. Mercy Housing, Inc. will comply with all applicable federal and state labor laws and regulations. The process will be administered according to the relevant human resource operational policies and by the human resource department with direction from the senior leadership team. The CEO will make a report to the board of trustees on implementation of the wage and benefit program annually. Periodically the human resources committee within the Mercy Housing, Inc. board of trustees will review executive salaries to ensure competitiveness and reasonableness 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.
Description of Availability of Documents	part vi section c #19	the organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request
Description of Review Process for Form 990	part VI Section B #11	The 990 is presented to all board members and comments and questions are addressed prior to the Form 990 being filed
Description of conflict of interest policy	Part VI Section B #12C	The audit committee of Mercy Housing, Inc. review's periodically the conflict of interest disclosures and determines whether any action is required
Description of audit committee	part xı #2c	Responsibility for selection of an independent accountant and oversight of the annual audit is reserved by the Mercy Housing, Inc. Board of Trustees
Description of Governing Organization	part vi section a #7a & #7b	The Board of Trustees of Mercy Housing, Inc. has authority over presentation senior community in various aspects of operations and management. The reserved rights held by the Mercy Housing Board of Trustees, which may be further delegated to the President and CEO of Mercy Housing, Inc., include approval of the following activities revisions to articles and bylaws, mergers and acquisitions, establishment of new entities, pledging, mortgaging or disposing of all or substantially all assets, obligations of new operating and mortgage debt, and, appointment or removal of governing board members and officers
Description of Organization's members or stockholders	part vi section A #6	PRESENTATION SENIOR COMMUNITY is a nonstock, nonprofit corporation with MERCY HOUSING CALIFORNIA as the sole member

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493193007640

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Part I

**Related Organizations and Unrelated Partnerships** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Name of the organization PRESENTATION SENIOR COMMUNITY **Employer identification number** 

94-3264209

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

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c) Legal domicile (state or foreign country)

Total income

(e) End-of-year assets

(f) Direct controlling entity

Part II

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

(a)
Name, address, and EIN of related organization

(b) Primary activity

(c) Legal domicile (state or foreign country)

Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

See Additional Data Table

Yes

No

Yes

No

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.)

(h) (i) (j) (c) (e) **(f)** Share of total income Disproprtionate Code V—UBI (a) Name, address, and EIN of (b) General or Legal (d) (g) Predominant income Primary activity domicile Direct controlling Share of end-of-year allocations? amount in box 20 of managing (related, unrelated, Schedule K-1 partner? related organization (state or entity assets excluded from tax (Form 1065) foreign under sections 512country) 514)

See Additional Data Table

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.)

(f) (a)
Name, address, and EIN of related organization (c) (h) (d) (e) (g) (b) Share of total Legal domicile Direct controlling Percentage Primary activity Type of entity Share of ıncome (state or entity (C corp, S corp, end-of-year ownership foreign or trust) assets country)

See Additional Data Table

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

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	ľ
<b>1</b> D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		ı
b	Gift, grant, or capital contribution to other organization(s)	1b		ľ
c	Gıft, grant, or capıtal contribution from other organization(s)	1c		ı
d	Loans or loan guarantees to or for other organization(s)	1d		ľ
e	Loans or loan guarantees by other organization(s)	1e		ı
f	Sale of assets to other organization(s)	<b>1</b> f		ı
g	Purchase of assets from other organization(s)	1g		ı
h	Exchange of assets	1h		ı
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		ı
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		ī
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		Г
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
n	n Sharing of facilities, equipment, mailing lists, or other assets	1m		ı
n	Sharing of paid employees	1n		1
0	Reimbursement paid to other organization for expenses	10		ı
р	Reimbursement paid by other organization for expenses	1p		ı
q	O ther transfer of cash or property to other organization(s)	1q		ı
r	O ther transfer of cash or property from other organization(s)	1r		ľ
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) Transaction	(	(c)	
			involve	ed
	AFDCY SEDVICES CODDODATION			

Name of other organization type(a-r) Amount involved type(a-r) (1) MERCY SERVICES CORPORATION MANAG 73,117 (2) MERCY SERVICES CORPORATION ACCOU 11,718 (3)

(4)

(5)

(6)

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

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

**Additional Data** 

Mercy Housing Inc

Denver, CO80202 47-0646706

Denver, CO80202 26-4002114

Denver, CO80202 84-1262403

Denver, CO80202 20-4295604

Denver, CO80202 84-1164880

Denver, CO80202 20-1759151

Denver, CO80202 86-0743192

Denver, CO80202 86-0980810 Camelot Casitas

Denver, CO80202 86-0980809 Casa de Merced

Denver, CO80202 86-0808941 Casa de Shantı

Denver, CO80202 86-0728526 El Mirage Senior

Denver, CO80202 86-0847975

Denver, CO80202 86-0897708

Denver, CO80202 86-0897709

Denver, CO80202 86-0980811 Plazas de Merced

Denver, CO80202 86-0758961 Vısta Alegre

Denver, CO80202 86-0947230

Denver, CO80202 31-1821952

Denver, CO80202 84-1062097 Holly Park East

Denver, CO80202 84-1347445

Decatur Place

Peoria Place

Mesa Senior Meadows

Avondale Senior Village

Mercy Housing Properties Inc

Brook Oaks Senior Residences

Mercy Commercial Finance Properties

Atlantic City Affordable Housing LLC

1999 Broadway Suite 1000

1999 Broadway Suite 1000

1999 Broadway Suite 1000

1999 Broadway Suite 1000

Mercy Housing Southwest

1999 Broadway Suite 1000

Guadalupe Senior Village

1999 Broadway Suite 1000

Willow Street Apartments

Mercy Properties Arizona

Denver, CO80202 86-0772987 Los Arcos

Denver, CO80202 86-0772987

Denver, CO80202 86-0772987

Denver, CO80202 20-1583332

Denver, CO80202 38-3715668 Homes for Greeley

Denver, CO80202 84-1349918

Denver, CO80202 94-3081666

Mercy Court

1999 Broadway Suite 1000

Mercy Housing California

1999 Broadway Suite 1000

Holly Park Community Center LLC

Mercy Housing Colorado

1999 Broadway Suite 1000 Denver, CO80202 84-1334167

CDG-MHSW LLC (Villas Montanas)

1999 Broadway Suite 1000

## **Return to Form**

Direct Controlling

Entity

Software ID:

**Software Version: EIN:** 94-3264209

Name: PRESENTATION SENIOR COMMUNITY

Primary Activity

low-inc hsng

low-ınc hsng

low-inc hsng

low-inc hsng

low-ınc hsng

low-inc hsng

low-inc hsng

low-ınc hsng

low-ınc hsng

low-inc hsng

low-ınc hsng

(State

or Foreign Country)

 $\mathsf{C}\mathsf{A}$ 

СО

ТΧ

CO

ΝJ

ΑZ

СО

СО

СО

ΑR

ΑZ

ΑZ

CO

СО

СО

CA

(d)

Exempt Code

section

501(c)(3)

(e)

Public charity

status

(If 501(c)(3))

9

9

11a

11c

11a

7

11a

11c

11a

11c

11a

11c

11c

11a

11c

11c

9

NA

NA

NA

NΑ

NΑ

NΑ

NA

NA

NΑ

NΑ

NA

NΑ

NΑ

NA

NA

NA

NA

NA

NA

NA

NA

NA

NΑ

NΑ

NA

NΑ

NΑ

NA

NΑ

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Name, address, and EIN of related organization

