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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  
**2010**  
**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
 MERCY GARDENS

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
 1999 BROADWAY SUITE 1000

City or town, state or country, and ZIP + 4  
 DENVER, CO 80202

**D** Employer identification number  
 33-0809069

**E** Telephone number  
 (303) 830-3300

**G** Gross receipts \$ 189,931

**F** Name and address of principal officer  
 valerie agostino  
 1999 BROADWAY SUITE 1000  
 denver, CO 80202

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW.MERCYHOUSING.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1998

**M** State of legal domicile CA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 OWN AND OPERATE A 23-UNIT APARTMENT PROJECT KNOWN AS MERCY GARDENS, INC LOCATED IN SAN DIEGO, CALIFORNIA, PROVIDING HOUSING AND SERVICES FOR PERSONS WITH AIDS

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	7
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	0
<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
<b>6</b> Total number of volunteers (estimate if necessary)	6	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
		<b>8</b> Contributions and grants (Part VIII, line 1h)	10,000
<b>9</b> Program service revenue (Part VIII, line 2g)	197,980	189,675	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,392	256	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	209,372	189,931	

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	366,840	362,788
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	366,840	362,788
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-157,468	-172,857

		Beginning of Current Year	End of Year
		<b>20</b> Total assets (Part X, line 16)	2,938,815
<b>21</b> Total liabilities (Part X, line 26)	1,390,101	1,409,557	
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,548,714	1,375,857	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer	2011-05-15 Date
	valerie agostino president Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Wendy R Langlais-Tillery CPA	Preparer's signature Wendy R Langlais-Tillery CPA	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ REZNICK GROUP PC	Firm's EIN ▶			
	Firm's address ▶ 2002 SUMMIT BOULEVARD SUITE 1000 ATLANTA, GA 303191470	Phone no ▶ (404) 847-9447			

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission

OWN AND OPERATE A 23-UNIT APARTMENT PROJECT KNOWN AS MERCY GARDENS, INC LOCATED IN SAN DIEGO, CALIFORNIA, PROVIDING HOUSING AND SERVICES FOR PERSONS WITH AIDS

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 362,788 including grants of \$ ) (Revenue \$ 189,931 )

OWN AND OPERATE A 23-UNIT APARTMENT PROJECT KNOWN AS MERCY Gardens INC LOCATED IN SAN DIEGO, CALIFORNIA, PROVIDING HOUSING AND SERVICES FOR PERSONS WITH AIDS

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

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

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

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

**4e** Total program service expenses \$ 362,788

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?		No
<b>3</b> 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		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
<b>6</b> 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 <input checked="" type="checkbox"/>		No
<b>7</b> 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 <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
<b>9</b> 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 <input checked="" type="checkbox"/>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>		No
<b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
<b>b</b> 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. <input checked="" type="checkbox"/>		No
<b>c</b> 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. <input checked="" type="checkbox"/>		No
<b>d</b> 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. <input checked="" type="checkbox"/>	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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, Parts I and IV		No
<b>15</b> 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, Parts II and IV		No
<b>16</b> 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, Parts III and IV		No
<b>17</b> 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 (see instructions)		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b> 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		No
<b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>		No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>		No
<b>23</b>	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? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>		No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<b>34</b>	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>		No
<b>a</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . .

Table with columns for question ID, question text, and Yes/No response boxes. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

**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.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	<b>1a</b> 7		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
	<b>1b</b> 0		
<b>2</b>	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? . . . . .		No
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	Yes	
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body? . . . . .	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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 . . . . .		No

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>b</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? . . . . .		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>b</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? . . . . .		

**Section 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 organization   
 VINCE DODDSVP CONTROLLER MHI  
 1999 BROADWAY SUITE 1000  
 DENVER, CO 80202  
 (303) 830-3300

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

Check if Schedule O contains a response to any question in this Part VII

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VALERIE AGOSTINO PRESIDENT/DIRECTOR	10	X		X			0	149,752	4,434	
(2) AMY BAYLEY TREASURER/SECRETARY/DIRECTOR	10	X		X			0	78,300	0	
(3) CHRIS GLAUDEL DIRECTOR	10	X					0	73,613	5,242	
(4) GREG SPARKS VICE PRESIDENT/DIRECTOR	10	X		X			0	103,908	4,270	
(5) BARBARA GUALCO DIRECTOR	10	X					0	108,270	0	
(6) BENJAMIN PHILLIPS DIRECTOR	10	X					0	127,193	4,270	
(7) mary dunbar director	10	X					0	98,538	4,270	
(8) JANE GRAF VICE PRESIDENT	10			X			0	180,802	0	



**Part VIII Statement of Revenue**

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▼		0			
	<b>Program Service Revenue</b>	<b>2a</b> RENTS & SUBSIDIES	Business Code	187,488	187,488	
<b>b</b> ANCILLARY SERVICES			2,187	2,187		
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . . ▼			189,675			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▼		256		256	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▼		0			
	<b>5</b> Royalties . . . . . ▼		0			
	<b>6a</b> Gross Rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . . ▼					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss) . . . . . ▼		0			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . . ▼			0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▼		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▼		0			
Miscellaneous Revenue	Business Code					
	<b>11a</b> _____					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . . ▼		0				
<b>12 Total revenue.</b> See Instructions . . . . . ▼		189,931	189,675		256	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	0			
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages	0			
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
<b>9</b>	Other employee benefits . . . . .	0			
<b>10</b>	Payroll taxes . . . . .	0			
<b>a</b>	Fees for services (non-employees)				
	Management . . . . .	0			
<b>b</b>	Legal . . . . .	0			
<b>c</b>	Accounting . . . . .	0			
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising services See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	0			
<b>g</b>	Other . . . . .	0			
<b>12</b>	Advertising and promotion . . . . .	0			
<b>13</b>	Office expenses . . . . .	0			
<b>14</b>	Information technology . . . . .	0			
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	0			
<b>17</b>	Travel . . . . .	0			
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	0			
<b>20</b>	Interest . . . . .	31,810	31,810		
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	141,123	141,123		
<b>23</b>	Insurance . . . . .	0			
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	ADMINISTRATIVE	92,245	92,245		
<b>b</b>	UTILITIES	12,940	12,940		
<b>c</b>	OPERATING AND MAINTENANCE	59,019	59,019		
<b>d</b>	TAXES AND INSURANCE	25,651	25,651		
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	362,788	362,788	0	0
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,162	<b>1</b>	6,996
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	7,103	<b>4</b>	341
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,097	<b>9</b>	4,256
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	3,872,669		
	<b>b</b> Less accumulated depreciation . . . . .	1,242,194	2,771,598	<b>10c</b> 2,630,475
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	150,855	<b>15</b>	143,346
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,938,815	<b>16</b>	2,785,414	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	19,764	<b>17</b>	572
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	2,137	<b>19</b>	792
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,078,113	<b>23</b>	1,060,319
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	290,087	<b>25</b>	347,874
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,390,101	<b>26</b>	1,409,557
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-652,008	<b>27</b>	-757,724
	<b>28</b> Temporarily restricted net assets . . . . .	2,200,722	<b>28</b>	2,133,581
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	1,548,714	<b>33</b>	1,375,857	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,938,815	<b>34</b>	2,785,414	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	189,931
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	362,788
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-172,857
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,548,714
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	1,375,857

