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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)

OMB No 1545-0047

2011

Open to Public Inspection

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

Part I Summary

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

C Name of organization: MERCY HOUSING CALIFORNIA
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: 94-3081666
E Telephone number: (303) 830-3300
G Gross receipts \$ 10,361,597

F Name and address of principal officer

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.MERCYHOUSING.ORG

K Form of organization: Corporation
L Year of formation: 1988
M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To develop, own and operate low-income housing and provide services to low-income families, elderly, handicapped, homeless, potentially homeless, or otherwise disadvantaged persons

Table with 2 columns: Description, Amount. Rows 2-7a/7b: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-19: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid, 15 Salaries, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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.

Sign Here: Signature of officer (Vince Dodds Treasurer), Date (2012-08-01)

Paid Preparer's Use Only: Preparer's signature (KATHY BLACKBURN), Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name (REZNICK GROUP PC), EIN, Phone no.

May the IRS discuss this return with the preparer shown above? 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  
 THE MISSION OF MERCY HOUSING CALIFORNIA IS TO DIRECTLY FACILITATE THE PROVISION OF AFFORDABLE HOUSING TO FAMILIES, SENIORS, PEOPLE WITH SPECIAL NEEDS, HOMELESS AND POTENTIALLY HOMELESS INDIVIDUALS WHO WOULD OTHERWISE LACK THE FINANCIAL RESOURCES TO OBTAIN QUALITY, SAFE HOUSING FURTHER, MERCY HOUSING CALIFORNIA PROVIDES A VARIETY OF FREE PROGRAMS AND SERVICES TO RESIDENTS OF THEIR AFFORDABLE HOUSING PROJECTS WHICH ARE DESIGNED TO IMPROVE THEIR LIVES AND THE COMMUNITIES IN WHICH THEY LIVE

**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 7,942,349 including grants of \$ 130,403 ) (Revenue \$ 4,568,392 )  
 Housing development programs and services include acquiring acceptable locations for either new construction or rehabilitation of existing properties for multi-family rental properties or single family housing units to provide affordable housing to low-income residents, obtaining financing for the development of low-income properties and housing units, and managing the construction and/or rehabilitation of low-income properties and housing units through obtaining the certification of occupancy and project completion

**4b** (Code ) (Expenses \$ 2,685,501 including grants of \$ ) (Revenue \$ 2,923,064 )  
 Resident services and programs are provided free of charge to residents of low-income multi-family rental properties including families, seniors, and people with special needs The resident services and programs fall into four primary areas - education, community, health and wellness, and economic stability Resident services and programs are tailored to meet the needs of each low-income housing community, including after-school programs for children, GED and English courses, employment initiatives and homeownership seminars

**4c** (Code ) (Expenses \$ 952,146 including grants of \$ ) (Revenue \$ 2,483,254 )  
 Asset management services are provided to low-income multi-family rental properties and include preparing and managing annual operating budgets, preparing reports for investors and lenders, overseeing the property management services, and ensuring and monitoring compliance to meet regulatory and eligibility requirements of residents

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 CONSULTING SERVICES FOR OTHER

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 NON-PROFIT DEVELOPERS OF

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 AFFORDABLE HOUSING AND COMMUNITY

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 DEVELOPMENT SERVICES









**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** \$ 11,579,996

**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)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<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? <i>If "Yes," complete Schedule C, Part I.</i>		No
<b>4</b> <b>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? <i>If "Yes," complete Schedule C, Part II.</i>		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? <i>If "Yes," complete Schedule C, Part III.</i>		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <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? <i>If "Yes," complete Schedule D, Part VI.</i> <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? <i>If "Yes," complete Schedule D, Part VII.</i> <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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>	Yes	
<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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		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? <i>If "Yes," complete Schedule F, Part II and IV.</i>		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? <i>If "Yes," complete Schedule F, Part III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I.</i>		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? <i>If "Yes," complete Schedule G, Part II.</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

**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>	Yes	
<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>	Yes	
<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 questions 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 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>	Yes	
<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>35a</b>	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</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> . . . . . 	<b>35b</b>		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 number, question text, sub-questions (1a, 1b, etc.), and Yes/No columns. Includes questions 1a-14a regarding Form 1096, W-2G, Form W-3, and various organizational requirements.

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 . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (12); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 made these available. Check all that apply: [ ] Own website [X] Another's website [X] Upon request; 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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: GARY OKONOWSKY VP CONTROLLE, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREA JONES DIRECTOR	10	X					0	0	0	
(2) J RUSSELL PITTO CHAIRMAN	10	X					0	0	0	
(3) RENEE FRANKEN DIRECTOR	10	X					0	0	0	
(4) GREGORY WOLKOM DIRECTOR	10	X					0	0	0	
(5) CRAIG REIGEL DIRECTOR	10	X					0	0	0	
(6) HOWARD LEVINE DIRECTOR	10	X					0	0	0	
(7) VANESSA DELGADO DIRECTOR	10	X					0	0	0	
(8) SR ANNE MURPHY DIRECTOR	10	X					0	0	0	
(9) BRUCE SPALDING DIRECTOR	10	X					0	0	0	
(10) DIANE OLMSTEAD DIRECTOR	10	X					0	0	0	
(11) MICHAEL BLASZYK DIRECTOR	10	X					0	0	0	
(12) EDIE HEILMAN DIRECTOR	10	X					0	0	0	
(13) JANE GRAF vice president	10			X			0	226,778	9,538	
(14) AMY BAYLEY SECRETARY	10			X			0	78,300	9,054	
(15) VALERIE AGOSTINO VICE PRESIDENT	10			X			0	173,423	15,792	
(16) GREGORY SPARKS officer	10			X			0	175,898	9,942	
(17) BEN PHILLIPS VICE PRESIDENT	10			X			0	127,695	10,826	



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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(18) ED HOLDER VICE PRESIDENT	10			X			0	141,746	11,770
(19) VINCENT DODDS TREASURER	10			X			0	155,291	16,543
(20) PATRICIA O'ROARK ASSISTANT SECRETARY	10			X			0	61,559	11,522
(21) DOUG SHOEMAKER PRESIDENT	10			X			0	70,206	1,470
(22) STEPHEN DAUES VICE PRESIDENT	10			X			0	87,605	4,646
(23) BARBARA GUALCO VICE PRESIDENT	10			X			0	107,434	5,204
(24) MARY DUNBAR VICE PRESIDENT	10			X			0	107,314	5,376
(25) CHRIS GLAUDEL OFFICER	10			X			0	103,306	13,580
<b>1b Sub-Total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>							0	1,616,555	125,263

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
IMPERIAL CONTRACTING 3120 FREE BOARD DRIVE SUITE 201 WEST SACRAMENTO, CA 95691		598,622

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<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>	547,168					
	<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>	1,254,100					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		1,801,268				
<b>Program Service Revenue</b>			Business Code					
	<b>2a</b>	CONSULTING FEES	531390	951,714	951,714			
	<b>b</b>	DEVELOPER FEES	531390	2,248,269	2,248,269			
	<b>c</b>	SERVICE FEES	531390	3,819,729	3,819,729			
	<b>d</b>	MISCELLANEOUS REVENUE	531390	1,142,803	1,142,803			
	<b>e</b>	INCOME FROM INVESTMENT IN LIMITED PARTNERSHIPS	531390	10,927	10,927			
	<b>f</b>	All other program service revenue						
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		8,173,442					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . .		386,887		386,887		
	<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>	<b>Net rental income or (loss)</b> . . . . .						
	<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>	<b>Net gain or (loss)</b> . . . . .		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>	<b>Net income or (loss) from fundraising events</b> . . . . .		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>			<b>Net income or (loss) from gaming activities</b> . . . . .		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>	<b>Net income or (loss) from sales of inventory</b> . . . . .		0			
Miscellaneous Revenue		Business Code						
<b>11a</b>								
<b>b</b>								
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		10,361,597	8,173,442		386,887		