		(-)
(a)	(b)	(c) Legal Domicile
Name address and ETN of related arganization	Drimonic Anticitic	Legal Donniche

Mercy Loan Fund	low-ınc hsng	CA	
1999 Broadway Suite 1000 Denver, CO80202 84-1559406			
Mercy Services Corporation	low-ınc hsng	CA	
1999 Broadway Suite 1000 Denver, CO80202 82-0376108			
Mercy Portfolio Services	low-ınc hsng	СО	
1999 Broadway Suite 1000			

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (c) (d) (e) (b) (f) Legal Domicile Exempt Code Public charity Name, address, and EIN of related organization Direct Controlling Primary Activity section (State status Entity or Foreign Country) (if 501(c)(3))СА 501(c)(3) 11c NΑ All Hallows Community low-inc hsng 1999 Broadway Suite 1000 Denver, CO80202 94-2722870 Marin Homes for Independent Living CA501(c)(3) 11c NΑ low-inc hsng 1999 Broadway Suite 1000 Denver, CO80202 94-2787430 Cantebria Senior Homes 501(c)(3) NΑ CA11c low-inc hsng 1999 Broadway Suite 1000 Denver, CO80202 94-3361794 Mercy Senior Housing Oxnard CA501(c)(3) 11c NA low-inc hsng 1999 Broadway Suite 1000 Denver, CO80202

 $\mathsf{C}\mathsf{A}$ 

CA

СА

CA

CA

СА

 $\mathsf{C}\mathsf{A}$ 

СА

CA

CA

СА

CA

CA

CA

 $\mathsf{C}\mathsf{A}$ 

CA

СА

CA

CA

СА

CA

СА

GΑ

GΑ

ΙD

ΙD

501(c)(3)

11c

9

11c

9

7

9

11c

11c

11c

11c

11c

11c

11c

11c

11c

11a

11c

NA

NA

NA

NA

NA

NA

NΑ

NA

NΑ

NA

NA

NA

NA

NA

NA

NA

NA

NA

N A

NA

NA

NΑ

NA

NΑ

NΑ

NA

low-inc hsng

low-ınc hsng

low-inc hsna

low-ınc hsng

low-ınc hsng

low-inc hsng

low-ınc hsng

low-inc hsng

low-inc hsng

low-ınc hsng

low-inc hsng

low-ınc hsng

low-ınc hsng

low-inc hsng

low-ınc hsng

low-inc hsng

low-inc hsng

low-inc hsng

low-inc hsng

low-inc hsng

94-3224446

EHCC Housing Corp (Eden House)

1999 Broadway Suite 1000

Francis of Assisi Community

1999 Broadway Suite 1000

1999 Broadway Suite 1000

John W King Senior Community

Maria B Freitas Senior Housing Corp

1999 Broadway Suite 1000

Oceana Senior Housing Corp

1999 Broadway Suite 1000

1999 Broadway Suite 1000

1999 Broadway Suite 1000

St Elizabeth Housing Corp

1999 Broadway Suite 1000

Garden Park Apt Community

1999 Broadway Suite 1000

1999 Broadway Suite 1000

Mercy Properties California

1999 Broadway Suite 1000

Sycamore Center (Red Bluff)

1999 Broadway Suite 1000

1999 Broadway Suite 1000

1999 Broadway Suite 1000

1999 Broadway Suite 1000

Mercy Housing Idaho Inc

1999 Broadway Suite 1000

1999 Broadway Suite 1000 Denver, CO80202 03-0410639

Osocales (McIntosh Mobile Homes)

Notre Dame Senior Housing Corp

Denver, C080202 94-3234538

Denver, CO80202 94-2366315

Gault Street Senior

Denver, C080202 75-2983979

Denver, C080202 94-3282891

Denver, C080202 94-3190261 Marin Housing Corp

Denver, CO80202 94-1358291

Denver, C080202 33-0809069

Denver, C080202 94-3209503

Denver, C080202 94-3167825 Russell Manor

Denver, C080202 93-1189914 Tierra Del Sol Inc

Denver, CO80202 75-3004763

Denver, CO80202 94-2705149

Denver, C080202 68-0484147 Mercy Oaks Village

Denver, C080202 75-3134134

Denver, C080202 68-0233835 Foster Youth

Denver, C080202 68-0233835

Denver, C080202 68-0233835

Denver, C080202 68-0233835

Denver, C080202 68-0233835

Denver, CO80202 68-0233835

Denver, C080202 68-0233835

Denver, C080202 68-0233835 Magnolia Village LLC

Denver, CO80202 32-0139519

Denver, CO80202 32-0139517

Denver, C080202 82-0458396 Eagle Senior Village

Mercy Oak Forest LLC

Sierra Vista

Richmond Hills

Leland House

The Haven

Mercy Gardens

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (c) (d) (e) (b) (f) Legal Domicile Exempt Code Public charity Name, address, and EIN of related organization Primary Activity Direct Controlling section (State status Entity or Foreign Country) (if 501(c)(3))СА 501(c)(3) 11a NΑ Mercy Southeast Idaho Inc low-inc hsng 1999 Broadway Suite 1000 Denver, CO80202 84-1284293 Mercy Moscow Inc (Hawthorne) ΙD 501(c)(3) 11c NΑ low-inc hsng 1999 Broadway Suite 1000 Denver, CO80202 82-0475388 Independence Hill ΙD NΑ 501(c)(3) 11c low-inc hsng 1999 Broadway Suite 1000 Denver, CO80202 72-1545927 Mercy Twin Falls Inc (Willswood) ΙD low-inc hsng 501(c)(3) 11c NA 1999 Broadway Suite 1000 Denver, CO80202 82-0492940 Mercy Housing Lakefront low-inc hsng ΙL 501(c)(3) 7 NA 1999 Broadway Suite 1000 Denver, CO80202 36-3453183 Lavernge Courts LLC ΙL NA low-ınc hsng 501(c)(3) 11c 1999 Broadway Suite 1000 Denver, CO80202 36-4535351 Washington Courts LLC  $\mathsf{IL}$ 11c low-inc hsng 501(c)(3) NA 1999 Broadway Suite 1000 Denver, CO80202 32-0084370 Whitmore Apartments LLC low-ınc hsng ΙL 501(c)(3) 11c NA 1999 Broadway Suite 1000 Denver, CO80202 47-0924267 Mercy Housing Ohio Inc ΟН 501(c)(3) 11c NA low-inc hsng

low-inc hsng

low-ınc hsng

low-inc hsng

low-inc hsng

low-ınc hsng

low-inc hsng

low-ınc hsng

low-ınc hsng

low-inc hsng

low-ınc hsng

low-inc hsng

low-inc hsng

low-inc hsng

low-inc hsng

low-inc hsng

СА

ΙD

СА

CA

ΝE

ΝE

ΑZ

ΝE

ΝE

ΑZ

МΟ

ΝE

МΟ

NC

NC

GΑ

ΑL

GΑ

SC

СО

GΑ

501(c)(3)

11c

11c

11c

11c

11a

11c

11a

11c

11c

9

11c

11c

11c

11a

11c

11c

11a

11c

11a

11a

11c

NA

NΑ

NA

NΑ

NA

NΑ

NA

1999 Broadway Suite 1000

Mercy Properties Inc (MPI)