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	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	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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?	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

**2010**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MERCY GARDENS

Employer identification number

33-0809069

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?		No
(ii) a family member of a person described in (i) above?		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		No
- 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 instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) MERCY HOUSING INC	470646706	0		No	Yes		Yes		0
<b>Total</b>									0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
<b>15</b> Public Support Percentage for 2009 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2010.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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<b>Facts And Circumstances Test</b>
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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization MERCY GARDENS

Employer identification number 33-0809069

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X \$

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

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

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

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

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

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

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

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

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

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

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

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

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

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

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		3,844,098	1,213,623	2,630,475
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		4,188	4,188	0
<b>e</b> Other . . . . .		24,383	24,383	0
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,630,475



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	189,931
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	362,788
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-172,857
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-172,857

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	189,931
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	189,931
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	189,931

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	362,788
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	362,788
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	362,788

**Part XIV Supplemental Information**

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

Identifier	Return Reference	Explanation
FIN 48 (ASC 740)	PART X, QUESTION 2	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, 2010. 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.

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

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

**▶ Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
MERCY GARDENS

**Employer identification number**

33-0809069

**Part I Questions Regarding Compensation**

	Yes	No
--	-----	----

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

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

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

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

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

**a** The organization?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VALERIE AGOSTINO	(i)	0	0	0	0	0	0	0
	(ii)	149,752	0	0	0	4,434	154,186	0
(2) JANE GRAF	(i)	0	0	0	0	0	0	0
	(ii)	176,802	0	4,000	0	0	180,802	0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

**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.

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**  
MERCY GARDENS

**Employer identification number**

33-0809069

Identifier	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 and reasonableness, 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.

Identifier	Return Reference	Explanation
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

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
Description of Review Process for Form 990	part VI Section B #11	Each member is given the opportunity to review the return before it is filed

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
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 w hether any action is required

Identifier	Return Reference	Explanation
Description of audit committee	part xi #2c	Responsibility for selection of an independent accountant and oversight of the annual audit is reserved by the Mercy Housing, Inc Board of Trustees

Identifier	Return Reference	Explanation
Description of Governing Organization	part vi section a #7a & #7b	The Board of Trustees of Mercy Housing, Inc has authority over MERCY GARDENS 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

Identifier	Return Reference	Explanation
Description of Organization's members or stockholders	part vi section A #6	mercy gardens is a nonstock, nonprofit corporation with mercy housing california as the sole member

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
MERCY GARDENS

**Employer identification number**

33-0809069

**Part I 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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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.)