**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)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	959,661	959,661		
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22	36,745	36,745		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States 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	815,424	815,424		
<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	4,450,918	4,034,756	3,533	412,629
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	132,114	128,178	74	3,862
<b>9</b>	Other employee benefits	576,041	544,062	430	31,549
<b>10</b>	Payroll taxes	417,122	386,056	209	30,857
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management	107,179	107,160	19	
<b>b</b>	Legal	1,217	1,209	8	
<b>c</b>	Accounting	866	479	387	
<b>d</b>	Lobbying	0			
<b>e</b>	Professional fundraising See Part IV, line 17	0			
<b>f</b>	Investment management fees	0			
<b>g</b>	Other	46,701	46,387	314	
<b>12</b>	Advertising and promotion	7,659	1,882		5,777
<b>13</b>	Office expenses	256,313	246,122	825	9,366
<b>14</b>	Information technology	47,486	46,702	175	609
<b>15</b>	Royalties	0			
<b>16</b>	Occupancy	36,124	34,202	1,922	
<b>17</b>	Travel	115,493	104,910	291	10,292
<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	7,582	6,813	81	688
<b>20</b>	Interest	9,715	9,715		
<b>21</b>	Payments to affiliates	0			
<b>22</b>	Depreciation, depletion, and amortization	3,400	3,252	148	
<b>23</b>	Insurance	2,724	2,661	63	
<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>	MHI DIRECT COSTS	1,558,412	1,350,807		207,605
<b>b</b>	INDIRECT COSTS	1,114,949	1,014,296	2,385	98,268
<b>c</b>	RESERVE FOR LOAN LOSSES	752,072	752,072		
<b>d</b>	PROJECT DEVEL-DISCONTINUED	445,232	445,232		
<b>e</b>					
<b>f</b>	All other expenses	522,460	501,213	67	21,180
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	12,423,609	11,579,996	10,931	832,682
<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 . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	7,979,133	<b>2</b>	7,347,194
	<b>3</b> Pledges and grants receivable, net . . . . .	1,491,365	<b>3</b>	776,272
	<b>4</b> Accounts receivable, net . . . . .	163,901	<b>4</b>	256,770
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	5,289,854	<b>7</b>	4,800,294
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	48,253	<b>9</b>	42,127
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	1,660,831		
	<b>b</b> Less accumulated depreciation . . . . .	468,512	<b>10c</b>	1,192,319
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	1,618,242	<b>13</b>	2,256,865
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	24,229,173	<b>15</b>	22,812,720
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	42,039,365	<b>16</b>	39,484,561	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,351,974	<b>17</b>	1,195,607
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	4,121,699	<b>19</b>	4,494,186
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	7,504,870	<b>23</b>	5,956,991
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	4,579,617	<b>25</b>	5,420,889
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	17,558,160	<b>26</b>	17,067,673
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	17,537,315	<b>27</b>	16,047,888
	<b>28</b> Temporarily restricted net assets . . . . .	5,173,890	<b>28</b>	4,599,000
	<b>29</b> Permanently restricted net assets . . . . .	1,770,000	<b>29</b>	1,770,000
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 . . . . .	24,481,205	<b>33</b>	22,416,888	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	42,039,365	<b>34</b>	39,484,561	

**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>	10,361,597
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,423,609
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-2,062,012
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	24,481,205
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-2,305
<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>	22,416,888

**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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" 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**

OMB No 1545-0047

**2011**

**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 HOUSING CALIFORNIA

Employer identification number

94-3081666

**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 **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?  
 (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?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
<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 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
<b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,322,388	2,667,995	3,534,511	3,186,933	1,801,268	14,513,095
<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	15,458,450	11,756,951	8,105,052	10,330,974	8,162,515	53,813,942
<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	18,780,838	14,424,946	11,639,563	13,517,907	9,963,783	68,327,037
<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			2,528,919	4,381,027	2,530,876	9,440,822
<b>c</b> Add lines 7a and 7b			2,528,919	4,381,027	2,530,876	9,440,822
<b>8 Public Support</b> (Subtract line 7c from line 6)						58,886,215

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6	18,780,838	14,424,946	11,639,563	13,517,907	9,963,783	68,327,037
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	315,659	352,459	285,638	413,442	386,887	1,754,085
<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	315,659	352,459	285,638	413,442	386,887	1,754,085
<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)	19,096,497	14,777,405	11,925,201	13,931,349	10,350,670	70,081,122
<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 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	84.026 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	87.414 %

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

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	2.503 %
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	2.165 %

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions



**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

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

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization MERCY HOUSING CALIFORNIA

Employer identification number 94-3081666

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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

- 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes...

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)
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

Table titled 'Held at the End of the Year' with 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...

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
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

**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> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	1,044,500			1,044,500
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .	364,661		216,842	147,819
<b>d</b> Equipment . . . . .	203,344		203,344	0
<b>e</b> Other . . . . .	48,326		48,326	0
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				1,192,319



**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>	10,361,597
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	12,423,609
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-2,062,012
<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>	-2,062,012

**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>	10,369,290
<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>	7,693
<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>	7,693
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	10,361,597
<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>	10,361,597

**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>	12,431,092
<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>	7,693
<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>	7,693
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	12,423,399
<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>	210
<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>	210
<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>	12,423,609

**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
INCOME TAX PROVISION	PART XIV	Mercy Housing, Inc (MHI) and its consolidated nonprofit corporations are exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and comparable state statutes and did not have any unrelated business income for the year ended December 31, 2011 Due to their tax exempt status, MHI and the consolidated nonprofit corporations are not subject to income taxes MHI and the consolidated nonprofit corporations are required to file tax returns with the IRS and other taxing authorities Accordingly, the financial statements do not reflect a provision for income taxes and there are no other tax positions which must be considered for disclosure

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 94-3081666  
**Name:** MERCY HOUSING CALIFORNIA

## Form 990, Special Condition Description:

<b>Special Condition Description</b>
--------------------------------------

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

<b>4d. Other program services</b>
(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) CONSULTING SERVICES FOR OTHER
(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) NON-PROFIT DEVELOPERS OF
(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) AFFORDABLE HOUSING AND COMMUNITY
(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) DEVELOPMENT SERVICES

Schedule I (Form 990)

OMB No 1545-0047

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

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MERCY HOUSING CALIFORNIA

Employer identification number 94-3081666

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Contains 12 rows of data.

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FORGIVEN SHOP LOAN - CHARLES HERNANDEZ	1	20,745			
(2) XUE HER & KIA YIONG	2	16,000			

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

Identifier	Return Reference	Explanation
PART I	PART I # 2	The majority of grants expense represents contributions to affiliated organizations. Donors contribute to the Organization for specific capital projects or other restricted operating and program activities, and the Organization passes the contribution to a related entity in accordance with the donor restrictions.



**Software ID:**  
**Software Version:**  
**EIN:** 94-3081666  
**Name:** MERCY HOUSING CALIFORNIA

## Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARDEN AIRE1999 BROADWAY SUITE 1000 DENVER, CO 80202	76- 0827799	n/a	59,382				LOW-INCOME HOUSING
MISCELLANEOUS 50001999 BROADWAY SUITE 1000 DENVER, CO 80202			12,639				DONATION
WALNUT GROVE1999 BROADWAY SUITE 1000 DENVER, CO 80202	68- 0233835	n/a	49,772				LOW-INCOME HOUSING
ACACIA MEADOWS 1999 BROADWAY SUITE 1000 DENVER, CO 80202	68- 0233835	n/a	34,639				LOW-INCOME HOUSING
SIERRA VISTA1999 BROADWAY SUITE 1000 DENVER, CO 80202	68- 2033835	N/A	315,416				LOW-INCOME HOUSING
NEIGHBORWORKSPO BOX 5420 2400 ALHAMBRA BLVD SACRAMENTO, CA 95817	68- 0118032	501(c)(3)	384,879				low-income housing
WILLIAM RANDOLPH HEARST FOUNDATION300 WEST 57TH STREET 26TH FLOOR NEW YORK, NY 10019	13- 6019226	501(c)(3)	20,000				LOW INCOME HOUSING
BRENTWOOD GREEN VALLEY - EECBG FUNDS1635 SCHOOL STREET MORAGA, CA 94556	94- 3135990		44,952				low-income housing
WEATHERIZATION FUNDS - JUNIPERO 926 FILMORE STREET SUITE 1000 SAN FRANCISCO, CA 94117	65- 1308082		7,397				LOW-INCOME HOUSING
WEATHERIZATION FUNDS - POLK STREET 1315 POLK STREET SAN FRANCISCO, CA 94109	03- 0376881		11,850				low-income housing
WEATHERIZATION FUNDS - ROSE125 6TH STREET SAN FRANCISCO, CA 94103	35- 4590886		9,726				LOW-INCOME HOUSING
WEATHERIZATION FUNDS - PADRE241 JONES STREET SAN FRANCISCO, CA 94102	84- 0789830	501(c)(3)	9,009				LOW-INCOME HOUSING

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2011**

**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 HOUSING CALIFORNIA

Employer identification number

94-3081666

**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 indemnification 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

**1b**

**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?

**2**

**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 type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

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

**a** Receive a severance payment or change-of-control payment?

**4a** No

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

**4b** No

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

**4c** No

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?