1999 Broadway Suite 1000

Mercy Oakwood Gardens

1999 Broadway Suite 1000

1999 Broadway Suite 1000

1999 Broadway Suite 1000

1999 Broadway Suite 1000

Mercy Housing Southeast

1999 Broadway Suite 1000

Mercy Place Belmont Inc

1999 Broadway Suite 1000

Mercy Housing Pembroke Inc

1999 Broadway Suite 1000

Allegre Point Senior Residences

Mercy Properties Georgia Inc (MPGI)

Mercy Housing Georgia Holdings LLC

Rendu Terrace West Inc

Mercy Midwest Properties (Ridgeview)

Heartland Housing Initiative (HARP)

Denver, C080202 20-2373936

Denver, CO80202 84-1173689

Denver, C080202 82-0485862

Neary Lagoon Inc

Denver, C080202 77-0214799

Denver, CA80202 68-0378676

Denver, C080202 47-0772351

Denver, C080202 47-0785351

Denver, CO80202 42-1359133

Denver, C080202 37-1068780 Mercy Northglen

Denver, CO80202 47-0779681

Denver, C080202 84-1344220

Denver, CO80202 43-1584918

Denver, C080202 47-0785349

Mercy Village Joplin

Denver, C080202 37-1459692

Denver, C080202 56-1993872

Denver, C080202 80-0034784

Denver, C080202 13-4224803

Denver, C080202 20-0707382

Denver, CO80202 20-1233986

Denver, CO80202 20-1910771

Denver, C080202 20-4295472

Denver, C080202 58-2425127

Marshside Village Inc

Mercy Western Manor

Mercy House

San Juan Housing Corp

Mercy Housing Midwest

Mercy Crestview Village

Mercy Properties II Inc

orm 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations  (a)  (b)  (c)  (d)  (e)  (f)  Legal Domicile  Exempt Code  Public charity  Direct Controlling											
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary Activity				<b>(f)</b> Direct Controlling Entity						
Intercommunity Mercy Housing	low-inc hsng	WA	501(c)(3)	11a	NA						
1999 Broadway Suite 1000 Denver, C080202 91-1546525											
Intercommunity Properties (Appian Way)	low-ınc hsng	WA	501(c)(3)	11c	NA						
1999 Broadway Suite 1000 Denver, C080202											
91-1708437 Intercommunity Housing Ferndale	low-ınc hsng	WA	501(c)(3)	11c	N A						
1999 Broadway Suite 1000 Denver, CO80202											
91-1667138 Sterling Senior Housing	low-inc hsng	WA	501(c)(3)	11a	NA						
1999 Broadway Suite 1000											
Denver, CO80202 14-1866405	law ma hana	<u> </u>	F01/-)/2)	9	N.A.						
Villa Caridad  1999 Broadway Suite 1000	low-ınc hsng	CA	501(c)(3)	9	NA						
Denver, C080202 68-0387620											
Mercy Housing 2904 N 45th St O maha	low-ınc hsng	N E	501(c)(3)	11c	N A						
1999 Broadway Suite 1000 Denver, C080202 37-1068780											
Harrington Homes Program	low-ınc hsng	NE	501(c)(3)	11c	NA						
1999 Broadway Suite 1000 Denver, C080202											
47-0716140 Mercy Community Housing North Carolina	low-ınc hsng	NC	501(c)(3)	11c	NA						
1999 Broadway Suite 1000 Denver, CO80202											
56-2155324 Mercy West I	low-ınc hsng	CA	501(c)(3)	11c	NA						
1999 Broadway Suite 1000 Denver, CO80202											
68-0254564 Florin Housing Corp	low-inc hsng	CA	501(c)(3)	11c	N A						
1999 Broadway Suite 1000	low-life listing		301(0)(3)		NO.						
Denver, C080202 68-0336533											
Franciscan Homes III Inc	low-ınc hsng	ОН	501(c)(3)	11c	NA						
1999 Broadway Suite 1000 Denver, C080202 31-1394513											
Mercy Housing CalWest	low-inc hsng	CA	501(c)(3)	11c	NA						
1999 Broadway Suite 1000 Denver, C080202											
94-2963228 Mercy Bond Properties Arizona III	low-ınc hsng	CA	501(c)(3)	11c	NA						
1999 Broadway Suite 1000 Denver, CO80202											
77-0342735 Mercy Bond Properties Nebraska I	low-inc hsng	NE	501(c)(3)	9	N A						
1999 Broadway Suite 1000 Denver, CO80202											
68-0378674  Mercy Bond Properties Colorado I	low-inc hsng	СО	501(c)(3)	9	NA						
1999 Broadway Suite 1000	low life listing		301(0)(3)								
Denver, C080202 94-3286321											
Homes Again Program  1999 Broadway Suite 1000	low-inc hsng	СО	501(c)(3)	11c	NA						
Denver, C080202 84-1164880											
Walnut Grove	low-ınc hsng	CA	501(c)(3)	11c	NA						
1999 Broadway Suite 1000 Denver, C080202 68-0233835											
Santa Monica	low-inc hsng	CA	501(c)(3)	11c	NA						
1999 Broadway Suite 1000 Denver, C080202											
68-0233835 A cacia Meadows	low-ınc hsng	CA	501(c)(3)	11c	NA						
1999 Broadway Suite 1000 Denver, CO80202											
68-0233835 Mercy Housing Utah	low-inc hsng	UT	501(c)(3)	11c	NA						
1999 Broadway Suite 1000											
Denver, CO80202 02-0564555 Mercy Timbercreek LLC	low-the here	CA	501/5//2/	11c	NA						
1999 Broadway Suite 1000	low-ınc hsng	CA	501(c)(3)	110							
Denver, C080202 68-0378674											
Franconia LLC	low-ınc hsng	CA	501(c)(3)	11c	NA						
1999 Broadway Suite 1000 Denver, C080202 94-3286321											
Padre Apartments Community	low-ınc hsng	CA	501(c)(3)	11c	N A						
1999 Broadway Suite 1000 Denver, C080202											
South of Market Mercy	low-ınc hsng	CA	501(c)(3)	11c	N A						
1999 Broadway Suite 1000 Denver, CO80202											
94-3199902 Visitacion Valley Affordable Housing	low-inc hsng	CA	501(c)(3)	11c	NA						
1999 Broadway Suite 1000											
Denver, CO80202 94-3273336											