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

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation
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**Software ID:**  
**Software Version:**  
**EIN:** 33-0809069  
**Name:** MERCY GARDENS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Mercy Housing Inc 1999 Broadway Suite 1000 Denver, CO 80202 47-0646706	low-inc hsng	CA	501 (c) (3)	9	NA		
Mercy Loan Fund 1999 Broadway Suite 1000 Denver, CO 80202 84-1559406	low-inc hsng	CA	501 (c) (3)	9	NA		
Mercy Portfolio Services 1999 Broadway Suite 1000 Denver, CO 80202 26-4002114	low-inc hsng	CO	501 (c) (3)	11 c	NA		
Mercy Housing Properties Inc 1999 Broadway Suite 1000 Denver, CO 80202 84-1262403	low-inc hsng	CO	501 (c) (3)	11 a	NA		
Brook Oaks Senior Residences 1999 Broadway Suite 1000 Denver, CO 80202 20-4295604	low-inc hsng	TX	501 (c) (3)	7	NA		
Mercy Commercial Finance Properties 1999 Broadway Suite 1000 Denver, CO 80202 84-1164880	low-inc hsng	CO	501 (c) (3)	11 a	NA		
Visitacion Valley Affordable Housing 1999 Broadway Suite 1000 Denver, CO 80202 94-3273336	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Mercy Housing Southwest 1999 Broadway Suite 1000 Denver, CO 80202 86-0743192	low-inc hsng	AZ	501 (c) (3)	11 a	NA		
Avondale Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 86-0980810	low-inc hsng	AZ	501 (c) (3)	11 c	NA		
Camelot Casitas 1999 Broadway Suite 1000 Denver, CO 80202 86-0980809	low-inc hsng	AZ	501 (c) (3)	11 c	NA		
Casa de Merced 1999 Broadway Suite 1000 Denver, CO 80202 86-0808941	low-inc hsng	AZ	501 (c) (3)	11 c	NA		
Casa de Shanti 1999 Broadway Suite 1000 Denver, CO 80202 86-0728526	low-inc hsng	AZ	501 (c) (3)	11 c	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
El Mirage Senior 1999 Broadway Suite 1000 Denver, CO 80202 86-0847975	low-inc hsng	AZ	501 (c) (3)	11 c	NA		
Mesa Senior Meadows 1999 Broadway Suite 1000 Denver, CO 80202 86-0897708	low-inc hsng	AZ	501 (c) (3)	11 c	NA		
Guadalupe Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 86-0897709	low-inc hsng	AZ	501 (c) (3)	11 c	NA		
Peoria Place 1999 Broadway Suite 1000 Denver, CO 80202 86-0980811	low-inc hsng	AZ	501 (c) (3)	11 c	NA		
Plazas de Merced 1999 Broadway Suite 1000 Denver, CO 80202 86-0758961	low-inc hsng	AZ	501 (c) (3)	11 c	NA		
Vista Alegre 1999 Broadway Suite 1000 Denver, CO 80202 86-0947230	low-inc hsng	AZ	501 (c) (3)	11 c	NA		
Decatur Place 1999 Broadway Suite 1000 Denver, CO 80202 84-1062097	low-inc hsng	CO	501 (c) (3)	11 c	NA		
Holly Park East 1999 Broadway Suite 1000 Denver, CO 80202 84-1347445	low-inc hsng	CO	501 (c) (3)	11 c	NA		
Willow Street Apartments 1999 Broadway Suite 1000 Denver, CO 80202 84-1334167	low-inc hsng	CO	501 (c) (3)	11 c	NA		
Mercy Properties Arizona 1999 Broadway Suite 1000 Denver, CO 80202 86-0772987	low-inc hsng	AR	501 (c) (3)	11 a	NA		
Los Arcos 1999 Broadway Suite 1000 Denver, CO 80202 86-0772987	low-inc hsng	AZ	501 (c) (3)	11 c	NA		
Mercy Court 1999 Broadway Suite 1000 Denver, CO 80202 86-0772987	low-inc hsng	AZ	501 (c) (3)	11 c	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Holly Park Community Center LLC 1999 Broadway Suite 1000 Denver, CO 80202 38-3715668	low-inc hsng	CO	501 (c) (3)	11 c	NA		
Homes for Greeley 1999 Broadway Suite 1000 Denver, CO 80202 84-1349918	low-inc hsng	CO	501 (c) (3)	11 c	NA		
Mercy Housing California 1999 Broadway Suite 1000 Denver, CO 80202 94-3081666	low-inc hsng	CA	501 (c) (3)	9	NA		
All Hallows Community 1999 Broadway Suite 1000 Denver, CO 80202 94-2722870	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Marin Homes for Independent Living 1999 Broadway Suite 1000 Denver, CO 80202 94-2787430	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Cantebria Senior Homes 1999 Broadway Suite 1000 Denver, CO 80202 94-3361794	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Mercy Senior Housing Oxnard 1999 Broadway Suite 1000 Denver, CO 80202 94-3224446	low-inc hsng	CA	501 (c) (3)	11 c	NA		
EHCC Housing Corp (Eden House) 1999 Broadway Suite 1000 Denver, CO 80202 94-3234538	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Francis of Assisi Community 1999 Broadway Suite 1000 Denver, CO 80202 94-2366315	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Gault Street Senior 1999 Broadway Suite 1000 Denver, CO 80202 75-2983979	low-inc hsng	CA	501 (c) (3)	11 c	NA		
John W King Senior Community 1999 Broadway Suite 1000 Denver, CO 80202 94-3282891	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Maria B Freitas Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3190261	low-inc hsng	CA	501 (c) (3)	11 c	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Marin Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-1358291	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Notre Dame Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3209503	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Oceana Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3167825	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Presentation Senior Community 1999 Broadway Suite 1000 Denver, CO 80202 94-3264209	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Russell Manor 1999 Broadway Suite 1000 Denver, CO 80202 93-1189914	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Tierra Del Sol Inc 1999 Broadway Suite 1000 Denver, CO 80202 75-3004763	low-inc hsng	CA	501 (c) (3)	9	NA		
St Elizabeth Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-2705149	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Garden Park Apt Community 1999 Broadway Suite 1000 Denver, CO 80202 68-0484147	low-inc hsng	CA	501 (c) (3)	9	NA		
Mercy Oaks Village 1999 Broadway Suite 1000 Denver, CO 80202 75-3134134	low-inc hsng	CA	501 (c) (3)	7	NA		
Mercy Properties California 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	9	NA		
Foster Youth 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11 c	NA		
The Haven 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11 c	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Leland House 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Osocales (McIntosh Mobile Homes) 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Richmond Hills 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Sycamore Center (Red Bluff) 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Sierra Vista 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Magnolia Village LLC 1999 Broadway Suite 1000 Denver, CO 80202 32-0139519	low-inc hsng	GA	501 (c) (3)	11 c	NA		
Mercy Oak Forest LLC 1999 Broadway Suite 1000 Denver, CO 80202 32-0139517	low-inc hsng	GA	501 (c) (3)	11 c	NA		
Eagle Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 03-0410639	low-inc hsng	ID	501 (c) (3)	11 c	NA		
Mercy Southeast Idaho Inc 1999 Broadway Suite 1000 Denver, CO 80202 84-1284293	low-inc hsng	CA	501 (c) (3)	11 a	NA		
Mercy Moscow Inc (Hawthorne) 1999 Broadway Suite 1000 Denver, CO 80202 82-0475388	low-inc hsng	ID	501 (c) (3)	11 c	NA		
Mercy Twin Falls Inc (Willswood) 1999 Broadway Suite 1000 Denver, CO 80202 82-0492940	low-inc hsng	ID	501 (c) (3)	11 c	NA		
Mercy Housing Lakefront 1999 Broadway Suite 1000 Denver, CO 80202 36-3453183	low-inc hsng	IL	501 (c) (3)	7	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Lavernge Courts LLC 1999 Broadway Suite 1000 Denver, CO 80202 36-4535351	low-inc hsng	IL	501 (c) (3)	11 c	NA		
Washington Courts LLC 1999 Broadway Suite 1000 Denver, CO 80202 32-0084370	low-inc hsng	IL	501 (c) (3)	11 c	NA		
Whitmore Apartments LLC 1999 Broadway Suite 1000 Denver, CO 80202 47-0924267	low-inc hsng	IL	501 (c) (3)	11 c	NA		
Mercy Housing Ohio Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-2373936	low-inc hsng	OH	501 (c) (3)	11 c	NA		
Mercy Properties Inc (MPI) 1999 Broadway Suite 1000 Denver, CO 80202 84-1173689	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Mercy Properties II Inc 1999 Broadway Suite 1000 Denver, CO 80202 82-0485862	low-inc hsng	ID	501 (c) (3)	11 c	NA		
Neary Lagoon Inc 1999 Broadway Suite 1000 Denver, CO 80202 77-0214799	low-inc hsng	CA	501 (c) (3)	11 c	NA		
San Juan Housing Corp 1999 Broadway Suite 1000 Denver, CA 80202 68-0378676	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Mercy Housing Midwest 1999 Broadway Suite 1000 Denver, CO 80202 47-0772351	low-inc hsng	NE	501 (c) (3)	11 a	NA		
Mercy Crestview Village 1999 Broadway Suite 1000 Denver, CO 80202 47-0785351	low-inc hsng	NE	501 (c) (3)	11 c	NA		
Heartland Housing Initiative (HARP) 1999 Broadway Suite 1000 Denver, CO 80202 42-1359133	low-inc hsng	AZ	501 (c) (3)	11 a	NA		
Mercy House 1999 Broadway Suite 1000 Denver, CO 80202 37-1068780	low-inc hsng	NE	501 (c) (3)	11 c	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Mercy Northglen 1999 Broadway Suite 1000 Denver, CO 80202 47-0779681	low-inc hsng	NE	501 (c) (3)	11 c	NA		
Mercy Oakwood Gardens 1999 Broadway Suite 1000 Denver, CO 80202 84-1344220	low-inc hsng	AZ	501 (c) (3)	9	NA		
Mercy Midwest Properties (Ridgeview) 1999 Broadway Suite 1000 Denver, CO 80202 43-1584918	low-inc hsng	MO	501 (c) (3)	11 c	NA		
Mercy Western Manor 1999 Broadway Suite 1000 Denver, CO 80202 47-0785349	low-inc hsng	NE	501 (c) (3)	11 c	NA		