**5a** No

**b** Any related organization?

**5b** No

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

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

**a** The organization?

**6a** No

**b** Any related organization?

**6b** No

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

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

**7** No

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**8** No

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**9**

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

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

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

(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) JANE GRAF	(i)	0	0	0	0	0	0	0
	(ii)	226,778	0	0	8,461	1,077	236,316	0
(2) VALERIE AGOSTINO	(i)	0	0	0	0	0	0	0
	(ii)	173,423	0	0	6,545	9,247	189,215	0
(3) GREGORY SPARKS	(i)	0	0	0	0	0	0	0
	(ii)	175,898	0	0	4,097	5,845	185,840	0
(4) ED HOLDER	(i)	0	0	0	0	0	0	0
	(ii)	141,746	0	0	3,000	8,770	153,516	0
(5) VINCENT DODDS	(i)	0	0	0	0	0	0	0
	(ii)	155,291	0	0	3,769	12,774	171,834	0

**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

**2011**

**Open to Public  
Inspection**

Name of the organization  
MERCY HOUSING CALIFORNIA

**Employer identification number**

94-3081666

Identifier	Return Reference	Explanation
PART VI SECTION A	PART VI SECTION A #1a #6, #7	#1a The board of mercy housing california has delegated certain authority to an Executive committee, including the authority to review, approve, and recommend approval by the mercy Housing investment committee (comprised) of employees of Mercy Housing, Inc in executive administration) to real estate development activity #6 Mercy Housing, Inc, a Nebraska nonprofit corporation, is the sole member and is exempt from federal income tax as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986 #7 The Board of Trustees of Mercy Housing, Inc, as sole member of Mercy Housing California, has authority over Mercy Housing California in various aspects of operations and management which are set forth in the reserved rights of the bylaws of the subsidiary corporation The reserved rights held by the Mercy Housing Board of Trustees, many of which have been further delegated to the President and CEO of Mercy Housing, Inc, include approval of the following activities revisions to articles and bylaws, mergers and acquisitions, establishment of 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
PART VI SECTION B	PART VI SECTION B #11B #12C AND #15B	11B The Form 990 is presented to all board members and comments and questions are addressed prior to the form 990 being filed 12C The Audit Committee of Mercy Housing, Inc reviews annually the Conflict of Interest disclosures and determines whether any action is required 15B Periodically the Human Resources Committee within the Mercy Housing, Inc Board of Trustees will review executive salaries to ensure competitiveness with external markets and for internal equity in relation to general employee wages and benefits, individual and organizational performance, and the financial resources of the Organization

Identifier	Return Reference	Explanation
PART VI SECTION C	PART VI SECTION C #19	Governing documents, conflict of interest policy and financial statements are made available to the public upon request

Identifier	Return Reference	Explanation
PART XII	PART XII #2B, #2C & #3	2b The Organizations financial statements are audited in accordance with generally accepted accounting principles The audited financial statements are reported within the Consolidated Financial Statements and Supplemental Information of Mercy Housing, Inc 2c Responsibility for selection of an independent accountant and oversight of the annual audit is reserved by the Mercy Housing, Inc Board of Trustees Mercy Housing, Inc is the sole member of mERCY hOUSING CALIFORNIA 3 The Organization received federal loans or awards and accordingly was included in the Single Audit Act and OMB Circular A-133 audit as reported within the Consolidated Financial Statements and Supplemental Information of Mercy Housing, Inc



Identifier	Return Reference	Explanation
PART XI	Line 5	The other changes in net assets or fund balances of 2,305 is due THE INVESTMENT BALANCE IN mch nsp, LLC that was written off in 2010

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANDREA JONES TITLE DIRECTOR HOURS 1

**Identifier****Return Reference****Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME J RUSSELL PITTO TITLE CHAIRMAN HOURS 1

**Identifier**

**Return Reference**

**Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME RENEE FRANKEN TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GREGORY WOLKOM TITLE DIRECTOR HOURS 1

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CRAIG REIGEL TITLE DIRECTOR HOURS 1

**Identifier**

**Return Reference**

**Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME HOWARD LEVINE TITLE DIRECTOR HOURS 1

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME VANESSA DELGADO TITLE DIRECTOR HOURS 1



<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SR ANNE MURPHY TITLE DIRECTOR HOURS 1

**Identifier**

**Return Reference**

**Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME BRUCE SPALDING TITLE DIRECTOR HOURS 1

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DIANE OLMSTEAD TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.MICHAEL BLASZYK TITLE.DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME EDIE HEILMAN TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JANE GRAF TITLE vice president HOURS 1

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME:AMY BAYLEY TITLE:SECRETARY HOURS 1

**Identifier**

**Return Reference**

**Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME VALERIE AGOSTINO TITLE VICE PRESIDENT HOURS 1



Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GREGORY SPARKS TITLE officer HOURS 1

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BEN PHILLIPS TITLE VICE PRESIDENT HOURS 1

**Identifier**

**Return Reference**

**Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME: ED HOLDER TITLE: VICE PRESIDENT HOURS: 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME VINCENT DODDS TITLE TREASURER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PATRICIA O'ROARK TITLE ASSISTANT SECRETARY HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DOUG SHOEMAKER TITLE PRESIDENT HOURS 1

**Identifier****Return Reference****Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME STEPHEN DAUES TITLE VICE PRESIDENT HOURS 1

**Identifier**

**Return Reference**

**Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME BARBARA GUALCO TITLE VICE PRESIDENT HOURS 1



Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARY DUNBAR TITLE VICE PRESIDENT HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHRIS GLAUDEL TITLE OFFICER HOURS 1

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**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 HOUSING CALIFORNIA

**Employer identification number**

94-3081666

**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
(1) MHC NSP LLC 1999 BROADWAY SUITE 1000 DENVER, CO 80202	LOW-INC HSNG	CA	0	2,344,422	na

**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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>	Yes	
<b>1e</b>	Yes	
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>	Yes	
<b>1k</b>	Yes	
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<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
<b>(1)</b> See Additional Data Table			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**Part VII Supplemental Information**

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

**Identifier****Return Reference****Explanation****Schedule R (Form 990) 2011**

**Software ID:**  
**Software Version:**  
**EIN:** 94-3081666  
**Name:** MERCY HOUSING CALIFORNIA

**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 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
Mercy Housing Inc 1999 Broadway Suite 1000 Denver, CO 80202 47-0646706	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Loan Fund 1999 Broadway Suite 1000 Denver, CO 80202 84-1559406	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Portfolio Services 1999 Broadway Suite 1000 Denver, CO 80202 26-4002114	low-inc hsng	CO	501 (c) (3)	9	NA		No
Mercy Housing Properties Inc 1999 Broadway Suite 1000 Denver, CO 80202 84-1262403	low-inc hsng	CO	501 (c) (3)	11a	NA		No
Brook Oaks Senior Residences 1999 Broadway Suite 1000 Denver, CO 80202 20-4295604	low-inc hsng	TX	501 (c) (3)	7	NA		No
Mercy Commercial Finance Properties 1999 Broadway Suite 1000 Denver, CO 80202 84-1164880	low-inc hsng	CO	501 (c) (3)	11a	NA		No
Visitacion Valley Affordable Housing 1999 Broadway Suite 1000 Denver, CO 80202 94-3273336	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Housing Southwest 1999 Broadway Suite 1000 Denver, CO 80202 86-0743192	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Avondale Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 86-0980810	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Camelot Casitas 1999 Broadway Suite 1000 Denver, CO 80202 86-0980809	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Casa de Merced 1999 Broadway Suite 1000 Denver, CO 80202 86-0808941	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Casa de Shanti 1999 Broadway Suite 1000 Denver, CO 80202 86-0728526	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
El Mirage Senior 1999 Broadway Suite 1000 Denver, CO 80202 86-0847975	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Mesa Senior Meadows 1999 Broadway Suite 1000 Denver, CO 80202 86-0897708	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Guadalupe Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 86-0897709	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Peoria Place 1999 Broadway Suite 1000 Denver, CO 80202 86-0980811	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Plazas de Merced 1999 Broadway Suite 1000 Denver, CO 80202 86-0758961	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Vista Alegre 1999 Broadway Suite 1000 Denver, CO 80202 86-0947230	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Decatur Place 1999 Broadway Suite 1000 Denver, CO 80202 84-1062097	low-inc hsng	CO	501 (c) (3)	11a	NA		No
Holly Park East 1999 Broadway Suite 1000 Denver, CO 80202 84-1347445	low-inc hsng	CO	501 (c) (3)	11a	NA		No



**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 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
Willow Street Apartments 1999 Broadway Suite 1000 Denver, CO 80202 84-1334167	low-inc hsng	CO	501 (c) (3)	11a	NA		No
Mercy Properties Arizona 1999 Broadway Suite 1000 Denver, CO 80202 86-0772987	low-inc hsng	AR	501 (c) (3)	11a	NA		No
Los Arcos 1999 Broadway Suite 1000 Denver, CO 80202 86-0772987	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Mercy Court 1999 Broadway Suite 1000 Denver, CO 80202 86-0772987	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Holly Park Community Center LLC 1999 Broadway Suite 1000 Denver, CO 80202 38-3715668	low-inc hsng	CO	501 (c) (3)	11a	NA		No
Homes for Greeley 1999 Broadway Suite 1000 Denver, CO 80202 84-1349918	low-inc hsng	CO	501 (c) (3)	11a	NA		No
Mercy Housing California 1999 Broadway Suite 1000 Denver, CO 80202 94-3081666	low-inc hsng	CA	501 (c) (3)	9	NA		No
All Hallows Community 1999 Broadway Suite 1000 Denver, CO 80202 94-2722870	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Marin Homes for Independent Living 1999 Broadway Suite 1000 Denver, CO 80202 94-2787430	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Cantebria Senior Homes 1999 Broadway Suite 1000 Denver, CO 80202 94-3361794	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Senior Housing Oxnard 1999 Broadway Suite 1000 Denver, CO 80202 94-3224446	low-inc hsng	CA	501 (c) (3)	11a	NA		No
EHCC Housing Corp (Eden House) 1999 Broadway Suite 1000 Denver, CO 80202 94-3234538	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Francis of Assisi Community 1999 Broadway Suite 1000 Denver, CO 80202 94-2366315	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Gault Street Senior 1999 Broadway Suite 1000 Denver, CO 80202 75-2983979	low-inc hsng	CA	501 (c) (3)	11a	NA		No
John W King Senior Community 1999 Broadway Suite 1000 Denver, CO 80202 94-3282891	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Maria B Freitas Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3190261	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Marin Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-1358291	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Gardens 1999 Broadway Suite 1000 Denver, CO 80202 33-0809069	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Notre Dame Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3209503	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Oceana Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3167825	low-inc hsng	CA	501 (c) (3)	11a	NA		No