Form 990, Schedule R, Par	rt III - Identifica	ntion of	Related Orga		xable as a Partne	rship	(h)			,	j)
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	Dispro allocat	prtionate	(i) Code V-UBI amount on Box 20 of K-1 (\$)	Gene Man	eral or aging ner?
Mercy Family Plaza LP	low-ınc hsng	СА	na	512-514) n/a	0	0	Yes	<b>No</b>		Yes	<b>No</b>
1999 Broadway Suite 1000 Denver, C080202 94-3094867 Bennett House LP	low-ınc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 65-1308081		CA.						N. a			N
Dorothy Day Community LP 1999 Broadway Suite 1000 Denver, CO80202 65-1308078	low-ınc hsng		na	n/a	0	0		No			No
Junipero Serra LP 1999 Broadway Suite 1000 Denver, CO80202 65-1308082	low-inc hsng	CA	na	n/a	0	0		No			No
Monsignor Lyne LP 1999 Broadway Suite 1000 Denver, CO80202 65-1308080	low-inc hsng	СА	na	n/a	0	0		No			No
St Andrew Community LP 1999 Broadway Suite 1000 Denver, CO80202 65-1308080	low-ınc hsng	СА	na	n/a	0	0		No			No
LP 1999 Broadway Suite 1000 Denver, CO80202	low-inc hsng	СА	na	n/a	0	0		No			No
65-1308076  Mercy Housing California XL  1999 Broadway Suite 1000	low-ınc hsng	CA	na	n/a	0	0		No			No
Denver, CO80202 26-1398920 Mercy Housing California XXXVIII	low-ınc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 33-1153406 365 Fulton LP (Parcel G)	low-inc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 26-1539223	low-inc hsng		na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202					Ŭ						
26-2575525  Mercy Housing California XLIV  1999 Broadway Suite 1000	low-ınc hsng	CA	na	n/a	0	0		No			No
Denver, CO80202 26-3583090	low-ınc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 26-2553554 Mercy Community Housing	low-ınc hsng	GA	na	n/a	0	0		No			No
Georgia (MHCGa) 1999 Broadway Suite 1000 Denver, CO80202 58-2461689											
Mercy Housing Georgia I 1999 Broadway Suite 1000 Denver, CO80202 58-2461689	low-ınc hsng	GA	na	n/a	0	0		No			No
Mercy Housing Georgia IV 1999 Broadway Suite 1000 Denver, CO80202 56-2328730	low-ınc hsng	GA	na	n/a	0	0		No			No
Mercy Housing Georgia V LP 1999 Broadway Suite 1000 Denver, C080202 90-0284434	low-ınc hsng	GA	na	n/a	0	0		No			No
Mercy Housing Georgia VI LP 1999 Broadway Suite 1000 Denver, CO80202 20-4466474	low-inc hsng	GA	na	n/a	0	0		No			No
Acquisition Properties Georgia I 1999 Broadway Suite 1000 Denver, C080202 20-4465851	low-inc hsng	GA	na	n/a	0	0		No			Νο
	low-inc hsng	GA	na	n/a	0	0		No			Νο
Acquisition Properties Georgia II	low-ınc hsng	GA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 20-4465972 Mercy Properties Washington	low-ınc hsng	WA	na	n/a	0	0		No			No
	low-ınc hsng	WA	na	n/a	0	0		No			No
Washington I 1999 Broadway Suite 1000 Denver, CO80202 91-1584665											
Intercommunity Mercy Washington II 1999 Broadway Suite 1000 Denver, CO80202	low-inc hsng	WA	na	n/a	0	0		No			Νο
91-1572690 Mercy Housing Washington VIII	low-ınc hsng	WA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 91-2124779 Mercy Housing Washington VI	low-ınc hsng	WA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 84-1459924 Mercy Housing Washington V	low-ınc hsng	OR	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 84-1457612 Mercy Housing Washington VII	low-ınc hsng	WA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 91-2038920	low-inc hsng	WA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 65-1186086	.5				ŭ						
Mercy Housing Washington X LLC 1999 Broadway Suite 1000	low-ınc hsng	WA	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, C080202 55-0887839											

Form 990, Schedule R, P	art III - Identifi	cation o	f Related Org		axable as a Partne	ership	(h)			(:	j)
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal Domicile (State or Foreign Country)	Controlling Entity	unrelated, excluded from tax under sections	(f) Share of total income (\$)	<b>(g)</b> Share of end-of-year assets (\$)	Dispropri allocation		<b>(i)</b> Code V - UBI amount on Box 20 of K - 1 (\$)	Gene Mana	ral or
Mercy Properties Washington III LLC	low-ınc hsng	WA	na	512-514) n/a	0	0	1 1	<b>No</b> Io		Yes	<b>No</b>
1999 Broadway Suite 1000 Denver, C080202 77-0601463 Pilchuck	low-inc hsng	WA	na	n/a	0	0	N	Io			No
1999 Broadway Suite 1000 Denver, CO80202 77-0601463 Woodlake Manor II	low-ınc hsng	WA	na	n/a	0	0	N	Io			No
1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 Woodlake Manor	low-ınc hsng	WA	na	n/a	0	0	N	Io			No
1999 Broadway Suite 1000 Denver, CO80202 77-0601463 Villa Kathleen	low-inc hsng	WA	na	n/a	0	0	N	Io			No
1999 Broadway Suite 1000 Denver, C080202 77-0601463 Skagit Village	low-ınc hsng	WA	na	n/a	0	0	N	Io			No
1999 Broadway Suite 1000 Denver, C080202 77-0601463 Oak Harbor	low-ınc hsng	WA	na	n/a	0	0	N	Io			No
1999 Broadway Suite 1000 Denver, C080202 77-0601463 Olympic	low-ınc hsng	WA	na	n/a	0	0	N	Io			No
1999 Broadway Suite 1000 Denver, CO80202 77-0601463 Monroe Villa	low-ınc hsng	WA	na	n/a	0	0		Io			No
1999 Broadway Suite 1000 Denver, CO80202 77-0601463 Lake Village East	low-ınc hsng	WA	na	n/a	0	0		Io			No
1999 Broadway Suite 1000 Denver, CO80202 77-0601463 Lake Stevens	low-inc hsng		na	n/a	0	0		Io			No
1999 Broadway Suite 1000 Denver, CO80202 77-0601463	low-inc hsng		na	n/a	0	0		Io			No
1999 Broadway Suite 1000 Denver, CO80202 77-0601463 Ferndale Villa	low-inc hsng		na	n/a	0	0		Io			No
1999 Broadway Suite 1000 Denver, CO80202 77-0601463 Evergreen Manor	low-inc hsng		na	n/a	0	0		Io			No
1999 Broadway Suite 1000 Denver, C080202 77-0601463 Cedarwood I	low-inc hsng	WA	na	n/a	0	0		Io			No
1999 Broadway Suite 1000 Denver, CO80202 77-0601463 Cedarwood IV	low-ınc hsng		na	n/a	0	0		Io			No
1999 Broadway Suite 1000 Denver, CO80202 77-0601463 Cascade Apartments	low-ınc hsng	WA	na	n/a	0	0		Io			No
1999 Broadway Suite 1000 Denver, CO80202 77-0601463 Boundary Village	low-ınc hsng		na	n/a	0	0		Io			No
1999 Broadway Suite 1000 Denver, CO80202 77-0601463 Mercy Properties Washington	low-ınc hsng	WA	na	n/a	0	0	N	Io			No
II 1999 Broadway Suite 1000 Denver, CO80202 30-0117515	,										
Mercy Properties Washington I LLC 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	WA	na	n/a	0	0	N	lo			Νο
20-1031378  Bayshore Court  1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	WA	na	n/a	0	0	N	Io			No
20-1031378 Cambridge A partments 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	WA	na	n/a	0	0	N	Io			No
20-1031378 Cascade Village 1999 Broadway Suite 1000 Denver, CO80202	low-inc hsng	WA	na	n/a	0	0	N	lo			Νο
20-1031378 Cheney Gardens 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	WA	na	n/a	0	0	N	lo			Νο
20-1031378 Mabton Gardens 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	WA	na	n/a	0	0	N	Io			No
20-1031378  Moses Lake Estates  1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	WA	na	n/a	0	0	N	Io			Νο
20-1031378 Pine Road Village  1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	WA	na	n/a	0	0	N	lo			No
20-1031378  Rock Creek Terrace  1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	WA	na	n/a	0	0	N	lo			Νο
20-1031378 Sandstone 1999 Broadway Suite 1000 Denver, CO80202	low-inc hsng	WA	na	n/a	0	0	N	lo			Νο
20-1031378 Silvercrest 1999 Broadway Suite 1000 Denver, C080202	low-ınc hsng	WA	na	n/a	0	0	N	Io			Νο
20-1031378	<u> </u>				<u> </u>	<u> </u>					