Mercy Village Joplin 1999 Broadway Suite 1000 Denver, CO 80202 37-1459692	low-inc hsng	MO	501 (c) (3)	11 c	NA		
Mercy Housing Southeast 1999 Broadway Suite 1000 Denver, CO 80202 56-1993872	low-inc hsng	NC	501 (c) (3)	11 a	NA		
Mercy Place Belmont Inc 1999 Broadway Suite 1000 Denver, CO 80202 80-0034784	low-inc hsng	NC	501 (c) (3)	11 c	NA		
Mercy Housing Pembroke Inc 1999 Broadway Suite 1000 Denver, CO 80202 13-4224803	low-inc hsng	GA	501 (c) (3)	11 c	NA		
Mercy Housing Georgia Holdings LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-1233986	low-inc hsng	GA	501 (c) (3)	11 c	NA		
Marshside Village Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-1910771	low-inc hsng	SC	501 (c) (3)	11 a	NA		
Allegre Point Senior Residences 1999 Broadway Suite 1000 Denver, CO 80202 20-4295472	low-inc hsng	CO	501 (c) (3)	11 a	NA		
Mercy Properties Georgia Inc (MPGI) 1999 Broadway Suite 1000 Denver, CO 80202 58-2425127	low-inc hsng	GA	501 (c) (3)	11 c	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Intercommunity Housing Ferndale 1999 Broadway Suite 1000 Denver, CO 80202 91-1667138	low-inc hsng	WA	501 (c) (3)	11 c	NA		
Sterling Senior Housing 1999 Broadway Suite 1000 Denver, CO 80202 14-1866405	low-inc hsng	WA	501 (c) (3)	11 a	NA		
Villa Caridad 1999 Broadway Suite 1000 Denver, CO 80202 68-0387620	low-inc hsng	CA	501 (c) (3)	9	NA		
Mercy Housing 2904 N 45th St Omaha 1999 Broadway Suite 1000 Denver, CO 80202 37-1068780	low-inc hsng	NE	501 (c) (3)	11 c	NA		
Florin Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 68-0336533	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Mercy Housing CalWest 1999 Broadway Suite 1000 Denver, CO 80202 94-2963228	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Mercy Bond Properties Nebraska I 1999 Broadway Suite 1000 Denver, CO 80202 68-0378674	low-inc hsng	NE	501 (c) (3)	9	NA		
Mercy Bond Properties Colorado I 1999 Broadway Suite 1000 Denver, CO 80202 94-3286321	low-inc hsng	CO	501 (c) (3)	9	NA		
Walnut Grove 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Santa Monica 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Acacia Meadows 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Mercy Timbercreek LLC 1999 Broadway Suite 1000 Denver, CO 80202 68-0378674	low-inc hsng	CA	501 (c) (3)	11 c	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Franconia LLC 1999 Broadway Suite 1000 Denver, CO 80202 94-3286321	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Padre Apartments Community 1999 Broadway Suite 1000 Denver, CO 80202 84-0789830	low-inc hsng	CA	501 (c) (3)	11 c	NA		
South of Market Mercy 1999 Broadway Suite 1000 Denver, CO 80202 94-3199902	low-inc hsng	CA	501 (c) (3)	11 c	NA		
Visitacion Valley Affordable Housing 1999 Broadway Suite 1000 Denver, CO 80202 94-3273336	low-inc hsng	CA	502 (c) (3)	11 c	NA		
Mercy Housing Northwest 1999 Broadway Suite 1000 Denver, CO 80202 91-1546525	low-inc hsng	WA	501 (c) (3)	11 c	NA		
Mercy Housing Northwest idaho Inc 1999 Broadway Suite 1000 Denver, CO 80202 36-3453183	low-inc hsng	ID	501 (c) (3)	11 c	NA		
HWA-850 EASTWOOD GP NFP 1999 Broadway Suite 1000 Denver, CO 80202 27-1257072	low-inc hsng	IL	501 (c) (3)	11 c	NA		
MERCY HOUSING MANAGEMENT GROUP 1999 Broadway Suite 1000 Denver, CO 80202 82-0376108	low-inc hsng	IL	501 (c) (3)	9	NA		
MERCY HOUSING MOUNTAIN PLAINS 1999 Broadway Suite 1000 Denver, CO 80202 20-1583332	low-inc hsng	CO	501 (c) (3)	9	NA		
Independence Hill Inc 1999 Broadway Suite 1000 Denver, CO 80202 72-1545927	low-inc hsng	ID	501 (c) (3)	11 c	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Family Plaza LP  1999 Broadway Suite 1000 Denver, CO 80202 94-3094867	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Bennett House LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1308081	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Dorothy Day Community LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1308078	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Junipero Serra LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1308082	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Monsignor Lyne LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1308080	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
St Andrew Community LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1308080	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Villa Columba Mercy Riverside LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1308076	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XL  1999 Broadway Suite 1000 Denver, CO 80202 26-1398920	low-inc hsng	CA	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing California XXXVIII 1999 Broadway Suite 1000 Denver, CO 80202 33-1153406	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
365 Fulton LP (Parcel G) 1999 Broadway Suite 1000 Denver, CO 80202 26-1539223	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XLII 1999 Broadway Suite 1000 Denver, CO 80202 26-2575525	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XLIV 1999 Broadway Suite 1000 Denver, CO 80202 26-3583090	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XLIII 1999 Broadway Suite 1000 Denver, CO 80202 26-2553554	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Community Housing Georgia (MHC Ga) 1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
Mercy Housing Georgia I 1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
Mercy Housing Georgia IV 1999 Broadway Suite 1000 Denver, CO 80202 56-2328730	low-inc hsng	GA	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing Georgia V LP 1999 Broadway Suite 1000 Denver, CO80202 90-0284434	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
Mercy Housing Georgia VI LP 1999 Broadway Suite 1000 Denver, CO80202 20-4466474	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
Acquisition Properties Georgia I 1999 Broadway Suite 1000 Denver, CO80202 20-4465851	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
Mercy Housing Georgia VIII LP 1999 Broadway Suite 1000 Denver, CO80202 58-2461689	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
Acquisition Properties Georgia II 1999 Broadway Suite 1000 Denver, CO80202 20-4465972	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
Mercy Properties Washington 1999 Broadway Suite 1000 Denver, CO80202 91-1903782	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Intercommunity Mercy Washington I 1999 Broadway Suite 1000 Denver, CO80202 91-1584665	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Intercommunity Mercy Washington II 1999 Broadway Suite 1000 Denver, CO80202 91-1572690	low-inc hsng	WA	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing Washington VIII 1999 Broadway Suite 1000 Denver, CO 80202 91-2124779	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Mercy Housing Washington VI 1999 Broadway Suite 1000 Denver, CO 80202 84-1459924	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Mercy Housing Washington V 1999 Broadway Suite 1000 Denver, CO 80202 84-1457612	low-inc hsng	OR	na	N/A	0	0		No			No	0 %
Mercy Housing Washington VII 1999 Broadway Suite 1000 Denver, CO 80202 91-2038920	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Mercy Housing Washington IX LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1186086	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Mercy Housing Washington X LLC 1999 Broadway Suite 1000 Denver, CO 80202 55-0887839	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Mercy Properties Washington III LLC 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Pilchuck 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Woodlake Manor II 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Woodlake Manor 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Villa Kathleen 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Skagit Village 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Oak Harbor 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Olympic 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Monroe Villa 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Lake Village East 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Lake Stevens  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Fircrest  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Ferndale Villa  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Evergreen Manor  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Cedarwood I  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Cedarwood IV  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Cascade Apartments  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Boundary Village  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Properties Washington II  1999 Broadway Suite 1000 Denver, CO 80202 30-0117515	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Mercy Properties Washington I LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Bayshore Court  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Cambridge Apartments  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Cascade Village  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Cheney Gardens  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Mabton Gardens  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Moses Lake Estates  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproprrtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Pine Road Village  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Rock Creek Terrace  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Sandstone  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Silvercrest  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Wapato Gardens  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Washington Square  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