**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 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
Presentation Senior Community 1999 Broadway Suite 1000 Denver, CO 80202 94-3264209	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Russell Manor 1999 Broadway Suite 1000 Denver, CO 80202 93-1189914	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Tierra Del Sol Inc 1999 Broadway Suite 1000 Denver, CO 80202 75-3004763	low-inc hsng	CA	501 (c) (3)	9	NA		No
St Elizabeth Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-2705149	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Garden Park Apt Community 1999 Broadway Suite 1000 Denver, CO 80202 68-0484147	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Oaks Village 1999 Broadway Suite 1000 Denver, CO 80202 75-3134134	low-inc hsng	CA	501 (c) (3)	7	NA		No
Mercy Properties California 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	9	NA		No
Foster Youth 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
The Haven 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Leland House 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Osocales (McIntosh Mobile Homes) 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Richmond Hills 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Sycamore Center (Red Bluff) 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Sierra Vista 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Magnolia Village LLC 1999 Broadway Suite 1000 Denver, CO 80202 32-0139519	low-inc hsng	GA	501 (c) (3)	11a	NA		No
Eagle Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 03-0410639	low-inc hsng	ID	501 (c) (3)	11a	NA		No
Mercy Southeast Idaho Inc 1999 Broadway Suite 1000 Denver, CO 80202 84-1284293	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Moscow Inc (Hawthorne) 1999 Broadway Suite 1000 Denver, CO 80202 82-0475388	low-inc hsng	ID	501 (c) (3)	11a	NA		No
Mercy Twin Falls Inc (Willswood) 1999 Broadway Suite 1000 Denver, CO 80202 82-0492940	low-inc hsng	ID	501 (c) (3)	11a	NA		No
Mercy Housing Lakefront 1999 Broadway Suite 1000 Denver, CO 80202 36-3453183	low-inc hsng	IL	501 (c) (3)	7	NA		No

**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 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
Laverge Courts LLC 1999 Broadway Suite 1000 Denver, CO 80202 36-4535351	low-inc hsng	IL	501 (c) (3)	11a	NA		No
Washington Courts LLC 1999 Broadway Suite 1000 Denver, CO 80202 32-0084370	low-inc hsng	IL	501 (c) (3)	11a	NA		No
Whitmore Apartments LLC 1999 Broadway Suite 1000 Denver, CO 80202 47-0924267	low-inc hsng	IL	501 (c) (3)	11a	NA		No
Mercy Housing Ohio Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-2373936	low-inc hsng	OH	501 (c) (3)	11a	NA		No
Mercy Properties Inc (MPI) 1999 Broadway Suite 1000 Denver, CO 80202 84-1173689	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Properties II Inc 1999 Broadway Suite 1000 Denver, CO 80202 82-0485862	low-inc hsng	ID	501 (c) (3)	11a	NA		No
Neary Lagoon Inc 1999 Broadway Suite 1000 Denver, CO 80202 77-0214799	low-inc hsng	CA	501 (c) (3)	11a	NA		No
San Juan Housing Corp 1999 Broadway Suite 1000 Denver, CA 80202 68-0378676	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Housing Midwest 1999 Broadway Suite 1000 Denver, CO 80202 47-0772351	low-inc hsng	NE	501 (c) (3)	11a	NA		No
Mercy Crestview Village 1999 Broadway Suite 1000 Denver, CO 80202 47-0785351	low-inc hsng	NE	501 (c) (3)	11a	NA		No
Heartland Housing Initiative (HARP) 1999 Broadway Suite 1000 Denver, CO 80202 42-1359133	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Mercy House 1999 Broadway Suite 1000 Denver, CO 80202 37-1068780	low-inc hsng	NE	501 (c) (3)	11a	NA		No
Mercy Northglen 1999 Broadway Suite 1000 Denver, CO 80202 47-0779681	low-inc hsng	NE	501 (c) (3)	11a	NA		No
Mercy Oakwood Gardens 1999 Broadway Suite 1000 Denver, CO 80202 84-1344220	low-inc hsng	AZ	501 (c) (3)	9	NA		No
Mercy Midwest Properties (Ridgeview) 1999 Broadway Suite 1000 Denver, CO 80202 43-1584918	low-inc hsng	MO	501 (c) (3)	11a	NA		No
Mercy Western Manor 1999 Broadway Suite 1000 Denver, CO 80202 47-0785349	low-inc hsng	NE	501 (c) (3)	11a	NA		No
Mercy Village Joplin 1999 Broadway Suite 1000 Denver, CO 80202 37-1459692	low-inc hsng	MO	501 (c) (3)	11a	NA		No
Mercy Housing Southeast 1999 Broadway Suite 1000 Denver, CO 80202 56-1993872	low-inc hsng	NC	501 (c) (3)	11a	NA		No
Mercy Place Belmont Inc 1999 Broadway Suite 1000 Denver, CO 80202 80-0034784	low-inc hsng	NC	501 (c) (3)	11a	NA		No
Mercy Housing Pembroke Inc 1999 Broadway Suite 1000 Denver, CO 80202 13-4224803	low-inc hsng	GA	501 (c) (3)	11a	NA		No

**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 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
Mercy Housing Georgia Holdings LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-1233986	low-inc hsng	GA	501 (c) (3)	11a	NA		No
Marshside Village Inc  1999 Broadway Suite 1000 Denver, CO 80202 20-1910771	low-inc hsng	SC	501 (c) (3)	11a	NA		No
Allegre Point Senior Residences  1999 Broadway Suite 1000 Denver, CO 80202 20-4295472	low-inc hsng	CO	501 (c) (3)	11a	NA		No
Mercy Properties Georgia Inc (MPGI)  1999 Broadway Suite 1000 Denver, CO 80202 58-2425127	low-inc hsng	GA	501 (c) (3)	11a	NA		No
Intercommunity Housing Ferndale  1999 Broadway Suite 1000 Denver, CO 80202 91-1667138	low-inc hsng	WA	501 (c) (3)	11a	NA		No
Sterling Senior Housing  1999 Broadway Suite 1000 Denver, CO 80202 14-1866405	low-inc hsng	WA	501 (c) (3)	11a	NA		No
Mercy Housing 2904 N 45th St Omaha  1999 Broadway Suite 1000 Denver, CO 80202 37-1068780	low-inc hsng	NE	501 (c) (3)	11a	NA		No
Florin Housing Corp  1999 Broadway Suite 1000 Denver, CO 80202 68-0336533	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Housing CalWest  1999 Broadway Suite 1000 Denver, CO 80202 94-2963228	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Bond Properties Nebraska I  1999 Broadway Suite 1000 Denver, CO 80202 68-0378674	low-inc hsng	NE	501 (c) (3)	9	NA		No
Mercy Bond Properties Colorado I  1999 Broadway Suite 1000 Denver, CO 80202 94-3286321	low-inc hsng	CO	501 (c) (3)	9	NA		No
Walnut Grove  1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Santa Monica  1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Acacia Meadows  1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Timbercreek LLC  1999 Broadway Suite 1000 Denver, CO 80202 68-0378674	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Franconia LLC  1999 Broadway Suite 1000 Denver, CO 80202 94-3286321	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Padre Apartments Community  1999 Broadway Suite 1000 Denver, CO 80202 84-0789830	low-inc hsng	CA	501 (c) (3)	11a	NA		No
South of Market Mercy  1999 Broadway Suite 1000 Denver, CO 80202 94-3199902	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Visitacion Valley Affordable Housing  1999 Broadway Suite 1000 Denver, CO 80202 94-3273336	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Housing Northwest  1999 Broadway Suite 1000 Denver, CO 80202 91-1546525	low-inc hsng	WA	501 (c) (3)	11a	NA		No