Form 990, Schedule R, Pa	art III - Identific	cation of	f Related Org		axable as a Partne	ership	(h)			(	j)
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal Domicile (State	Controlling	(e) Predominant income(related, unrelated,	(f) Share of total income (\$)	(g) Share of end-of-year assets	Disprop		(i) Code V-UBI amount on Box 20 of K-1	Gene Man	ral o
-		or Foreign Country)	Entity	excluded from tax under sections		(\$)			(\$)		
Wapato Gardens	low-ınc hsng	WA	na	512-514) n/a	0	0	Yes	<b>No</b> No		Yes	<b>No</b>
1999 Broadway Suite 1000 Denver, CO80202 20-1031378 Washington Square	low-ınc hsng	WA	na	n/a	0	0		N o			No
1999 Broadway Suite 1000 Denver, C080202 20-1031378 111 Jones Street Assoc (111		CA		n/a	0	0		N o			No
Jones St)  1999 Broadway Suite 1000  Denver, C080202  94-3142765											
Britton Street Assoc(Britton Court) 1999 Broadway Suite 1000	low-inc hsng	CA	na	n/a	0	0		Νο			Νο
Denver, CO80202 94-3300509 Mercy Housing Nebraska I	low-ınc hsng	NE	na	n/a	0	0		N o			No
1999 Broadway Suite 1000 Denver, CO80202 84-1449163 Mercy Housing California VII	low-ınc hsng	CA	na	n/a	0	0		N o			No
1999 Broadway Suite 1000 Denver, CO80202 94-3229540 Somerset Senior Hsg	low-ınc hsng	TX	na	n/a	0	0		N o			No
1999 Broadway Suite 1000 Denver, CO80202	low-life fishing		llia	liya				NO			
74-2765568  Mercy Housing California II	low-ınc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 94-3187825 Mercy Housing Colorado VIII	low-ınc hsng	со	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 93-1190349	low-inc heng	СО	na	n/a	0	0		N o			No
Mercy Housing Colorado-I LTD (Grace) 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng			,							,,,
84-1176712  Mercy Housing California XI  1999 Broadway Suite 1000	low-ınc hsng	CA	na	n/a	0	0		Νο			No
Denver, CO80202 94-3244521 Marleton Affordable Hsg Assoc	low-ınc hsng	CA	na	n/a	0	0		N o			No
1999 Broadway Suite 1000 Denver, C080202 04-3594636											
Mason Apartments (Mason School Apts) 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	CO	na	n/a	0	0		No			No
42-1301449  Mercy Housing California V	low-ınc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 94-3229051 Park Terrace Apts (Park	low-ınc hsng	CA	na	n/a	0	0		N o			No
Terrace Apts) 1999 Broadway Suite 1000											
Denver, CO80202 94-3332881 Quinn Cottages LP (Quinn Cottages)	low-ınc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 65-0367005	law was barra	- CA		- 1-				N			N
Mercy Housing California X (The Rose) 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	CA	na	n/a	0	0		Νο			No
94-3232501	low-ınc hsng	CA	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, CO80202 95-4384732 2220 10th Avenue Assoc	low-ınc hsng	CA	na	n/a	0	0		N o			No
(Santana Apts) 1999 Broadway Suite 1000 Denver, CO80202											
94-3140163  Mercy Housing California VIII  1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	CA	na	n/a	0	0		No			No
94-3229541  Mercy Housing Iowa II LP  1999 Broadway Suite 1000	low-ınc hsng	IA	na	n/a	0	0		Νο			No
Denver, CO80202 84-1284752 Mercy Housing California I	low-ınc hsng	CA	na	n/a	0	0		N o			Νο
1999 Broadway Suite 1000 Denver, CO80202 84-1210914 Mercy Housing Arizona I	low-ınc hsng	ΑZ	na	n/a	0	0		N o			No
1999 Broadway Suite 1000 Denver, C080202 86-0791473											
Mercy Housing Georgia II  1999 Broadway Suite 1000 Denver, CO80202	low-inc hsng	GA	na	n/a	0	0		Νο			Νο
58-2621798  Mercy Housing Colorado-IX  1999 Broadway Suite 1000  Denver CO80202	low-inc hsng	СО	na	n/a	0	0		No			Νο
Denver, CO80202 87-0706258 Mercy Housing Arizona II (Page Commons)	low-inc hsng	ΑZ	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, CO80202 33-1075152 Parkside Terrace Apt LLC	low-ınc hsng	IL	na	n/a	0	0		N o			No
1999 Broadway Suite 1000 Denver, C080202 36-3914505											
Parkside Terrace LP 1999 Broadway Suite 1000 Denver, CO80202 36-3914505	low-ınc hsng	IL	na	n/a	0	0		Νο			No
Mulberry Court LLC 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	CO	na	n/a	0	0		No			No
20-8008017 Mercy Housing South Carolina I	low-ınc hsng	SC	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, CO80202 59-3767323											