111 Jones Street Assoc (111 Jones St)  1999 Broadway Suite 1000 Denver, CO 80202 94-3142765	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Britton Street Assoc (Britton Court)  1999 Broadway Suite 1000 Denver, CO 80202 94-3300509	low-inc hsng	CA	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing Nebraska I  1999 Broadway Suite 1000 Denver, CO80202 84-1449163	low-inc hsng	NE	na	N/A	0	0		No			No	0 %
Mercy Housing California VII  1999 Broadway Suite 1000 Denver, CO80202 94-3229540	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Somerset Senior Hsg  1999 Broadway Suite 1000 Denver, CO80202 74-2765568	low-inc hsng	TX	na	N/A	0	0		No			No	0 %
Mercy Housing California II  1999 Broadway Suite 1000 Denver, CO80202 94-3187825	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing Colorado VIII  1999 Broadway Suite 1000 Denver, CO80202 93-1190349	low-inc hsng	CO	na	N/A	0	0		No			No	0 %
Mercy Housing Colorado-I LTD (Grace)  1999 Broadway Suite 1000 Denver, CO80202 84-1176712	low-inc hsng	CO	na	N/A	0	0		No			No	0 %
Mercy Housing California XI  1999 Broadway Suite 1000 Denver, CO80202 94-3244521	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Marleton Affordable Hsg Assoc  1999 Broadway Suite 1000 Denver, CO80202 04-3594636	low-inc hsng	CA	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mason Apartments (Mason School Apts)  1999 Broadway Suite 1000 Denver, CO 80202 42-1301449	low-inc hsng	CO	na	N/A	0	0		No			No	0 %
Mercy Housing California V  1999 Broadway Suite 1000 Denver, CO 80202 94-3229051	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Park Terrace Apts (Park Terrace Apts)  1999 Broadway Suite 1000 Denver, CO 80202 94-3332881	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Quinn Cottages LP (Quinn Cottages)  1999 Broadway Suite 1000 Denver, CO 80202 65-0367005	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California X (The Rose)  1999 Broadway Suite 1000 Denver, CO 80202 94-3232501	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
San Felipe Homes (San Felipe Homes)  1999 Broadway Suite 1000 Denver, CO 80202 95-4384732	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
2220 10th Avenue Assoc (Santana Apts)  1999 Broadway Suite 1000 Denver, CO 80202 94-3140163	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California VIII  1999 Broadway Suite 1000 Denver, CO 80202 94-3229541	low-inc hsng	CA	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproporionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing Iowa II LP  1999 Broadway Suite 1000 Denver, CO 80202 84-1284752	low-inc hsng	IA	na	N/A	0	0		No			No	0 %
Mercy Housing California I  1999 Broadway Suite 1000 Denver, CO 80202 84-1210914	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing Arizona I  1999 Broadway Suite 1000 Denver, CO 80202 86-0791473	low-inc hsng	AZ	na	N/A	0	0		No			No	0 %
Mercy Housing Georgia II  1999 Broadway Suite 1000 Denver, CO 80202 58-2621798	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
Mercy Housing Colorado- IX  1999 Broadway Suite 1000 Denver, CO 80202 87-0706258	low-inc hsng	CO	na	N/A	0	0		No			No	0 %
Mercy Housing Arizona II (Page Commons)  1999 Broadway Suite 1000 Denver, CO 80202 33-1075152	low-inc hsng	AZ	na	N/A	0	0		No			No	0 %
Parkside Terrace Apt LLC  1999 Broadway Suite 1000 Denver, CO 80202 36-3914505	low-inc hsng	IL	na	N/A	0	0		No			No	0 %
Parkside Terrace LP  1999 Broadway Suite 1000 Denver, CO 80202 36-3914505	low-inc hsng	IL	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproporionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mulberry Court LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-8008017	low-inc hsng	CO	na	N/A	0	0		No			No	0 %
Mercy Housing South Carolina I  1999 Broadway Suite 1000 Denver, CO 80202 59-3767323	low-inc hsng	SC	na	N/A	0	0		No			No	0 %
Savannah Rose of Sharon LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-3591948	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
Mercy Housing Georgia III  1999 Broadway Suite 1000 Denver, CO 80202 43-1954812	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
Mercy Housing South Dakota I LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-2830331	low-inc hsng	SD	na	N/A	0	0		No			No	0 %
Mercy Housing South Dakota II LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-2830356	low-inc hsng	SD	na	N/A	0	0		No			No	0 %
Mercy Housing Colorado XI LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-5331841	low-inc hsng	CO	na	N/A	0	0		No			No	0 %
Commons on Main GP LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-8033652	low-inc hsng	OH	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Commons on Main LP  1999 Broadway Suite 1000 Denver, CO 80202 20-8033896	low-inc hsng	OH	na	N/A	0	0		No			No	0 %
Aromor Mercy LLC (Aromor Apartments)  1999 Broadway Suite 1000 Denver, CO 80202 30-0296042	low-inc hsng	CO	na	N/A	0	0		No			No	0 %
Galewood SLF Associates LP  1999 Broadway Suite 1000 Denver, CO 80202 20-1882654	low-inc hsng	IL	na	N/A	0	0		No			No	0 %
Mercy Alston Lake LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-2948887	low-inc hsng	SC	na	N/A	0	0		No			No	0 %
FHD Holdings LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-1356271	low-inc hsng	OH	na	N/A	0	0		No			No	0 %
Franciscan Homes III LP  1999 Broadway Suite 1000 Denver, CO 80202 31-1394513	low-inc hsng	OH	na	N/A	0	0		No			No	0 %
Franciscan Homes IV LP  1999 Broadway Suite 1000 Denver, CO 80202 31-1463371	low-inc hsng	OH	na	N/A	0	0		No			No	0 %
Mercy Housing Utah I  1999 Broadway Suite 1000 Denver, CO 80202 02-0564555	low-inc hsng	UT	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing Idaho IV 1999 Broadway Suite 1000 Denver, CO80202 82-0487654	low-inc hsng	ID	na	N/A	0	0		No			No	0 %
Mercy Housing Idaho V (Sisters Villa) 1999 Broadway Suite 1000 Denver, CO80202 04-3624359	low-inc hsng	ID	na	N/A	0	0		No			No	0 %
2101 Telegraph Avenue Inc 1999 Broadway Suite 1000 Denver, CO80202 94-3222935	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
2101 Telegraph Avenue Assoc 1999 Broadway Suite 1000 Denver, CO80202 94-3222935	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Bishops Block (Bishops Block) 1999 Broadway Suite 1000 Denver, CO80202 01-0477157	low-inc hsng	IA	na	N/A	0	0		No			No	0 %
1028 Howard St Associates 1999 Broadway Suite 1000 Denver, CO80202 94-3160742	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
1101 Howard St Associates 1999 Broadway Suite 1000 Denver, CO80202 94-3160341	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California VI 1999 Broadway Suite 1000 Denver, CO80202 94-3224528	low-inc hsng	CA	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
1475 167th Avenue Assoc 1999 Broadway Suite 1000 Denver, CO 80202 94-3249328	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Centro Partners 1999 Broadway Suite 1000 Denver, CO 80202 77-0295344	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
La Playa Residential 1999 Broadway Suite 1000 Denver, CO 80202 77-0278613	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
West 28th Street 1999 Broadway Suite 1000 Denver, CO 80202 95-4550003	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
16th & Church Street Assoc 1999 Broadway Suite 1000 Denver, CO 80202 94-3135262	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California III 1999 Broadway Suite 1000 Denver, CO 80202 94-3187826	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California IX 1999 Broadway Suite 1000 Denver, CO 80202 94-3230471	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California IV 1999 Broadway Suite 1000 Denver, CO 80202 94-3210969	low-inc hsng	CA	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Visitation Valley Fam Hsg Assoc  1999 Broadway Suite 1000 Denver, CO 80202 94-3275566	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Neary Lagoon Partners  1999 Broadway Suite 1000 Denver, CO 80202 77-0256317	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing West  1999 Broadway Suite 1000 Denver, CO 80202 68-0254564	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XIV  1999 Broadway Suite 1000 Denver, CO 80202 94-3377941	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XV  1999 Broadway Suite 1000 Denver, CO 80202 94-3379316	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XVII  1999 Broadway Suite 1000 Denver, CO 80202 94-3400496	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XXIV  1999 Broadway Suite 1000 Denver, CO 80202 74-3052786	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XVIII  1999 Broadway Suite 1000 Denver, CO 80202 03-0376881	low-inc hsng	CA	na	N/A	0	0		No			No	0 %