**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 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
Mercy Housing Northwest idaho Inc 1999 Broadway Suite 1000 Denver, CO 80202 36-3453183	low-inc hsng	ID	501 (c) (3)	11a	NA		No
MERCY HOUSING MANAGEMENT GROUP 1999 Broadway Suite 1000 Denver, CO 80202 82-0376108	low-inc hsng	IL	501 (c) (3)	9	NA		No
MERCY HOUSING MOUNTAIN PLAINS 1999 Broadway Suite 1000 Denver, CO 80202 20-1583332	low-inc hsng	CO	501 (c) (3)	9	NA		No
Independence Hill Inc 1999 Broadway Suite 1000 Denver, CO 80202 72-1545927	low-inc hsng	ID	501 (c) (3)	11a	NA		No
Mercy Housing California Senior Properti 1999 Broadway Suite 1000 Denver, CO 80202 20-3177114	low-inc hsng	IL	501 (c) (3)	11a	NA		No
Dublin Manor Inc 1999 Broadway Suite 1000 Denver, CO 80202 02-0655254	low-inc hsng	KY	501 (c) (3)	11a	NA		No
McAuley Manor Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1548500	low-inc hsng	KY	501 (c) (3)	11a	NA		No
Mercy Manor Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1344092	low-inc hsng	TN	501 (c) (3)	11a	NA		No
Riverview - St Mary's Inc(St Mary's 1999 Broadway Suite 1000 Denver, CO 80202 62-1782683	low-inc hsng	TN	501 (c) (3)	11a	NA		No
St Mary's Villa at Riverview II Inc ( 1999 Broadway Suite 1000 Denver, CO 80202 31-1723287	low-inc hsng	TN	501 (c) (3)	11a	NA		No
St Mary's Villa Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1548512	low-inc hsng	KY	501 (c) (3)	11a	NA		No
Sacred Heart Village I Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1411531	low-inc hsng	KY	501 (c) (3)	11a	NA		No
Sacred Heart Village II Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1339396	low-inc hsng	KY	501 (c) (3)	11a	NA		No
Sacred Heart Village III Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1367719	low-inc hsng	OH	501 (c) (3)	11a	NA		No
St Theresa Village Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1411529	low-inc hsng	OH	501 (c) (3)	11a	NA		No
Siena Springs (Siena Springs I) 1999 Broadway Suite 1000 Denver, CO 80202 31-1052772	low-inc hsng	OH	501 (c) (3)	11a	NA		No
Siena Springs II 1999 Broadway Suite 1000 Denver, CO 80202 31-1591780	low-inc hsng	OH	501 (c) (3)	11a	NA		No
Charles Meadows Corporation 1999 Broadway Suite 1000 Denver, CO 80202 34-1552671	low-inc hsng	OH	501 (c) (3)	11a	NA		No
Charles Crest Corporation (Charles Crest 1999 Broadway Suite 1000 Denver, CO 80202 34-1399869	low-inc hsng	OH	501 (c) (3)	11a	NA		No
Charles Crest II Corporation 1999 Broadway Suite 1000 Denver, CO 80202 34-1714407	low-inc hsng	OH	501 (c) (3)	11a	NA		No

**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 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
Savannah Gardens Senior Residences Inc  1999 Broadway Suite 1000 Denver, CO 80202 27-3400284	low-inc hsng	GA	501 (c) (3)	11a	NA		No
2101 Telegraph Avenue Inc  1999 Broadway Suite 1000 Denver, CO 80202 94-3222935	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Housing West  1999 Broadway Suite 1000 Denver, CO 80202 68-0254564	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Commons on Main GP LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-8033652	low-inc hsng	OH	501 (c) (3)	9	NA		No
Marlton Affordable Housing Corp  1999 Broadway Suite 1000 Denver, CO 80202 91-2164481	low-inc hsng	CA	501 (c) (3)	11b	NA		No
MHC NSP LLC (NSP MHCL)  1999 Broadway Suite 1000 Denver, CO 80202 94-3081666	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Housing Idaho NSP LLC (NSPID)  1999 Broadway Suite 1000 Denver, CO 80202 27-1039061	low-inc hsng	ID	501 (c) (3)	11a	NA		No
Johnston Center MM LLC  1999 Broadway Suite 1000 Denver, CO 80202 26-1483851	low-inc hsng	WI	501 (c) (3)	7	NA		No
Appian Way Manager LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-8829324	low-inc hsng	WA	501 (c) (3)	9	NA		No
Mercy Place Belmont Inc  1999 Broadway Suite 1000 Denver, CO 80202 80-0034784	low-inc hsng	NC	501 (c) (3)	11c	NA		No
FHD Holdings LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-1356271	low-inc hsng	OH	501 (c) (3)	9	NA		No