Form 990, Schedule R, Pa	art III - Identific	ation of	Related Org		exable as a Partne	ership	(h)				j)
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal Domicile (State	<b>(d)</b> Dırect Controllıng	(e) Predominant income(related, unrelated,	(f) Share of total income (\$)	<b>(g)</b> Share of end-of-year assets		prtionate	(i) Code V-UBI amount or Box 20 of K-1	Gene Mana	ral or
related organization		or Foreign Country)	Entity	excluded from tax under sections	(4)	(\$)			(\$)		
Savannah Rose of Sharon LLC	low-ınc hsng	GA	na	512-514)	0	o	Yes	<b>No</b> No	]	Yes	<b>No</b>
1999 Broadway Suite 1000 Denver, CO80202 20-3591948 Mercy Housing Georgia III	low-ınc hsng	GA	na	n/a	0	0		N o			No
1999 Broadway Suite 1000 Denver, CO80202 43-1954812	low life listing			11/4							
Mercy Housing South Dakota I LLC	low-ınc hsng	SD	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, CO80202 20-2830331											
Mercy Housing South Dakota II LLC	low-ınc hsng	SD	na	n/a	0	0		No			Νo
1999 Broadway Suite 1000 Denver, CO80202 20-2830356 Mercy Housing Colorado XI	low-ınc hsng	СО	na	n/a	0	0		N o			No
LLC 1999 Broadway Suite 1000				J.,, 2	_						
Denver, CO80202 20-5331841 Commons on Main GP LLC	low-ınc hsng	ОН	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 20-8033652 Commons on Main LP	low-inc hsng	ОН	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202	low-life fishig		lla	117 a		J J					
20-8033896 Aromor Mercy LLC (Aromor Apartments)	low-inc hsng	СО	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, C080202 30-0296042 Galewood SLF Associates LP	low-inc hsng	IL	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 20-1882654											
Mercy Alston Lake LLC 1999 Broadway Suite 1000	low-inc hsng	sc	na	n/a	0	0		Νο			Νo
Denver, CO80202 20-2948887 FHD Holdings LLC	low-inc hsng	ОН	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, CO80202 20-1356271 Franciscan Homes III LP	low-inc hsng	ОН	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 31-1394513											
1999 Broadway Suite 1000	low-ınc hsng	ОН	na	n/a	0	0		Νο			Νo
Denver, CO80202 31-1463371 Mercy Housing Utah I	low-ınc hsng	UT	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 02-0564555		1.0						N			N -
Mercy Housing Idaho IV 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	ID	na	n/a	0	0		No			No
82-0487654 Mercy Housing Idaho V (Sisters Villa)	low-ınc hsng	ID	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202											
04-3624359 2101 Telegraph Avenue Inc	low-ınc hsng	CA	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, CO80202 94-3222935 2101 Telegraph Avenue Assoc	low-inc hsna	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202	Tow the fishing			11, 4							
94-3222935 Bishops Block (Bishops Block) 1999 Broadway Suite 1000	low-inc hsng	IA	na	n/a	0	0		No			No
Denver, CO80202 01-0477157 1028 Howard St Associates	low-ınc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 94-3160742											
1101 Howard St Associates 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	CA	na	n/a	0	0		Νο			Νο
1999 Broadway Suite 1000	low-ınc hsng	CA	na	n/a	0	0		No			No
Denver, C080202 94-3224528	low-ınc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 94-3249328	9										
Centro Partners 1999 Broadway Suite 1000	low-inc hsng	CA	na	n/a	0	0		No			Νο
Denver, CO80202 77-0295344 La Playa Residential	low-ınc hsng	CA	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, C080202 77-0278613	Laure et al.			- t-							
West 28th Street 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	CA	na	n/a	0	0		Νο			Νο
95-4550003 16th & Church Street Assoc 1999 Broadway Suite 1000	low-ınc hsng	CA	na	n/a	0	0		No			Νο
Denver, C080202 94-3135262	low-inc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 94-3187826											
Mercy Housing California IX 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	CA	na	n/a	0	0		No			Νο
94-3230471 Mercy Housing California IV	low-ınc hsng	CA	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, CO80202 94-3210969											

Form 990, Schedule R, Pa	art III - Identific	ation o	f Related Org		axable as a Partne	ership	41)				
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	unrelated, excluded from tax under sections	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disprop allocati	ortionate	(i) Code V - UBI amount or Box 20 of K - 1 (\$)	Gene Man	j) eral or aging ner?
Visitation Valley Fam Hsg Assoc	low-ınc hsng	СА	na	512-514) n/a	0	0	Yes	<b>No</b> No		Yes	<b>No</b>
1999 Broadway Suite 1000 Denver, CO80202 94-3275566 Near Lagoon Partners	low-ınc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 77-0256317	law ya han s	6.4		- 1-				N. a			N. c
Mercy Housing West  1999 Broadway Suite 1000 Denver, CO80202 68-0254564  Mercy Housing California XIV	low-inc hsng	CA	na	n/a	0	0		N o			N o
1999 Broadway Suite 1000 Denver, C080202 94-3377941				n/a	0	0		No			
Mercy Housing California XV 1999 Broadway Suite 1000 Denver, CO80202 94-3379316	low-ınc hsng		na								No
Mercy Housing California XVII 1999 Broadway Suite 1000 Denver, CO80202 94-3400496			na	n/a	0	0		No			No
Mercy Housing California XXIV  1999 Broadway Suite 1000	low-inc hsng	СА	na	n/a	0	0		No			No
Denver, CO80202 74-3052786 Mercy Housing California	low-ınc hsng	CA	na	n/a	0	0		No			No
XVIII 1999 Broadway Suite 1000 Denver, CO80202											
03-0376881 Mercy Housing California XIII	low-ınc hsng	CA	na	n/a	0	0		No		-	No
1999 Broadway Suite 1000 Denver, CO80202 94-3377935 Mercy Housing California XX	low-inc hsng	CA	na	n/a	0	0		No		_	Νο
1999 Broadway Suite 1000 Denver, C080202 36-4497277											
Mercy Housing California XVI 1999 Broadway Suite 1000 Denver, CO80202 94-3381170	low-ınc hsng	CA	na	n/a	0	0		No			No
Mercy Housing California XXIII 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	CA	na	n/a	0	0		No			No
82-0560494	low-ınc hsng	CA	na	n/a	0	0		No			Νο
Denver, CO80202 94-3366333 Village Park Housing Associates	low-ınc hsng	CA	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, CO80202 68-0254566											
Mercy Housing California XXI 1999 Broadway Suite 1000 Denver, CO80202 48-1259652	low-ınc hsng	СА	na	n/a	0	0		No			No
Mercy Housing California XIX 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	CA	na	n/a	0	0		No			Νο
01-0716135  Mercy Housing California XXV  1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	CA	na	n/a	0	0		No			No
Pinewood Court Apartments  1999 Broadway Suite 1000	low-ınc hsng	CA	na	n/a	0	0		No			No
Denver, CO80202 68-0435836 Mercy Housing California XXII	low-ınc hsng	СА	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 35-2172040 Mercy Housing California	low-ınc hsng	CA	na	n/a	0	0		No			No
XXVI 1999 Broadway Suite 1000 Denver, CO80202 58-2679059											
	low-ınc hsng	CA	na	n/a	0	0		No			No
26-2350027 Mercy Housing California XIV 1999 Broadway Suite 1000	low-ınc hsng	CA	na	n/a	0	0		No			Νο
Denver, CO80202 94-3377941 Mercy Housing California XXVII	low-ınc hsng	CA	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, CO80202 65-1207291 Mercy Housing California	low-inc hsng	CA	na	n/a	0	0		No			No
XXVIII 1999 Broadway Suite 1000 Denver, CO80202	s nong			_							
73-1721242 Mercy Housing California XXIX 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	CA	na	n/a	0	0		No			No
73-1729092 Mercy Housing California XXX	low-ınc hsng	CA	na	n/a	0	0		No		-	No
1999 Broadway Suite 1000 Denver, CO80202 61-1488186 New Dana Strand Townhomes	low-ınc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 51-0524022											
Mercy Housing California XXXII 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	СА	na	n/a	0	0		No			No
87-0756940 Mercy Housing California XXXVI	low-ınc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 56-2568833 Mercy Housing California XXXI	low-ınc hsng	CA	na	n/a	0	0		No		<u> </u>	No
1999 Broadway Suite 1000 Denver, C080202 87-0756700											