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing California XIII  1999 Broadway Suite 1000 Denver, CO 80202 94-3377935	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XX  1999 Broadway Suite 1000 Denver, CO 80202 36-4497277	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XVI  1999 Broadway Suite 1000 Denver, CO 80202 94-3381170	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XXIII  1999 Broadway Suite 1000 Denver, CO 80202 82-0560494	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XII  1999 Broadway Suite 1000 Denver, CO 80202 94-3366333	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Village Park Housing Associates  1999 Broadway Suite 1000 Denver, CO 80202 68-0254566	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XXI  1999 Broadway Suite 1000 Denver, CO 80202 48-1259652	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XIX  1999 Broadway Suite 1000 Denver, CO 80202 01-0716135	low-inc hsng	CA	na	N/A	0	0		No			No	0 %

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							Yes	No		Yes	No	
Mercy Housing California XXV 1999 Broadway Suite 1000 Denver, CO 80202 81-0564415	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Pinewood Court Apartments 1999 Broadway Suite 1000 Denver, CO 80202 68-0435836	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XXII 1999 Broadway Suite 1000 Denver, CO 80202 35-2172040	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XXVI 1999 Broadway Suite 1000 Denver, CO 80202 58-2679059	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XLI 1999 Broadway Suite 1000 Denver, CO 80202 26-2350027	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XIV 1999 Broadway Suite 1000 Denver, CO 80202 94-3377941	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XXVII 1999 Broadway Suite 1000 Denver, CO 80202 65-1207291	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XXVIII 1999 Broadway Suite 1000 Denver, CO 80202 73-1721242	low-inc hsng	CA	na	N/A	0	0		No			No	0 %

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing California XXIX 1999 Broadway Suite 1000 Denver, CO 80202 73-1729092	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XXX 1999 Broadway Suite 1000 Denver, CO 80202 61-1488186	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
New Dana Strand Townhomes 1999 Broadway Suite 1000 Denver, CO 80202 51-0524022	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XXXII 1999 Broadway Suite 1000 Denver, CO 80202 87-0756940	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XXXVI 1999 Broadway Suite 1000 Denver, CO 80202 56-2568833	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XXXI 1999 Broadway Suite 1000 Denver, CO 80202 87-0756700	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XXXV 1999 Broadway Suite 1000 Denver, CO 80202 76-0827799	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XXXIII 1999 Broadway Suite 1000 Denver, CO 80202 43-2100410	low-inc hsng	CA	na	N/A	0	0		No			No	0 %

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing California XXXVII  1999 Broadway Suite 1000 Denver, CO 80202 68-0631916	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Colonia San Martin Associates LP  1999 Broadway Suite 1000 Denver, CO 80202 83-0481233	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XXXIX  1999 Broadway Suite 1000 Denver, CO 80202 01-0885277	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Kennedy Estates Hsg Assoc  1999 Broadway Suite 1000 Denver, CO 80202 68-0355465	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Tahoe Valley Townhomes Assoc  1999 Broadway Suite 1000 Denver, CO 80202 94-3298324	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Florin Wood Assoc  1999 Broadway Suite 1000 Denver, CO 80202 68-0318012	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing Idaho II  1999 Broadway Suite 1000 Denver, CO 80202 84-1212029	low-inc hsng	ID	na	N/A	0	0		No			No	0 %
Mercy Housing Colorado VII  1999 Broadway Suite 1000 Denver, CO 80202 84-1473883	low-inc hsng	CO	na	N/A	0	0		No			No	0 %