**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 FAMILY PLAZA LP  1999 Broadway Suite 1000 Denver, CO 80202 94-3094867	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Bennett House LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1308081	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Dorothy Day Community LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1308078	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Junipero Serra LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1308082	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Monsignor Lyne LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1308080	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
St Andrew Community LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1308080	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Villa Columba Mercy Riverside LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1308076	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XL  1999 Broadway Suite 1000 Denver, CO 80202 26-1398920	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXXVIII  1999 Broadway Suite 1000 Denver, CO 80202 33-1153406	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
365 Fulton LP (Parcel G)  1999 Broadway Suite 1000 Denver, CO 80202 26-1539223	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XLII  1999 Broadway Suite 1000 Denver, CO 80202 26-2575525	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XLIV  1999 Broadway Suite 1000 Denver, CO 80202 26-3583090	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XLIII  1999 Broadway Suite 1000 Denver, CO 80202 26-2553554	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Community Housing Georgia (MHCGa)  1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia I  1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	na	RELATED	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 IV  1999 Broadway Suite 1000 Denver, CO 80202 56-2328730	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia V LP  1999 Broadway Suite 1000 Denver, CO 80202 90-0284434	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia VI LP  1999 Broadway Suite 1000 Denver, CO 80202 20-4466474	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Acquisition Properties Georgia I  1999 Broadway Suite 1000 Denver, CO 80202 20-4465851	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia VIII LP  1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Acquisition Properties Georgia II  1999 Broadway Suite 1000 Denver, CO 80202 20-4465972	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Properties Washington  1999 Broadway Suite 1000 Denver, CO 80202 91-1903782	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Intercommunity Mercy Washington I  1999 Broadway Suite 1000 Denver, CO 80202 91-1584665	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Intercommunity Mercy Washington II  1999 Broadway Suite 1000 Denver, CO 80202 91-1572690	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Mercy Housing Washington VIII  1999 Broadway Suite 1000 Denver, CO 80202 91-2124779	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Mercy Housing Washington VI  1999 Broadway Suite 1000 Denver, CO 80202 84-1459924	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Mercy Housing Washington V  1999 Broadway Suite 1000 Denver, CO 80202 84-1457612	low-inc hsng	OR	na	RELATED	0	0		No			No	0 %
Mercy Housing Washington VII  1999 Broadway Suite 1000 Denver, CO 80202 91-2038920	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Mercy Housing Washington IX LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1186086	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Mercy Housing Washington X LLC  1999 Broadway Suite 1000 Denver, CO 80202 55-0887839	low-inc hsng	WA	na	RELATED	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 Properties Washington III LLC  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Pilchuck  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Woodlake Manor II  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Woodlake Manor  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Villa Kathleen  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Skagit Village  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Oak Harbor  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Olympic  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Monroe Villa  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Lake Village East  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Lake Stevens  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Fircrest  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Ferndale Villa  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Evergreen Manor  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Cedarwood I  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	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	
Cedarwood IV  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Cascade Apartments  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Boundary Village  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Mercy Properties Washington II  1999 Broadway Suite 1000 Denver, CO 80202 30-0117515	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Mercy Properties Washington I LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Bayshore Court  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Cambridge Apartments  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Cascade Village  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Cheney Gardens  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Mabton Gardens  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Moses Lake Estates  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Pine Road Village  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Rock Creek Terrace  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Sandstone  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Silvercrest  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	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	
Wapato Gardens  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Washington Square  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	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	RELATED	0	0		No			No	0 %
Britton Street Assoc(Britton Court)  1999 Broadway Suite 1000 Denver, CO 80202 94-3300509	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing Nebraska I  1999 Broadway Suite 1000 Denver, CO 80202 84-1449163	low-inc hsng	NE	na	RELATED	0	0		No			No	0 %
Mercy Housing California VII  1999 Broadway Suite 1000 Denver, CO 80202 94-3229540	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Somerset Senior Hsg  1999 Broadway Suite 1000 Denver, CO 80202 74-2765568	low-inc hsng	TX	na	RELATED	0	0		No			No	0 %
Mercy Housing California II  1999 Broadway Suite 1000 Denver, CO 80202 94-3187825	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado VIII  1999 Broadway Suite 1000 Denver, CO 80202 93-1190349	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado-I LTD (Grace)  1999 Broadway Suite 1000 Denver, CO 80202 84-1176712	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing California XI  1999 Broadway Suite 1000 Denver, CO 80202 94-3244521	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Marleton Affordable Hsg Assoc  1999 Broadway Suite 1000 Denver, CO 80202 04-3594636	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mason Apartments (Mason School Apts)  1999 Broadway Suite 1000 Denver, CO 80202 42-1301449	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing California V  1999 Broadway Suite 1000 Denver, CO 80202 94-3229051	low-inc hsng	CA	na	RELATED	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	RELATED	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	
Quinn Cottages LP (Quinn Cottages)  1999 Broadway Suite 1000 Denver, CO 80202 65-0367005	low-inc hsng	CA	na	RELATED	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	RELATED	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	RELATED	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	RELATED	0	0		No			No	0 %
Mercy Housing California VIII  1999 Broadway Suite 1000 Denver, CO 80202 94-3229541	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing Iowa II LP  1999 Broadway Suite 1000 Denver, CO 80202 84-1284752	low-inc hsng	IA	na	RELATED	0	0		No			No	0 %
Mercy Housing California I  1999 Broadway Suite 1000 Denver, CO 80202 84-1210914	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing Arizona I  1999 Broadway Suite 1000 Denver, CO 80202 86-0791473	low-inc hsng	AZ	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia II  1999 Broadway Suite 1000 Denver, CO 80202 58-2621798	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado-IX  1999 Broadway Suite 1000 Denver, CO 80202 87-0706258	low-inc hsng	CO	na	RELATED	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	RELATED	0	0		No			No	0 %
Parkside Terrace Apt LLC  1999 Broadway Suite 1000 Denver, CO 80202 36-3914505	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Parkside Terrace LP  1999 Broadway Suite 1000 Denver, CO 80202 36-3914505	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Mercy Housing South Carolina I  1999 Broadway Suite 1000 Denver, CO 80202 59-3767323	low-inc hsng	SC	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia III  1999 Broadway Suite 1000 Denver, CO 80202 43-1954812	low-inc hsng	GA	na	RELATED	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 South Dakota I LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-2830331	low-inc hsng	SD	na	RELATED	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	RELATED	0	0		No			No	0 %
Mercy Housing Colorado XI LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-5331841	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Commons on Main LP  1999 Broadway Suite 1000 Denver, CO 80202 20-8033896	low-inc hsng	OH	na	RELATED	0	0		No			No	0 %
Aromor Mercy LLC (Aromor Apartments)  1999 Broadway Suite 1000 Denver, CO 80202 30-0296042	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Galewood SLF Associates LP  1999 Broadway Suite 1000 Denver, CO 80202 20-1882654	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Mercy Alston Lake LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-2948887	low-inc hsng	SC	na	RELATED	0	0		No			No	0 %
Franciscan Homes III LP  1999 Broadway Suite 1000 Denver, CO 80202 31-1394513	low-inc hsng	OH	na	RELATED	0	0		No			No	0 %
Franciscan Homes IV LP  1999 Broadway Suite 1000 Denver, CO 80202 31-1463371	low-inc hsng	OH	na	RELATED	0	0		No			No	0 %
Mercy Housing Utah I  1999 Broadway Suite 1000 Denver, CO 80202 02-0564555	low-inc hsng	UT	na	RELATED	0	0		No			No	0 %
Mercy Housing Idaho IV  1999 Broadway Suite 1000 Denver, CO 80202 82-0487654	low-inc hsng	ID	na	RELATED	0	0		No			No	0 %
Mercy Housing Idaho V (Sisters Villa)  1999 Broadway Suite 1000 Denver, CO 80202 04-3624359	low-inc hsng	ID	na	RELATED	0	0		No			No	0 %
2101 Telegraph Avenue Assoc  1999 Broadway Suite 1000 Denver, CO 80202 94-3222935	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Bishops Block (Bishops Block)  1999 Broadway Suite 1000 Denver, CO 80202 01-0477157	low-inc hsng	IA	na	RELATED	0	0		No			No	0 %
1028 Howard St Associates  1999 Broadway Suite 1000 Denver, CO 80202 94-3160742	low-inc hsng	CA	na	RELATED	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	
1101 Howard St Associates  1999 Broadway Suite 1000 Denver, CO 80202 94-3160341	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California VI  1999 Broadway Suite 1000 Denver, CO 80202 94-3224528	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
1475 167th Avenue Assoc  1999 Broadway Suite 1000 Denver, CO 80202 94-3249328	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Centro Partners  1999 Broadway Suite 1000 Denver, CO 80202 77-0295344	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
La Playa Residential  1999 Broadway Suite 1000 Denver, CO 80202 77-0278613	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
West 28th Street  1999 Broadway Suite 1000 Denver, CO 80202 95-4550003	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
16th & Church Street Assoc  1999 Broadway Suite 1000 Denver, CO 80202 94-3135262	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California III  1999 Broadway Suite 1000 Denver, CO 80202 94-3187826	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California IX  1999 Broadway Suite 1000 Denver, CO 80202 94-3230471	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California IV  1999 Broadway Suite 1000 Denver, CO 80202 94-3210969	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Visitation Valley Fam Hsg Assoc  1999 Broadway Suite 1000 Denver, CO 80202 94-3275566	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Neary Lagoon Partners  1999 Broadway Suite 1000 Denver, CO 80202 77-0256317	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XIV  1999 Broadway Suite 1000 Denver, CO 80202 94-3377941	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XV  1999 Broadway Suite 1000 Denver, CO 80202 94-3379316	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XVII  1999 Broadway Suite 1000 Denver, CO 80202 94-3400496	low-inc hsng	CA	na	RELATED	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 XXIV  1999 Broadway Suite 1000 Denver, CO 80202 74-3052786	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XVIII  1999 Broadway Suite 1000 Denver, CO 80202 03-0376881	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XIII  1999 Broadway Suite 1000 Denver, CO 80202 94-3377935	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XX  1999 Broadway Suite 1000 Denver, CO 80202 36-4497277	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XVI  1999 Broadway Suite 1000 Denver, CO 80202 94-3381170	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXIII  1999 Broadway Suite 1000 Denver, CO 80202 82-0560494	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XII  1999 Broadway Suite 1000 Denver, CO 80202 94-3366333	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Village Park Housing Associates  1999 Broadway Suite 1000 Denver, CO 80202 68-0254566	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXI  1999 Broadway Suite 1000 Denver, CO 80202 48-1259652	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XIX  1999 Broadway Suite 1000 Denver, CO 80202 01-0716135	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXV  1999 Broadway Suite 1000 Denver, CO 80202 81-0564415	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Pinewood Court Apartments  1999 Broadway Suite 1000 Denver, CO 80202 68-0435836	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXII  1999 Broadway Suite 1000 Denver, CO 80202 35-2172040	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXVI  1999 Broadway Suite 1000 Denver, CO 80202 58-2679059	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XLI  1999 Broadway Suite 1000 Denver, CO 80202 26-2350027	low-inc hsng	CA	na	RELATED	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 XIV  1999 Broadway Suite 1000 Denver, CO 80202 94-3377941	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXVII  1999 Broadway Suite 1000 Denver, CO 80202 65-1207291	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXVIII  1999 Broadway Suite 1000 Denver, CO 80202 73-1721242	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXIX  1999 Broadway Suite 1000 Denver, CO 80202 73-1729092	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXX  1999 Broadway Suite 1000 Denver, CO 80202 61-1488186	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
New Dana Strand Townhomes  1999 Broadway Suite 1000 Denver, CO 80202 51-0524022	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXXII  1999 Broadway Suite 1000 Denver, CO 80202 87-0756940	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXXVI  1999 Broadway Suite 1000 Denver, CO 80202 56-2568833	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXXI  1999 Broadway Suite 1000 Denver, CO 80202 87-0756700	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXXV  1999 Broadway Suite 1000 Denver, CO 80202 76-0827799	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing Ca XXXIII  1999 Broadway Suite 1000 Denver, CO 80202 43-2100410	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing Ca XXXVII  1999 Broadway Suite 1000 Denver, CO 80202 68-0631916	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Colonia San Martin Associates LP  1999 Broadway Suite 1000 Denver, CO 80202 83-0481233	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXXIX  1999 Broadway Suite 1000 Denver, CO 80202 01-0885277	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Kennedy Estates Hsg Assoc  1999 Broadway Suite 1000 Denver, CO 80202 68-0355465	low-inc hsng	CA	na	RELATED	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) 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	
Tahoe Valley Townhomes Assoc  1999 Broadway Suite 1000 Denver, CO 80202 94-3298324	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Florin Wood Assoc  1999 Broadway Suite 1000 Denver, CO 80202 68-0318012	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing Idaho II  1999 Broadway Suite 1000 Denver, CO 80202 84-1212029	low-inc hsng	ID	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado VII  1999 Broadway Suite 1000 Denver, CO 80202 84-1473883	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado-II Ltd  1999 Broadway Suite 1000 Denver, CO 80202 84-1176713	low-inc hsng	CO	na	RELATED	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	RELATED	0	0		No			No	0 %
Mercy Housing Washington IV  1999 Broadway Suite 1000 Denver, CO 80202 91-1717799	low-inc hsng	MO	na	RELATED	0	0		No			No	0 %
Mercy Housing Missouri-I LP  1999 Broadway Suite 1000 Denver, CO 80202 84-1176358	low-inc hsng	MO	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado VI  1999 Broadway Suite 1000 Denver, CO 80202 84-1361296	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing Idaho III  1999 Broadway Suite 1000 Denver, CO 80202 84-1251391	low-inc hsng	ID	na	RELATED	0	0		No			No	0 %
Mercy Housing Idaho I  1999 Broadway Suite 1000 Denver, CO 80202 84-1212028	low-inc hsng	ID	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado V  1999 Broadway Suite 1000 Denver, CO 80202 84-1318329	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing Missouri II  1999 Broadway Suite 1000 Denver, CO 80202 84-1201811	low-inc hsng	MO	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado III  1999 Broadway Suite 1000 Denver, CO 80202 84-1292696	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing Washington III  1999 Broadway Suite 1000 Denver, CO 80202 91-1676111	low-inc hsng	WA	na	RELATED	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 Colorado IV  1999 Broadway Suite 1000 Denver, CO 80202 84-1284749	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Brentwood Green Valley Apts  1999 Broadway Suite 1000 Denver, CO 80202 94-3135990	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
New Dana Strand Partners I LP  1999 Broadway Suite 1000 Denver, CO 80202 51-0524022	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Magnolia Limited Partnership  1999 Broadway Suite 1000 Denver, CO 80202 36-3822288	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Red Door Limited Partnership  1999 Broadway Suite 1000 Denver, CO 80202 36-3915050	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
4707 Malden Ltd Partnership  1999 Broadway Suite 1000 Denver, CO 80202 36-3762788	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Malden Limited Partnership II  1999 Broadway Suite 1000 Denver, CO 80202 20-8746121	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
MPI Highland Place Apartments LP  1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
2220 Tenth Ave  1999 Broadway Suite 1000 Denver, CO 80202 94-3140163	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
South Loop Apartments  1999 Broadway Suite 1000 Denver, CO 80202 36-4027476	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
5042 Winthrop Apartments LP  1999 Broadway Suite 1000 Denver, CO 80202 36-3855358	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Near North Partnership  1999 Broadway Suite 1000 Denver, CO 80202 32-0143113	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Mercy Housing S Carolina  1999 Broadway Suite 1000 Denver, CO 80202 59-3767323	low-inc hsng	SC	na	RELATED	0	0		No			No	0 %
Wentworth Commons  1999 Broadway Suite 1000 Denver, CO 80202 30-0082553	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
901 West 63rd LP (Englewood Apartments)  1999 Broadway Suite 1000 Denver, CO 80202 26-1233617	low-inc hsng	IL	na	RELATED	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 IX LP 1999 Broadway Suite 1000 Denver, CO 80202 20-8829418	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Roseland Limited Partnerhsip 1999 Broadway Suite 1000 Denver, CO 80202 36-4304416	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Belray Apartments 1999 Broadway Suite 1000 Denver, CO 80202 36-4027474	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Harold Washington Apartments 1999 Broadway Suite 1000 Denver, CO 80202 36-3556291	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Bluff Mercy LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-0954394	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing Senior Properties LLC 1999 Broadway Suite 1000 Denver, CO 80202 94-3081666	low-inc hsng	CA	na	RELATED	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	RELATED	0	0		No			No	0 %
Mercy Housing California XLV (Washington 1999 Broadway Suite 1000 Denver, CO 80202 65-1308076	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Boise Senior 202 Owner LP 1999 Broadway Suite 1000 Denver, CO 80202 27-0992784	low-inc hsng	ID	na	RELATED	0	0		No			No	0 %
Mercy Housing Idaho NSP LLC (NSPID) 1999 Broadway Suite 1000 Denver, CO 80202 27-1039061	low-inc hsng	ID	na	RELATED	0	0		No			No	0 %
Countryside Senior Apartments LP 1999 Broadway Suite 1000 Denver, CO 80202 26-1483851	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Johnston Center Outlots LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-0162550	low-inc hsng	WI	na	RELATED	0	0		No			No	0 %
Reynoldstown Senior Apts (Renoldstown) 1999 Broadway Suite 1000 Denver, CO 80202 27-0162550	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia X (Savannah Garden 1999 Broadway Suite 1000 Denver, CO 80202 27-0162550	low-inc hsng	GA	na	RELATED	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	RELATED	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	
Appian Way Mercy LLC  1999 Broadway Suite 1000 Denver, CO 80202 91-1546525	low-inc hsng	WA	na	RELATED	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	RELATED	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	RELATED	0	0		No			No	0 %
Northglen LP  1999 Broadway Suite 1000 Denver, CO 80202 32-0139512	low-inc hsng	NE	na	RELATED	0	0		No			No	0 %
Mercy Crestview Village Housing LP  1999 Broadway Suite 1000 Denver, CO 80202 26-4578510	low-inc hsng	NE	na	RELATED	0	0		No			No	0 %
Western Manor LP  1999 Broadway Suite 1000 Denver, CO 80202 26-4578652	low-inc hsng	NE	na	RELATED	0	0		No			No	0 %
Alston Lake Apartments LP  1999 Broadway Suite 1000 Denver, CO 80202 26-4578402	low-inc hsng	SC	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXXIV LP  1999 Broadway Suite 1000 Denver, CO 80202 51-0594948	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XLVII  1999 Broadway Suite 1000 Denver, CO 80202 27-2930358	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
HWA-850 EASTWOOD LP  1999 Broadway Suite 1000 Denver, CO 80202 27-1257130	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
grayslake senior housing  1999 Broadway Suite 1000 Denver, CO 80202 26-3800351	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
mercyc housing midwest nebraska llc  1999 Broadway Suite 1000 Denver, CO 80202 20-1583332	low-inc hsng	NE	na	RELATED	0	0		No			No	0 %
MERCY HOUSING COLORADO I LTD  1999 Broadway Suite 1000 Denver, CO 80203 84-1176712	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Evergreen Vista 1 Owner LLC  1999 Broadway Suite 1000 Denver, CO 80202 27-4160484	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Rainier Vista Block 43 Owner LP(Columbia  1999 Broadway Suite 1000 Denver, CO 80202 27-3221112	low-inc hsng	WA	na	RELATED	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 California 51 LP (200 6th  1999 Broadway Suite 1000 Denver, CO 80202 94-2963228	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California 53 LP (Madonna  1999 Broadway Suite 1000 Denver, CO 80202 45-2050339	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
104th Street LP  1999 Broadway Suite 1000 Denver, CO 80202 27-2755027	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia XI LP (Etowah Ter  1999 Broadway Suite 1000 Denver, CO 80202 26-2523190	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia 12 LP (Savannah G  1999 Broadway Suite 1000 Denver, CO 80202 27-2987561	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Housing California 50 LP (St Anth  1999 Broadway Suite 1000 Denver, CO 80202 27-3381997	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Antioch Villas LP  1999 Broadway Suite 1000 Denver, CO 80202 27-0194197	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
MERCY HOUSING COLORADO I LTD  1999 Broadway Suite 1000 Denver, CO 80203 84-1176712	low-inc hsng	GA	na					No				