Form 990, Schedule R, Pa	art III - Identific	(c)		janizations Ta	axable as a Partne		(h)			(	j)
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal Domicile (State or	<b>(d)</b> Direct Controlling Entity	Predominant income(related, unrelated,	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)		ortionate	Code V - UBI amount on Box 20 of K-1	Gene Man	ral or
		Foreign Country)		excluded from tax under sections 512-514)		<b>,</b>	Vaa	N	(\$)	<b>V</b>	Na
Mercy Housing California XXXV	low-ınc hsng	СА	na	n/a	0	0	Yes	<b>No</b> No		res	No No
1999 Broadway Suite 1000 Denver, CO80202 76-0827799											
XXXIII	low-inc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 43-2100410 Mercy Housing California	low-inc hsng	СА	na	n/a	0	0		No			No
XXXVII 1999 Broadway Suite 1000 Denver, CO80202											
68-0631916  Colonia San Martin Associates LP	low-inc hsng	СА	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 83-0481233											
Mercy Housing California XXXIX	low-inc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 01-0885277											
Kennedy Estates Hsg Assoc 1999 Broadway Suite 1000 Denver, CO80202	low-inc hsng	CA	na	n/a	0	0		No			No
68-0355465 Tahoe Valley Townhomes Assoc	low-ınc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 94-3298324											
Florin Wood Assoc 1999 Broadway Suite 1000	low-ınc hsng	CA	na	n/a	0	0		No			Νο
Denver, CO80202 68-0318012 Mercy Housing Idaho II	low-ınc hsng	ID	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 84-1212029											
Mercy Housing Colorado VII 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	СО	na	n/a	0	0		No			No
84-1473883  Mercy Housing Colorado-II Ltd	low-ınc hsng	СО	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 84-1176713											
Mercy Housing Iowa I (Lawlor Garvey)	low-ınc hsng	IA	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, C080202 84-1178412				,				N.			
Mercy Housing Washington IV 1999 Broadway Suite 1000 Denver, CO80202	low-inc hsng	МО	na	n/a	0	0		No			No
	low-ınc hsng	МО	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, CO80202 84-1176358 Mercy Housing Colorado VI	low-ınc hsng	СО	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 84-1361296											
Mercy Housing Idaho III  1999 Broadway Suite 1000	low-inc hsng	ID	na	n/a	0	0		No			No
Denver, CO80202 84-1251391 Mercy Housing Idaho I	low-ınc hsng	ID	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 84-1212028											
Mercy Housing Colorado V  1999 Broadway Suite 1000	low-inc hsng	СО	na	n/a	0	0		No			Νο
Denver, CO80202 84-1318329 Mercy Housing Missouri II	low-ınc hsng	МО	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 84-1201811											
Mercy Housing Colorado III 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	СО	na	n/a	0	0		No			No
84-1292696 Mercy Housing Washington III	low-ınc hsng	WA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 91-1676111 Mercy Housing Colorado IV	low-inc hsng	СО	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, CO80202	, no nong										
84-1284749  Marlton Affordable Housing Corp	low-inc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 91-2164481											
Brentwood Green Valley Apts 1999 Broadway Suite 1000 Denver, CO80202	low-ınc hsng	CA	na	n/a	0	0		No			No
94-3135990 New Dana Strand Partners I LP	low-ınc hsng	СА	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 51-0524022											
Magnolia Limited Partnership 1999 Broadway Suite 1000	low-ınc hsng	IL	na	n/a	0	0		No			No
Denver, CO80202 36-3822288 Red Door Limited Partnership	low-ınc hsng	IL	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202 36-3915050											
4707 Malden Ltd Partnership 1999 Broadway Suite 1000 Denver, CO80202	low-inc hsng	IL	na	n/a	0	0		No			Νο
36-3762788 Malden Limited Partnership II	low-ınc hsng	IL	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 20-8746121											
MPI Highland Place Apartments LP 1999 Broadway Suite 1000	low-ınc hsng	GA	na	n/a	0	0		No			Νο
Denver, CO80202 58-2461689											

Form 990, Schedule R, Pa	rt III - Identific	ation of	Related Org		xable as a Partne	rship				-	= >
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal Domicile (State	Controlling	(e) Predominant income(related, unrelated,	(f) Share of total income (\$)	<b>(g)</b> Share of end-of-year assets	(h) Dispro allocat	prtionate	(i) Code V-UBI amount or Box 20 of K-1	Gene Man	<b>j)</b> eral or ageng ener?
. S.acea organization		or Foreign Country)	Entity	unrelated, excluded from tax under sections	\# <i>1</i>	(\$)			(\$)		-
2220 Tenth Ave	low-ınc hsng	СА	na	512-514) n/a	0	0	Yes	<b>No</b> No		Yes	<b>No</b>
1999 Broadway Suite 1000 Denver, CO80202 94-3140163											
	low-ınc hsng	IL	na	n/a	0	0		Νο			Νο
Denver, CO80202 36-4027476	low-ınc hsng	IL	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80202	low-life fishing	1	lla	Пуа	O						NO
36-3855358	low-ınc hsng	IL	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 32-0143113											
1999 Broadway Suite 1000	low-ınc hsng	sc	na	n/a	0	0		Νο			Νo
Denver, CO80202 59-3767323 Mercy Terrace	low-ınc hsng	CA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 68-0254564											
Wentworth Commons  1999 Broadway Suite 1000	low-ınc hsng	IL	na	n/a	0	0		No			Νο
Denver, CO80202 30-0082553 901 West 63rd LP (Englewood	low-ınc hsng	IL	na	n/a	0	0		No			No
A partments) 1999 Broadway Suite 1000											
Denver, CO80202 26-1233617 Mercy Housing Georgia IX LP	low-ınc hsng	GA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, C080202 20-8829418											
	low-ınc hsng	IL	na	n/a	0	0		No			No
Denver, CO80202 36-4304416 Belray Apartments	low-inc hsng	IL	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80203											
36-4027474  Harold Washington Apartments  1999 Broadway Suite 1000	low-ınc hsng	IL	na	n/a	0	0		No			Νο
Denver, CO80204 36-3556291	low-ınc hsng	СО	na	n/a	0	0		N o			Νο
1999 Broadway Suite 1000 Denver, CO80204	now life listing			1174	C .						
26-4002114  Breckenridge Mercy LLC (Valley Brook)	low-ınc hsng	СО	na	n/a	0	0		N o			No
1999 Broadway Suite 1000 Denver, CO80204											
26-4699559 Stapleton II Mercy LLC	low-ınc hsng	СО	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO 80204 27-0954394 Bluff Mercy LLC	low-ınc hsng	со	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80204	now life listing			1174	C .						
	low-ınc hsng	СА	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80204 94-3081666											
Villa Columbia Mercy Riverside LP (Merc 1999 Broadway Suite 1000	low-inc hsng	СА	na	n/a	0	0		No			Νο
Denver, CO80204 65-1308076	low-ınc hsng	CA	na	n/a	0	0		No			No
(Washington 1999 Broadway Suite 1000					Š						
Denver, C080204 26-3841013 Boise Senior 202 GP LLC	low-ınc hsng	ID	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, C080204 27-0992784											
Boise Senior 202 Owner LP  1999 Broadway Suite 1000	low-ınc hsng	ID	na	n/a	0	0		No			Νο
Denver, CO80204 27-1039061  Mercy Housing Idaho NSP LLC	low-ınc hsna	ID	na	n/a	0	0		No			No
(NSPID) 1999 Broadway Suite 1000											
Denver, CO80204 82-0458396 Countryside Seniors LLC	low-ınc hsng	IL	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80204 26-1483851											
Countryside Senior Apartments LP	low-ınc hsng	IL	na	n/a	0	0		No			Νο
1999 Broadway Suite 1000 Denver, CO80204 26-1483915											
Johnston Center MM LLC  1999 Broadway Suite 1000  Danver CO 80304	low-ınc hsng	WI	na	n/a	0	0		No			No
Denver, CO80204 36-3453183 Johnston Center Re-Use LLC	low-ınc hsng	WI	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80204 30-0529359											
Johnston Center Outlots LLC 1999 Broadway Suite 1000	low-ınc hsng	WI	na	n/a	0	0		No			No
Denver, CO80204 36-3453183 Reynoldstown Senior Apts	low-ınc hsng	GA	na	n/a	0	0		No			No
(Renoldstown) 1999 Broadway Suite 1000											
Denver, CO80204 27-0162550 Mercy Housing Georgia X (Savannah Garden	low-ınc hsng	GA	na	n/a	0	0		N o			No
(Savannan Garden 1999 Broadway Suite 1000 Denver, CO80204											
26-2523190  MHSE Adamsville Green Senior Partners LL	low-ınc hsng	GA	na	n/a	0	0		No			No
1999 Broadway Suite 1000 Denver, CO80204											
27-1321251	l	l		I		I	l	1	I	I	1

#### Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R, P	art III - Identifi		f Related Or	ganizations Ta	axable as a Partne	rship				
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Dispropr allocatio		Gene Mana	j) eral or aging ener?
				512-514)			Yes	No	Yes	No
Mercy Park View Developers LLC	low-ınc hsng	GA	na	n/a	0	0		No		No
1999 Broadway Suite 1000 Denver, C080204 _20-8829324										
Appıan Way Manager LLC	low-ınc hsng	WA	na	n/a	0	0	N	N o		Νo
1999 Broadway Suite 1000 Denver, C080204 91-1546525										
Appıan Way Mercy LLC	low-ınc hsng	WA	na	n/a	0	0		N o		Νo
1999 Broadway Suite 1000 Denver, C080204 _26-3260400										
New Tacome Phase I GP LLC	low-ınc hsng	WA	na	n/a	0	0		N o		Νo
1999 Broadway Suite 1000 Denver, C080204 91-1546525										
New Tacoma Senior Housing Phase I	low-ınc hsng	WA	na	n/a	0	0		No		No
1999 Broadway Suite 1000 Denver, C080204 26-4569392										
New Tacoma Phase II Mercy LLC	low-ınc hsng	WA	na	n/a	0	0		No		Νο
1999 Broadway Suite 1000 Denver, C080204 91-1546525										
Cobble Knoll I Mercy LLC 1999 Broadway Suite 1000	low-ınc hsng	WA	na	n/a	0	0		No		Νο
Denver, C080204 26-4520923										
Allegre Vılla	low-ınc hsng	WA	na	n/a	0	0		N 0		Νo
1999 Broadway Suite 1000 Denver, C080204 20-1031378										
Aromor Commercial LLC	low-ınc hsng	СО	na	n/a	0	0		10		Νo
1999 Broadway Suite 1000 Denver, C080204 32-0139512										
Northglen LP	low-ınc hsng	NE	na	n/a	0	0		N o		Νo
1999 Broadway Suite 1000 Denver, C080204 26-4578510										
Mercy Crestview Village Housing LP	low-ınc hsng	NE	na	n/a	0	0		No		No
1999 Broadway Suite 1000 Denver, C080204 26-4578652										
Western Manor LP	low-ınc hsng	NE	na	n/a	0	0		N o		No
1999 Broadway Suite 1000 Denver, C080204 26-4578402										
Alston Lake Apartments LP	low-ınc hsng	sc	na	n/a	0	0		N o		Νο
1999 Broadway Suite 1000 Denver, C080204 20-0740773										

#### Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust										
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	( <b>d)</b> Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	<b>(g)</b> Share of end-of-year assets (\$)	(h) Percentage ownership			
Belray Apartments Corporation 1999 Broadway Suite 1000 Denver, CO80202 36-4027474	management	IL	na	c corp	0	0	0 %			
Harold Washington Apartments Corporation 1999 Broadway Suite 1000 Denver, CO80202 36-3556291	management	IL	na	c corp	0	0	0 %			
Roseland Apartments Corporation 1999 Broadway Suite 1000 Denver, CO80202 36-4304417	management	IL	na	c corp	0	0	0 %			
South Loop Apartments Corporation 1999 Broadway Suite 1000 Denver, C080202 36-4027475	management	IL	na	c corp	0	0	0 %			
Winthrop Apartments Corporation 1999 Broadway Suite 1000 Denver, C080202 36-3855355	management	IL	na	c corp	0	0	0 %			
Near North Apartments Corp NF 1999 Broadway Suite 1000 Denver, C080202 36-4570431	management	IL	na	c corp	0	0	0 %			
MCHG Partners Inc (MCHG) 1999 Broadway Suite 1000 Denver, C080202 20-8824753	management	GA	na	c corp	0	0	0 %			
Mercy Lithonia Park View Inc (MLithPV) 1999 Broadway Suite 1000 Denver, C080202 20-8829364	management	GA	na	c corp	0	0	0 %			
Malden Arms Corp II NFP 1999 Broadway Suite 1000 Denver, C080202 36-3815990	management	CA	na	c corp	0	0	0 %			
Mercy Galewood SLF Inc 1999 Broadway Suite 1000 Denver, CO80202 20-5825081	management	IL	na	c corp	0	0	0 %			
McDermott Place 1999 Broadway Suite 1000 Denver, C080202 47-0779682	management	IA	na	c corp	0	0	0 %			
Mercy Affordable Housing Inc (MAHI) 1999 Broadway Suite 1000 Denver, C080202 82-0489878	management	ID	na	c corp	0	0	0 %			
Affordable Housing Corp 1999 Broadway Suite 1000 Denver, C080202 84-1173690	management	CA	na	c corp	0	0	0 %			
Affordable Housing Initiative (AHI) 1999 Broadway Suite 1000 Denver, C080202 94-3096988	management	CA	na	c corp	0	0	0 %			
Englewood Apartments NFP 1999 Broadway Suite 1000 Denver, C080202 26-1233523	management	IL	na	c corp	0	0	0 %			
Mercy Scottdale Oak Forest Inc 1999 Broadway Suite 1000 Denver, C080202 20-8825042	management	GA	na	c corp	0	0	0 %			
Mercy Park View Partners Inc 1999 Broadway Suite 1000 Denver, C080202 20-8829242	management	GA	na	c corp	0	0	0 %			
Mercy Housing Woodland Quarters Inc 1999 Broadway Suite 1000 Denver, CO80202 20-8827867	management	GA	na	c corp	0	0	0 %			
111th & Wentworth Apartments Corp 1999 Broadway Suite 1000 Denver, C080202 38-3648994	management	IL	na	c corp	0	0	0 %			
Mercy Commercial California 1999 Broadway Suite 1000 Denver, C080202 94-3382154	management	CA	na	c corp	0	0	0 %			
Commercial - 10th and Mission 1999 Broadway Suite 1000 Denver, C080202 94-3382155	management	CA	na	c corp	0	0	0 %			
Commercial - Derek Silva 1999 Broadway Suite 1000 Denver, C080202 94-3382156	management	CA	na	c corp	0	0	0 %			
Commercial - Polk St 1999 Broadway Suite 1000 Denver, CO80202 94-3382157	management	CA	na	c corp	0	0	0 %			
Commercial - Dudley 1999 Broadway Suite 1000 Denver, CO80202 94-3382158	management	CA	na	c corp	0	0	0 %			

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 94-3264209

Name: PRESENTATION SENIOR COMMUNITY

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
ADMINISTRATIVE	312,880	312,880		
UTILITIES	76,873	76,873		
OPERATING AND MAINTENANCE	182,679	182,679		
TAXES AND INSURANCE	93,450	93,450		
RESIDENT SERVICES	64,665	64,665		