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disprortionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing Colorado-II Ltd 1999 Broadway Suite 1000 Denver, CO 80202 84-1176713	low-inc hsng	CO	na	N/A	0	0		No			No	0 %
Mercy Housing Iowa I (Lawlor Garvey) 1999 Broadway Suite 1000 Denver, CO 80202 84-1178412	low-inc hsng	IA	na	N/A	0	0		No			No	0 %
Mercy Housing Washington IV 1999 Broadway Suite 1000 Denver, CO 80202 91-1717799	low-inc hsng	MO	na	N/A	0	0		No			No	0 %
Mercy Housing Missouri-I LP 1999 Broadway Suite 1000 Denver, CO 80202 84-1176358	low-inc hsng	MO	na	N/A	0	0		No			No	0 %
Mercy Housing Colorado VI 1999 Broadway Suite 1000 Denver, CO 80202 84-1361296	low-inc hsng	CO	na	N/A	0	0		No			No	0 %
Mercy Housing Idaho III 1999 Broadway Suite 1000 Denver, CO 80202 84-1251391	low-inc hsng	ID	na	N/A	0	0		No			No	0 %
Mercy Housing Idaho I 1999 Broadway Suite 1000 Denver, CO 80202 84-1212028	low-inc hsng	ID	na	N/A	0	0		No			No	0 %
Mercy Housing Colorado V 1999 Broadway Suite 1000 Denver, CO 80202 84-1318329	low-inc hsng	CO	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproprrtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing Missouri II  1999 Broadway Suite 1000 Denver, CO80202 84-1201811	low-inc hsng	MO	na	N/A	0	0		No			No	0 %
Mercy Housing Colorado III  1999 Broadway Suite 1000 Denver, CO80202 84-1292696	low-inc hsng	CO	na	N/A	0	0		No			No	0 %
Mercy Housing Washington III  1999 Broadway Suite 1000 Denver, CO80202 91-1676111	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Mercy Housing Colorado IV  1999 Broadway Suite 1000 Denver, CO80202 84-1284749	low-inc hsng	CO	na	N/A	0	0		No			No	0 %
Marlton Affordable Housing Corp  1999 Broadway Suite 1000 Denver, CO80202 91-2164481	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Brentwood Green Valley Apts  1999 Broadway Suite 1000 Denver, CO80202 94-3135990	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
New Dana Strand Partners I LP  1999 Broadway Suite 1000 Denver, CO80202 51-0524022	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Magnolia Limited Partnership  1999 Broadway Suite 1000 Denver, CO80202 36-3822288	low-inc hsng	IL	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproprrtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Red Door Limited Partnership  1999 Broadway Suite 1000 Denver, CO 80202 36-3915050	low-inc hsng	IL	na	N/A	0	0		No			No	0 %
4707 Malden Ltd Partnership  1999 Broadway Suite 1000 Denver, CO 80202 36-3762788	low-inc hsng	IL	na	N/A	0	0		No			No	0 %
Malden Limited Partnership II  1999 Broadway Suite 1000 Denver, CO 80202 20-8746121	low-inc hsng	IL	na	N/A	0	0		No			No	0 %
MPI Highland Place Apartments LP  1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
2220 Tenth Ave  1999 Broadway Suite 1000 Denver, CO 80202 94-3140163	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
South Loop Apartments  1999 Broadway Suite 1000 Denver, CO 80202 36-4027476	low-inc hsng	IL	na	N/A	0	0		No			No	0 %
5042 Winthrop Apartments LP  1999 Broadway Suite 1000 Denver, CO 80202 36-3855358	low-inc hsng	IL	na	N/A	0	0		No			No	0 %
Near North Partnership  1999 Broadway Suite 1000 Denver, CO 80202 32-0143113	low-inc hsng	IL	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing S Carolina  1999 Broadway Suite 1000 Denver, CO80202 59-3767323	low-inc hsng	SC	na	N/A	0	0		No			No	0 %
Mercy Terrace LLC  1999 Broadway Suite 1000 Denver, CO80202 68-0254564	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Wentworth Commons  1999 Broadway Suite 1000 Denver, CO80202 30-0082553	low-inc hsng	IL	na	N/A	0	0		No			No	0 %
901 West 63rd LP (Englewood Apartments)  1999 Broadway Suite 1000 Denver, CO80202 26-1233617	low-inc hsng	IL	na	N/A	0	0		No			No	0 %
Mercy Housing Georgia IX LP  1999 Broadway Suite 1000 Denver, CO80202 20-8829418	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
Roseland Limited Partnerhsip  1999 Broadway Suite 1000 Denver, CO80202 36-4304416	low-inc hsng	IL	na	N/A	0	0		No			No	0 %
Belray Apartments  1999 Broadway Suite 1000 Denver, CO80202 36-4027474	low-inc hsng	IL	na	N/A	0	0		No			No	0 %
Harold Washington Apartments  1999 Broadway Suite 1000 Denver, CO80202 36-3556291	low-inc hsng	IL	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MPS Community I LLC  1999 Broadway Suite 1000 Denver, CO 80202 59-3767323	low-inc hsng	CO	na	N/A	0	0		No			No	0 %
Stapleton II Mercy LLC  1999 Broadway Suite 1000 Denver, CO 80202 26-4699559	low-inc hsng	CO	na	N/A	0	0		No			No	0 %
Bluff Mercy LLC  1999 Broadway Suite 1000 Denver, CO 80202 27-0954394	low-inc hsng	CO	na	N/A	0	0		No			No	0 %
MHC NSP LLC (NSP MHCL)  1999 Broadway Suite 1000 Denver, CO 80202 27-1088365	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing Senior Properties LLC  1999 Broadway Suite 1000 Denver, CO 80202 94-3081666	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Villa Columbia Mercy Riverside LP (Merc  1999 Broadway Suite 1000 Denver, CO 80202 36-4304416	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XLV (Washington  1999 Broadway Suite 1000 Denver, CO 80202 65-1308076	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Boise Senior 202 GP LLC  1999 Broadway Suite 1000 Denver, CO 80202 26-3841013	low-inc hsng	ID	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Boise Senior 202 Owner LP  1999 Broadway Suite 1000 Denver, CO80202 27-0992784	low-inc hsng	ID	na	N/A	0	0		No			No	0 %
Mercy Housing Idaho NSP LLC (NSPID)  1999 Broadway Suite 1000 Denver, CO80202 27-1039061	low-inc hsng	ID	na	N/A	0	0		No			No	0 %
Countryside Seniors LLC  1999 Broadway Suite 1000 Denver, CO80202 26-1483851	low-inc hsng	IL	na	N/A	0	0		No			No	0 %
Countryside Senior Apartments LP  1999 Broadway Suite 1000 Denver, CO80202 26-1483851	low-inc hsng	IL	na	N/A	0	0		No			No	0 %
Johnston Center MM LLC  1999 Broadway Suite 1000 Denver, CO80202 26-1483851	low-inc hsng	WI	na	N/A	0	0		No			No	0 %
Johnston Center Residences LLC  1999 Broadway Suite 1000 Denver, CO80202 26-1483915	low-inc hsng	WI	na	N/A	0	0		No			No	0 %
Johnston Center Outlots LLC  1999 Broadway Suite 1000 Denver, CO80202 27-0162550	low-inc hsng	WI	na	N/A	0	0		No			No	0 %
Reynoldstown Senior Apts (Renoldstown)  1999 Broadway Suite 1000 Denver, CO80202 27-0162550	low-inc hsng	GA	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproprrtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing Georgia X (Savannah Garden 1999 Broadway Suite 1000 Denver, CO 80202 27-0162550	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
MHSE Adamsville Green Senior Partners LL 1999 Broadway Suite 1000 Denver, CO 80202 26-2523190	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
Appian Way Manager LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-8829324	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Appian Way Mercy LLC 1999 Broadway Suite 1000 Denver, CO 80202 91-1546525	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
New Tacome Phase I GP LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-3260400	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
New Tacoma Senior Housing Phase I 1999 Broadway Suite 1000 Denver, CO 80202 91-1546525	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
New Tacoma Phase II Mercy LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-4569392	low-inc hsng	WA	na	N/A	0	0		No			No	0 %
Aromor Commercial LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	CO	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Northglen LP  1999 Broadway Suite 1000 Denver, CO 80202 32-0139512	low-inc hsng	NE	na	N/A	0	0		No			No	0 %
Mercy Crestview Village Housing LP  1999 Broadway Suite 1000 Denver, CO 80202 26-4578510	low-inc hsng	NE	na	N/A	0	0		No			No	0 %
Western Manor LP  1999 Broadway Suite 1000 Denver, CO 80202 26-4578652	low-inc hsng	NE	na	N/A	0	0		No			No	0 %
Alston Lake Apartments LP  1999 Broadway Suite 1000 Denver, CO 80202 26-4578402	low-inc hsng	SC	na	N/A	0	0		No			No	0 %
Mercy Housing California XXXIV LP  1999 Broadway Suite 1000 Denver, CO 80202 51-0594948	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Third and Leconte Housing LLC  1999 Broadway Suite 1000 Denver, CO 80202 26-4176495	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
Mercy Housing California XLVII  1999 Broadway Suite 1000 Denver, CO 80202 27-2930358	low-inc hsng	CA	na	N/A	0	0		No			No	0 %
HWA-850 EASTWOOD LP  1999 Broadway Suite 1000 Denver, CO 80202 27-1257130	low-inc hsng	IL	na	N/A	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
grayslake senior housing  1999 Broadway Suite 1000 Denver, CO80202 26-3800351	low-inc hsng	IL	na	N/A	0	0		No			No	0 %
mercy housing midwest nebraska llc  1999 Broadway Suite 1000 Denver, CO80202 20-1583332	low-inc hsng	NE	na	N/A	0	0		No			No	0 %
MPI Highland Place LLC  1999 Broadway Suite 1000 Denver, CO80202 26-2380898	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
Antioch II LLC  1999 Broadway Suite 1000 Denver, CO80202 27-3209358	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
Antioch Villas LP  1999 Broadway Suite 1000 Denver, CO80202 27-0194197	low-inc hsng	GA	na	N/A	0	0		No			No	0 %
MERCY HOUSING COLORADO I LTD  1999 Broadway Suite 1000 Denver, CO80203 84-1176712	low-inc hsng	CO	na	N/A	0	0		No			No	0 %