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Direct Controlling Entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income (\$)	<b>(g)</b> Share of end-of-year assets (\$)	<b>(h)</b> Percentage ownership
Belray Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-4027474	management	IL	na	c corp	0	0	0 %
Harold Washington Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-3556291	management	IL	na	c corp	0	0	0 %
Roseland Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-4304417	management	IL	na	c corp	0	0	0 %
South Loop Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-4027475	management	IL	na	c corp	0	0	0 %
Winthrop Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-3855355	management	IL	na	c corp	0	0	0 %
Near North Apartments Corp NF 1999 Broadway Suite 1000 Denver, CO 80202 36-4570431	management	IL	na	c corp	0	0	0 %
MCHG Partners Inc (MCHG) 1999 Broadway Suite 1000 Denver, CO 80202 20-8824753	management	GA	na	c corp	0	0	0 %
Mercy Lithonia Park View Inc (MLithPV) 1999 Broadway Suite 1000 Denver, CO 80202 20-8829364	management	GA	na	c corp	0	0	0 %
Malden Arms Corp II NFP 1999 Broadway Suite 1000 Denver, CO 80202 36-3815990	management	CA	na	c corp	0	0	0 %
Mercy Galewood SLF Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-5825081	management	IL	na	c corp	0	0	0 %
McDermott Place 1999 Broadway Suite 1000 Denver, CO 80202 47-0779682	management	IA	na	c corp	0	0	0 %
Mercy Affordable Housing Inc (MAHI) 1999 Broadway Suite 1000 Denver, CO 80202 82-0489878	management	ID	na	c corp	0	0	0 %
Affordable Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 84-1173690	management	CA	na	c corp	0	0	0 %
Affordable Housing Initiative (AHI) 1999 Broadway Suite 1000 Denver, CO 80202 94-3096988	management	CA	na	c corp	0	0	0 %
Englewood Apartments NFP 1999 Broadway Suite 1000 Denver, CO 80202 26-1233523	management	IL	na	c corp	0	0	0 %
Mercy Park View Partners Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-8829242	management	GA	na	c corp	0	0	0 %
111th & Wentworth Apartments Corp 1999 Broadway Suite 1000 Denver, CO 80202 38-3648994	management	IL	na	c corp	0	0	0 %
Mercy Commercial California 1999 Broadway Suite 1000 Denver, CO 80202 94-3382154	management	CA	na	c corp	0	0	0 %
Commercial - 10th and Mission 1999 Broadway Suite 1000 Denver, CO 80202 94-3382155	management	CA	na	c corp	0	0	0 %
Commercial - Derek Silva 1999 Broadway Suite 1000 Denver, CO 80202 94-3382156	management	CA	na	c corp	0	0	0 %