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) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Belray Apartments 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, CO80202 36-4027475	management	IL	na	c corp	0	0	0 %
Winthrop Apartments Corporation 1999 Broadway Suite 1000 Denver, CO80202 36-3855355	management	IL	na	c corp	0	0	0 %
Near North Apartments Corp NF 1999 Broadway Suite 1000 Denver, CO80202 36-4570431	management	IL	na	c corp	0	0	0 %
MCHG Partners Inc (MCHG) 1999 Broadway Suite 1000 Denver, CO80202 20-8824753	management	GA	na	c corp	0	0	0 %
Mercy Lithonia Park View Inc (MLithPV) 1999 Broadway Suite 1000 Denver, CO80202 20-8829364	management	GA	na	c corp	0	0	0 %
Malden Arms Corp II NFP 1999 Broadway Suite 1000 Denver, CO80202 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, CO80202 47-0779682	management	IA	na	c corp	0	0	0 %
Mercy Affordable Housing Inc (MAHI) 1999 Broadway Suite 1000 Denver, CO80202 82-0489878	management	ID	na	c corp	0	0	0 %
Affordable Housing Corp 1999 Broadway Suite 1000 Denver, CO80202 84-1173690	management	CA	na	c corp	0	0	0 %
Affordable Housing Initiative (AHI) 1999 Broadway Suite 1000 Denver, CO80202 94-3096988	management	CA	na	c corp	0	0	0 %
Englewood Apartments NFP 1999 Broadway Suite 1000 Denver, CO80202 26-1233523	management	IL	na	c corp	0	0	0 %
Mercy Park View Partners Inc 1999 Broadway Suite 1000 Denver, CO80202 20-8829242	management	GA	na	c corp	0	0	0 %
111th & Wentworth Apartments Corp 1999 Broadway Suite 1000 Denver, CO80202 38-3648994	management	IL	na	c corp	0	0	0 %
Mercy Commercial California 1999 Broadway Suite 1000 Denver, CO80202 94-3382154	management	CA	na	c corp	0	0	0 %
Commercial - 10th and Mission 1999 Broadway Suite 1000 Denver, CO80202 94-3382155	management	CA	na	c corp	0	0	0 %
Commercial - Derek Silva 1999 Broadway Suite 1000 Denver, CO80202 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 %
Mercy Place Belmont Inc 1999 Broadway Suite 1000 Denver, CO80202 80-0034784	management	NC	na	c corp	0	0	0 %
HWA 850 ENGLEWOOD GP 1999 Broadway Suite 1000 Denver, CO80202 27-1257072	management	IL	na	c corp	0	0	0 %