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Direct Controlling Entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income (\$)	<b>(g)</b> Share of end-of-year assets (\$)	<b>(h)</b> Percentage ownership
Commercial - Polk St 1999 Broadway Suite 1000 Denver, CO 80202 94-3382157	management	CA	na	c corp	0	0	0 %
Commercial - Dudley 1999 Broadway Suite 1000 Denver, CO 80202 94-3382158	management	CA	na	c corp	0	0	0 %
HWA 850 ENGLEWOOD GP 1999 Broadway Suite 1000 Denver, CO 80202 27-1257072	management	IL	na	c corp	0	0	0 %
Countryside Seniors LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-1483851	management	IL	na	c corp	0	0	0 %
Antioch II LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-3209358	management	GA	na	c corp	0	0	0 %
104th street mm llc 1999 Broadway Suite 1000 Denver, CO 80202 27-2754418	management	IL	na	c corp	0	0	0 %
Belvidere Place Corp I NFP 1999 Broadway Suite 1000 Denver, CO 80202 26-3800299	low-inc hsng	KY	na	c corp	0	0	0 %
Savannah Rose of Sharon LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-3591948	low-inc hsng	GA	na	c corp	0	0	0 %
Boise Senior 202 GP LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-3841013	low-inc hsng	ID	na	c corp	0	0	0 %
MPI Highland Place LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-2380898	low-inc hsng	GA	na	c corp	0	0	0 %

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) ACACIA MEADOWS	A	53,900	
(2) mercy village folsom	A	53,851	
(3) SIERRA VISTA	B	315,416	
(4) ARDEN AIRE	B	59,382	
(5) mercy housing inc	C	547,168	
(6) MERCY HOUSING INC	C	130,500	
(7) MERCY HOUSING INC	c	87,500	
(8) MERCY HOUSING INC	c	104,329	
(9) MERCY HOUSING INC	c	75,000	
(10) MERCY HOUSING INC	c	80,000	
(11) MERCY HOUSING INC	c	50,000	
(12) MERCY HOUSING INC	c	75,000	
(13) MERCY HOUSING INC	c	100,000	
(14) acacia meadows	D	788,225	
(15) mercy commerical california	D	665,234	
(16) bermuda gardens	D	545,025	
(17) madonna residences	D	310,602	
(18) mercy village folsom	D	283,330	
(19) the dudley	D	238,268	
(20) tierra del sol	d	220,715	



**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount Involved (\$)	<b>(d)</b> Method of determining amount involved
<b>(21)</b> arlington hotel	d	135,134	
<b>(22)</b> richmond hills	d	133,674	
<b>(23)</b> sunset valley	d	118,517	
<b>(24)</b> caroline severance	d	103,930	
<b>(25)</b> kennedy estate	d	89,859	
<b>(26)</b> folsom gardens II	d	88,438	
<b>(27)</b> st anthony's	d	84,527	
<b>(28)</b> edith witt (9th & jessie)	d	80,603	
<b>(29)</b> nsp llc	d	75,851	
<b>(30)</b> boulevard court	d	71,677	
<b>(31)</b> nearly lagoon	d	71,247	
<b>(32)</b> st francis terrace	d	53,834	
<b>(33)</b> bermuda gardens	d	52,735	
<b>(34)</b> tierra del sol	d	1,453,651	
<b>(35)</b> MPI - Santana	d	424,012	
<b>(36)</b> MPI - Britton Street	d	255,000	
<b>(37)</b> MHW - The Dudley	d	81,589	
<b>(38)</b> MHW - Villa madera	d	349,576	
<b>(39)</b> MHW - St Vincent's garden	d	150,000	
<b>(40)</b> MHW - Arden Aire	d	271,017	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount Involved (\$)	<b>(d)</b> Method of determining amount involved
<b>(41)</b> MHW - Essex Hotel	d	490,910	
<b>(42)</b> MHW - Casa verde	d	300,000	
<b>(43)</b> MHW - Villa Amador	d	1,100,000	
<b>(44)</b> MHW - Derek Silva	d	100,153	
<b>(45)</b> MHW - St Vincent's	d	1,051,348	
<b>(46)</b> MHW - Creekview Manor	d	300,538	
<b>(47)</b> MHW - MLK Village	d	650,494	
<b>(48)</b> MHW - New Dana Strand Townhomes	d	1,381,833	
<b>(49)</b> MHW - GRIZZLY HOLLOW	D	480,214	
<b>(50)</b> 10TH & MISSION COMMERCIAL	D	100,000	
<b>(51)</b> BERMUDA GARDENS	D	259,345	
<b>(52)</b> MERCY VILLAGE FOLSOM	D	1,361,970	
<b>(53)</b> MERCY HOUSING CALIFORNIA WEST	D	1,139,500	
<b>(54)</b> GLEASON PARK	D	1,090,508	
<b>(55)</b> VILLA AMADOR	D	24,177	
<b>(56)</b> PINWOOD COURT	D	331,776	
<b>(57)</b> 10TH & MISSION COMMERCIAL	D	55,000	
<b>(58)</b> BERMUDA GARDENS	D	108,958	
<b>(59)</b> MERCY VILLAGE FOLSOM	D	110,939	
<b>(60)</b> PINWOOD COURT	D	136,669	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount Involved (\$)	<b>(d)</b> Method of determining amount involved
<b>(61)</b> CITY OF RICHMOND	E	199,745	
<b>(62)</b> MERCY HOUSING INC	E	750,000	
<b>(63)</b> MERCY HOUSING INC WESTERN AVENUE	E	862,110	
<b>(64)</b> MHI - ARLINGTON HOTEL	E	135,134	
<b>(65)</b> ST ANTHONY'S	E	84,527	
<b>(66)</b> WASHINGTON BLVD	E	250,088	
<b>(67)</b> MERCY AUBURN	E	652,859	
<b>(68)</b> FIRST UNITARIAN	E	103,930	
<b>(69)</b> ESPARTO MULTIFAMILY	E	493,454	
<b>(70)</b> SUNSET LANE	E	429,728	
<b>(71)</b> nsp - ORANGE COUNTY	E	60,371	
<b>(72)</b> ROSEVILLE NOFA	E	57,642	
<b>(73)</b> SCHOOL HSEVISA GRAND	E	255,786	
<b>(74)</b> MADONNA REHAB	E	310,602	
<b>(75)</b> ATLANTIS GARDENS	E	63,005	
<b>(76)</b> MERCY HOUSING INC	E	126,540	
<b>(77)</b> MERCY HOUSING INC	E	100,000	
<b>(78)</b> MERCY HOUSING INC	E	2,000,000	
<b>(79)</b> MERCY HOUSING INC	E	464,136	
<b>(80)</b> MERCY HOUSING INC	E	1,000,000	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount Involved (\$)	<b>(d)</b> Method of determining amount involved
<b>(81)</b> SIERRA VISTA	E	75,000	
<b>(82)</b> SIERRA VISTA	E	282,000	
<b>(83)</b> MERCY COMMERCIAL CALIFORNIA	J	111,834	
<b>(84)</b> BOULEVARD COURT	K	257,436	
<b>(85)</b> WESTBROOK PLAZA	K	100,000	
<b>(86)</b> GLEASON PARK	K	276,772	
<b>(87)</b> ARLINGTON HOTEL	K	448,781	
<b>(88)</b> 7TH & h	K	1,085,194	
<b>(89)</b> MADONNA RESIDENCES	K	288,215	
<b>(90)</b> PARCEL g	K	-208,129	
<b>(91)</b> SUNNYDALE	K	123,620	
<b>(92)</b> ARLINGTON HOTEL	K	164,667	
<b>(93)</b> sunnydale	k	225,368	
<b>(94)</b> NSP	K	65,657	
<b>(95)</b> 111 JONES STREET	K	74,982	
<b>(96)</b> Casa san juan	K	52,793	
<b>(97)</b> columbia	K	64,486	
<b>(98)</b> eden house	K	58,497	
<b>(99)</b> carter terrace	K	71,772	
<b>(100)</b> leland polk	K	78,444	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount Involved (\$)	<b>(d)</b> Method of determining amount involved
<b>(101)</b> linbrook	K	66,925	
<b>(102)</b> mercy village folsom	K	50,815	
<b>(103)</b> neary lagoon	K	58,487	
<b>(104)</b> villa madera	K	59,071	
<b>(105)</b> park terrace	K	57,668	
<b>(106)</b> sunset valley	K	52,370	
<b>(107)</b> sycamore street	K	61,888	
<b>(108)</b> villa amador	K	51,388	
<b>(109)</b> whiterock village	K	67,028	
<b>(110)</b> mlk village	K	66,288	
<b>(111)</b> vineyards	K	63,503	
<b>(112)</b> creekview manor	K	51,358	
<b>(113)</b> kent gardens	K	76,570	
<b>(114)</b> arlington hotel	K	65,000	
<b>(115)</b> east leland	k	51,813	
<b>(116)</b> boulevard court	k	65,323	
<b>(117)</b> mercy properties I	k	242,276	
<b>(118)</b> mercy housing west	k	705,723	
<b>(119)</b> mercy housing senior properties	k	71,808	
<b>(120)</b> south of market mercy housing	k	290,765	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount Involved (\$)	<b>(d)</b> Method of determining amount involved
<b>(121)</b> gleason park	k	50,763	